

**GOLD SMALL EMPLOYER PLANS  
SCHEDULE OF HEALTH INSURANCE BENEFITS**

	Gold 500*		Gold 750*		Gold 1200*		Gold 2500*		
	In Network	Non Network	In Network	Non Network	In Network	Non Network	In Network	Non Network	
<b>MEDICAL BENEFITS</b>									
<b>Annual Deductibles</b>									
Employee	\$500	\$1,500	\$750	\$2,250	\$1,200	\$3,600	\$2,500	\$7,500	
Family	\$1,000	\$3,000	\$1,500	\$4,500	\$2,400	\$7,200	\$5,000	\$15,000	
<b>Benefit Level</b>									
	70%	50% UCR	80%	60% UCR	90%	70% UCR	90%	70% UCR	
<b>Out-of-Pocket Maximum</b>									
Employee	\$4,500	\$22,050	\$6,000	\$22,050	\$5,700	\$22,050	\$3,200	\$22,050	
Family	\$9,000	\$44,100	\$12,000	\$44,100	\$11,400	\$44,100	\$6,400	\$44,100	
<b>Annual Maximum</b>									
	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	
<b>ER: Emergency Department Care</b>									
	70%	70% UCR	80%	80% UCR	90%	90% UCR	90%	90% UCR	
<b>URGENT CARE:</b>									
	\$75 Copay	\$75 Copay UCR	\$75 Copay	\$75 Copay UCR	\$75 Copay	\$75 Copay UCR	\$75 Copay	\$75 Copay UCR	
<b>Preventive Care</b>									
As defined by the Affordable Care Act No cost sharing In Network									
<b>Maternity Care</b>									
<b>Care In- Hospital</b>									
	70%	50% UCR	80%	60% UCR	90%	70% UCR	90%	70% UCR	
<b>Pre-Admission Testing</b>									
	70%	50% UCR	80%	60% UCR	90%	70% UCR	90%	70% UCR	
<b>As an Outpatient</b> (Lab, Xray, Diagnostic & Therapy Services)									
	70%	50% UCR	80%	60% UCR	90%	70% UCR	90%	70% UCR	
<b>Second Surgical Opinion</b>									
	70%	50% UCR	80%	60% UCR	90%	70% UCR	90%	70% UCR	
<b>Mental Health/Substance Abuse</b>									
	70%	50% UCR	80%	60% UCR	90%	70% UCR	90%	70% UCR	
<b>Other Services</b> (Home Health, Hospice Care, Skilled or Private Duty Nursing, Durable Medical, Chiropractic)									
	70%	50% UCR	80%	60% UCR	90%	70% UCR	90%	70% UCR	
<b>Ambulance</b>									
	70%	70% UCR	80%	80% UCR	90%	90% UCR	90%	90% UCR	
<b>Allergy Extracts</b>									
	70%	50% UCR	80%	60% UCR	90%	70% UCR	90%	70% UCR	
<b>Physician Office Visits for Illness/Injury</b>									
	\$25 Copay	50% UCR	\$20 Copay	60% UCR	\$20 Copay	70% UCR	\$10 Copay	70% UCR	
<b>Telemedicine</b>									
	\$25 Copay	50% UCR	\$20 Copay	60% UCR	\$20 Copay	70% UCR	\$10 Copay	70% UCR	
<b>Specialist Office Visits for Illness/Injury</b>									
	\$45 Copay	50% UCR	\$40 Copay	60% UCR	\$40 Copay	70% UCR	\$30 Copay	70% UCR	
<b>Prescription Drugs</b>									
	4 Tier Rx		4 Tier Rx		4 Tier Rx		4 Tier Rx		

**UCR stands for Usual, Customary, and Reasonable**

4 Tier Rx with Marketplace Formulary	Ret Tier 1: \$10 Copay or 20%, greater of Tier 2: \$20 Copay or 30%, greater of Tier 3: \$45 Copay or 40%, greater of Tier 4: \$50 Copay or 50%, greater of	Mail Order 90 day supply: Tier 1: \$30 or 20% greater of Tier 2: \$55 or 25% greater of Tier 3: \$125 or 35% greater of Tier 4: \$150 or 50% greater of
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\*Annual deductibles are Embedded. Each member of a family is looked upon as an individual in regards to the deductible. Once a member reaches the individual deductible, co-insurance will apply.

Deductible and out-of-pocket maximums are nonintegrated. Therefore, deductibles and out-of-pocket amounts met for Network Providers DO NOT apply to deductible and out-of-pocket amounts met for Non-Network Providers. The out-of-pocket maximum amounts include the deductible, co-insurance and copays when applicable.

Pediatric Dental and Vision (up to age 19) are included in this plan. Refer to certificate for full benefit details. NOTE: If you have purchased a standalone dental plan and provided an attestation to AultCare regarding that plan, coverage for pediatric dental, including a dental check-up, will be provided through that dental plan.

This policy contains exclusions, limitations, reduction of benefits and certain terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or AultCare Insurance Company.