

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

MEDICAL BENEFITS	Silver 1400*			Silver 3000*			Silver 4500*	
	In Network	Non Network		In Network	Non Network		In Network	Non Network
Annual Deductibles								
Employee	\$1,400	\$4,200		\$3,000	\$9,000		\$4,500	\$13,500
Family	\$2,800	\$8,400		\$6,000	\$18,000		\$9,000	\$27,000
Benefit Level	50%	40% UCR		70%	50% UCR		85%	65% UCR
Out-of-Pocket Maximum								
Employee	\$7,350	\$22,050		\$7,150	\$22,050		\$7,000	\$22,050
Family	\$14,700	\$44,100		\$14,300	\$44,100		\$14,000	\$44,100
Annual Maximum	UNLIMITED	UNLIMITED		UNLIMITED	UNLIMITED		UNLIMITED	UNLIMITED
ER: Emergency Department Care	50%	50% UCR		70%	70% UCR		85%	85% UCR
URGENT CARE:	\$75 Copay	\$75 Copay UCR		\$75 Copay	\$75 Copay UCR		\$75 Copay	\$75 Copay UCR
Preventive Care As defined by the Affordable Care Act No cost sharing In Network	100%	40% UCR		100%	50% UCR		100%	65% UCR
Maternity Care								
Care In- Hospital	50%	40% UCR		70%	50% UCR		85%	65% UCR
Pre-Admission Testing	50%	40% UCR		70%	50% UCR		85%	65% UCR
As an Outpatient (Lab, Xray, Diagnostic & Therapy Services)	50%	40% UCR		70%	50% UCR		85%	65% UCR
Second Surgical Opinion	50%	40% UCR		70%	50% UCR		85%	65% UCR
Mental Health/Substance Abuse	50%	40% UCR		70%	50% UCR		85%	65% UCR
Other Services (Home Health, Hospice Care, Skilled or Private Duty Nursing, Durable Durable Medical, Chiropractic)	50%	40% UCR		70%	50% UCR		85%	65% UCR
Ambulance	50%	50% UCR		70%	70% UCR		85%	85% UCR
Allergy Extracts	50%	40% UCR		70%	50% UCR		85%	65% UCR
Physician Office Visits for Illness/Injury	\$45 Copay	40% UCR		\$40 Copay	50% UCR		\$25 Copay	65% UCR
Telemedicine	\$45 Copay	40% UCR		\$40 Copay	50% UCR		\$25 Copay	65% UCR
Specialist Office Visits for Illness/Injury	\$65 Copay	40% UCR		\$60 Copay	50% UCR		\$45 Copay	65% UCR
Prescription Drugs	4 Tier Rx			4 Tier Rx			4 Tier Rx	
UCR stands for Usual, Customary, and Reasonable								
4 Tier Rx with Marketplace Formulary	Retail 1-34 day supply:		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		

*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.