



**SILVER SMALL EMPLOYER PLANS
HSA COMPATIBLE
SCHEDULE OF HEALTH INSURANCE BENEFITS**

2018

	Silver 1350 HSA*			Silver 2000/80 HSA*			Silver 4000/100 HSA**	
	In Network	Non Network		In Network	Non Network		In Network	Non Network
MEDICAL BENEFITS								
Annual Deductibles								
Employee	\$1,350	\$4,050		\$2,000	\$6,000		\$4,000	\$12,000
Family	\$2,700	\$8,100		\$4,000	\$12,000		\$8,000	\$24,000
Benefit Level	70%	50% UCR		80%	60% UCR		100%	80% UCR
Out-of-Pocket Maximum								
Employee	\$6,550	\$22,050		\$6,350	\$22,050		\$4,000	\$22,050
Family	\$13,100	\$44,100		\$12,700	\$44,100		\$8,000	\$44,100
Annual Maximum	UNLIMITED	UNLIMITED		UNLIMITED	UNLIMITED		UNLIMITED	UNLIMITED
ER: Emergency Department Care	70%	70% UCR		80%	80% UCR		100%	100% UCR
URGENT CARE:	70%	70% UCR		80%	80% UCR		100%	100% UCR
Preventive Care As defined by the Affordable Care Act No cost sharing In Network	100%	50% UCR		100%	60% UCR		100%	80% UCR
Maternity Care								
Care In- Hospital	70%	50% UCR		80%	60% UCR		100%	80% UCR
Pre-Admission Testing	70%	50% UCR		80%	60% UCR		100%	80% UCR
As an Outpatient (Lab, Xray, Diagnostic & Therapy Services)	70%	50% UCR		80%	60% UCR		100%	80% UCR
Second Surgical Opinion	70%	50% UCR		80%	60% UCR		100%	80% UCR
Mental Health/Substance Abuse	70%	50% UCR		80%	60% UCR		100%	80% UCR
Other Services (Home Health, Hospice Care, Skilled or Private Duty Nursing, Durable Medical, Chiropractic)	70%	50% UCR		80%	60% UCR		100%	80% UCR
Ambulance	70%	70% UCR		80%	80% UCR		100%	100% UCR
Allergy Extracts	70%	50% UCR		80%	60% UCR		100%	80% UCR
Physician Office Visits for Illness/Injury	70%	50% UCR		80%	60% UCR		100%	80% UCR
Telemedicine	70%	50% UCR		80%	60% UCR		100%	80% UCR
Specialist Office Visits for Illness/Injury	70%	50% UCR		80%	60% UCR		100%	80% UCR
Prescription Drugs	70% after Network Deductible subject to Marketplace Formulary			80% after Network Deductible subject to Marketplace Formulary			100% after Network Deductible subject to Marketplace Formulary	

UCR stands for Usual, Customary, and Reasonable

*Annual deductibles are Unembedded. Family coverage means insuring more than one person. If only one family member incurs claims, those claims must satisfy the family deductible before the co-insurance percentages apply. Any combination of family members' claims may satisfy the family deductible. Maximum out-of-pockets are embedded.

**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.