



CANTON REGIONAL CHAMBER
HEALTH FUND

Administered by
AULTCARE

**Canton Regional Chamber Health Fund
2800D - HSA Compatible
Schedule of Health Insurance Benefits**

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
<i>Employee</i>	\$2,800	\$8,400
<i>Family</i>	\$5,600	\$16,800
Medical Plan Out-of-Pocket Maximum		
<i>Employee</i>	\$2,800	\$16,800
<i>Family</i>	\$5,600	\$33,600
Physician Office Visits and Telemedicine		
<i>Illness/Injury</i>	100%	80% RBP
<i>Psychotherapy Office</i>	100%	80% RBP
Prescription Drugs	100%	
Preventive Health Services		
<i>As defined by the Affordable Care Act. See www.healthcare.gov for additional information.</i>	100%	50% RBP
Maternity Care	100%	80% RBP
Inpatient Hospital Services	100%	80% RBP
Emergency Services	100%	100% RBP
Urgent Care	100%	100% RBP
Diagnostic Services (Labs, X-rays)	100%	80% RBP
Outpatient Therapy Services	100%	80% RBP
Other Services Refer to Summary Plan Description	100%	80% RBP
Ambulance	100%	100% RBP
Annual Plan Maximum	UNLIMITED	UNLIMITED

Deductible and Out-of-Pocket Maximum are Non-Integrated. Therefore, Deductible and Out-of-Pocket amounts met for Network Providers **DO NOT** apply to Deductible and Out-of-Pocket amounts met for Non-Network Providers.

Embedded Deductible. Each member of a family is looked upon as an individual in regard to the Deductible. Once a member reaches the single Deductible, Coinsurance will apply.

Appropriate Deductible must be satisfied before any benefit is paid except as noted.

Deductible is waived for Network Preventive Health Services.

The Medical Plan Out-of-Pocket Maximum amount includes the Deductible.

Pre-Approval is recommended for all Inpatient admissions.

Not all benefit descriptions and exclusions are included in this document. Complete benefit descriptions and exclusions are continued in the AultCare Insurance Company Medical Plan document which will govern.

Contact AultCare
www.aultcare.com
330-363-6360
1-800-344-8858

This information is intended to provide a summary of products offered by AultCare.



CANTON REGIONAL CHAMBER
HEALTH FUND

Administered by
AULTCARE

Canton Regional Chamber Health Fund
5000D - HSA Compatible
Schedule of Health Insurance Benefits

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
<i>Employee</i>	\$5,000	\$15,000
<i>Family</i>	\$10,000	\$30,000
Medical Plan Out-of-Pocket Maximum		
<i>Employee</i>	\$5,000	\$22,050
<i>Family</i>	\$10,000	\$44,100
Physician Office Visits and Telemedicine		
<i>Illness/Injury</i>	100%	80% RBP
<i>Psychotherapy Office</i>	100%	80% RBP
Prescription Drugs	100%	
Preventive Health Services		
<i>As defined by the Affordable Care Act. See www.healthcare.gov for additional information.</i>	100%	50% RBP
Maternity Care	100%	80% RBP
Inpatient Hospital Services	100%	80% RBP
Emergency Services	100%	100% RBP
Urgent Care	100%	100% RBP
Diagnostic Services (Labs, X-rays)	100%	80% RBP
Outpatient Therapy Services	100%	80% RBP
Other Services Refer to Summary Plan Description	100%	80% RBP
Ambulance	100%	100% RBP
Annual Plan Maximum	UNLIMITED	UNLIMITED

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CANTON REGIONAL CHAMBER
HEALTH FUND

Administered by
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**Canton Regional Chamber Health Fund
6650D - HSA Compatible
Schedule of Health Insurance Benefits**

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
<i>Employee</i>	\$6,650	\$19,950
<i>Family</i>	\$13,300	\$39,900
Medical Plan Out-of-Pocket Maximum		
<i>Employee</i>	\$6,650	\$22,050
<i>Family</i>	\$13,300	\$44,100
Physician Office Visits and Telemedicine		
<i>Illness/Injury</i>	100%	80% RBP
<i>Psychotherapy Office</i>	100%	80% RBP
Prescription Drugs	100%	
Preventive Health Services		
<i>As defined by the Affordable Care Act. See www.healthcare.gov for additional information.</i>	100%	50% RBP
Maternity Care	100%	80% RBP
Inpatient Hospital Services	100%	80% RBP
Emergency Services	100%	100% RBP
Urgent Care	100%	100% RBP
Diagnostic Services (Labs, X-rays)	100%	80% RBP
Outpatient Therapy Services	100%	80% RBP
Other Services Refer to Summary Plan Description	100%	80% RBP
Ambulance	100%	100% RBP
Annual Plan Maximum	UNLIMITED	UNLIMITED

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HEALTH FUND

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**Canton Regional Chamber Health Fund
Maximum Limit D Plan - HSA Compatible
Schedule of Health Insurance Benefits**

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
<i>Employee</i>	\$7,000	\$21,000
<i>Family</i>	\$14,000	\$42,000
Medical Plan Out-of-Pocket Maximum		
<i>Employee</i>	\$7,000	\$25,650
<i>Family</i>	\$14,000	\$51,300
Physician Office Visits and Telemedicine		
<i>Illness/Injury</i>	100%	80% RBP
<i>Psychotherapy Office</i>	100%	80% RBP
Prescription Drugs	100%	
Preventive Health Services		
<i>As defined by the Affordable Care Act. See www.healthcare.gov for additional information.</i>	100%	50% RBP
Maternity Care	100%	80% RBP
Inpatient Hospital Services	100%	80% RBP
Emergency Services	100%	100% RBP
Urgent Care	100%	100% RBP
Diagnostic Services (Labs, X-rays)	100%	80% RBP
Outpatient Therapy Services	100%	80% RBP
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