


## AULTCARE: Aulternative 1500 100 A

Coverage Period: Beginning on or after 01/01/2020

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual/Family | Plan Type: High Deductible

 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately.**

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call AultCare at 330-363-6360 or go to [www.aultcare.com](http://www.aultcare.com). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.aultcare.com](http://www.aultcare.com) or call 330-363-6360 or 1-800-344-8858 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	For <a href="#">network providers</a> \$1,500 individual / \$3,000 family; For <a href="#">out-of-network providers</a> \$3,000 individual / \$6,000 family	Generally, you must pay all of the costs from <a href="#">providers</a> up to the calendar year <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the policy, the overall family <a href="#">deductible</a> must be met before the <a href="#">plan</a> begins to pay.
Are there services covered before you meet your deductible?	Yes. <a href="#">Network preventive care</a> services are covered before you meet your <a href="#">deductible</a> .	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other deductibles for specific services?	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
What is the out-of-pocket limit for this plan?	For <a href="#">network providers</a> \$1,500 individual / \$3,000 family; For <a href="#">out-of-network providers</a> \$6,000 individual / \$12,000 family	The <a href="#">out-of-pocket limit</a> is the most you could pay in a calendar year for covered services. If you have other family members in this <a href="#">plan</a> , the overall family <a href="#">out-of-pocket limit</a> must be met.
What is not included in the out-of-pocket limit?	<a href="#">Copayments</a> for certain services, <a href="#">premiums</a> , <a href="#">balance-billing</a> charges, and health care this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a network provider?	Yes. See <a href="http://www.aultcare.com">www.aultcare.com</a> or call 330-363-6360 or 1-800-344-8858 for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the plan's <a href="#">network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a referral to see a specialist?	No	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .

OBM Control Numbers 1545-2229, 1210-0147, and 0938-1146

Transitional Relief/HSA Compatible/ No MOOP/Unembedded Deductibles & OOP

Released on April 6, 2016

 All [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you visit a health care <a href="#">provider's</a> office or clinic</b>	Primary care visit to treat an injury or illness	0% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a> illness; 0% <a href="#">coinsurance</a> injury	<a href="#">Network deductible</a> will apply to visits to an <a href="#">Out-of-Network provider</a> for an injury.  <a href="#">Deductible</a> does not apply to <a href="#">Out-of-Network</a> well child care. You may have to pay for services that aren't <a href="#">preventive</a> . Ask your <a href="#">provider</a> if the services needed are <a href="#">preventive</a> . Then check what your <a href="#">plan</a> will pay for.
	<a href="#">Specialist</a> visit			
	<a href="#">Preventive care/screening/immunization</a>	No charge	50% <a href="#">coinsurance</a>	
<b>If you have a test</b>	<a href="#">Diagnostic test</a> (x-ray, blood work)	0% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	None
	Imaging (CT/PET scans, MRIs)	0% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	
<b>If you need drugs to treat your illness or condition</b> More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.aultcare.com">www.aultcare.com</a>	Generic drugs	0% <a href="#">coinsurance</a>		<a href="#">Network deductible</a> will apply. You may obtain up to a 60-day supply of generic <a href="#">prescription drugs</a> at the retail pharmacy. A 34-day supply is available at the retail pharmacy for brand name <a href="#">prescription drugs</a> . A 60-day supply is available at the mail order program. Specialty/Limited Distribution Medications are limited to a 30-day supply. If a <a href="#">prescription drug</a> is purchased without using your card, this <a href="#">Plan</a> will pay up to the <a href="#">allowed amount</a> .
Brand drugs	0% <a href="#">coinsurance</a>			
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	0% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	None
	Physician/surgeon fees	0% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	None
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	<a href="#">Network deductible</a> will apply.
	<a href="#">Emergency medical transportation</a>	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	<a href="#">Network deductible</a> will apply.
	<a href="#">Urgent care</a>	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	<a href="#">Network deductible</a> will apply.
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	0% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required.
	Physician/surgeon fees	0% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	0% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	None
	Inpatient services	0% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required.
<b>If you are pregnant</b>	Office visits	0% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	None
	Childbirth/delivery professional services	0% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	None
	Childbirth/delivery facility services	0% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required.
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	0% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required. Coverage is limited to 60 visits per calendar year.
	<a href="#">Rehabilitation services</a>	0% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	Must be illness/injury related. Chiropractic coverage is limited to 35 visits per calendar year.
	<a href="#">Habilitation services</a>	Not covered	Not covered	
	<a href="#">Skilled nursing care</a>	0% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required. Coverage is limited to 50 days per illness.
	<a href="#">Durable medical equipment</a>	0% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required for a single item with a purchase price over \$1,000.
	<a href="#">Hospice services</a>	0% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required.
<b>If your child needs dental or eye care</b>	Children's eye exam	No charge	50% <a href="#">coinsurance</a>	<a href="#">Deductible</a> does not apply to <a href="#">Out-of-Network</a> well child care. Coverage is provided for vision screening for all children at least once between the ages of 3 and 5 years, to detect the presence of amblyopia or its risk factors.
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	

#### Excluded Services & Other Covered Services:

##### Services Your **Plan** Generally Does NOT Cover (Check your policy or **plan** document for more information and a list of any other **excluded services**.)

- Abortion (except in cases of rape, incest, or when the life of the mother is endangered)
- Acupuncture
- Bariatric Surgery
- Cosmetic Surgery
- Dental Care (adult)
- Habilitation Services
- Hearing Aids
- Long Term Care
- Non-Emergency Care when traveling outside the U.S.
- Routine Eye Care (adult)
- Routine Foot Care
- Weight Loss Programs

##### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your **plan** document.)

- Chiropractic Care
- Infertility Treatment
- Private Duty Nursing

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: for group health coverage subject to ERISA, contact Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA(3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform); for non-federal governmental group health plans, contact Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.ccio.cms.gov](http://www.ccio.cms.gov). Church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your **plan** for a denial of a **claim**. This complaint is called a **grievance** or **appeal**. For more information about your rights, look at the explanation of benefits you will receive for that medical **claim**. Your **plan** documents also provide complete information to submit a **claim**, **appeal**, or a **grievance** for any reason to your **plan**. For more information about your rights, this notice, or assistance, contact: for group health coverage subject to ERISA, contact Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA(3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or call the Ohio Department of Insurance 1-800-686-1526; for non-federal governmental group health plans and church plans that are group health plans, contact AultCare at 1-800-344-8858 or call the Ohio Department of Insurance 1-800-686-1526.

#### Does this plan provide Minimum Essential Coverage? **Yes.**

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

#### Does this plan meet Minimum Value Standards? **Yes.**

If your **plan** doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a **plan** through the [Marketplace](#).

#### Language Access Services:

[Spanish (Español): Para obtener asistencia en Español, llame al 330-363-6360 / 1-800-344-8858

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 300-363-6360 / 1-800-344-8858

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 330-363-6360 / 1-800-344-8858

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijijigo holne' 330-363-6360 / 1-800-344-8858

————— *To see examples of how this plan might cover costs for a sample medical situation, see the next section.* —————

**About these Coverage Examples:**



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)		Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)		Mia's Simple Fracture (in-network emergency room visit and follow up care)																																											
■ The <a href="#">plan's overall deductible</a>	\$1,500	■ The <a href="#">plan's overall deductible</a>	\$1,500	■ The <a href="#">plan's overall deductible</a>	\$1,500																																										
■ <a href="#">Specialist coinsurance</a>	0%	■ <a href="#">Specialist coinsurance</a>	0%	■ <a href="#">Specialist coinsurance</a>	0%																																										
■ <a href="#">Hospital (facility) coinsurance</a>	0%	■ <a href="#">Hospital (facility) coinsurance</a>	0%	■ <a href="#">Hospital (facility) coinsurance</a>	0%																																										
■ <a href="#">Other coinsurance</a>	0%	■ <a href="#">Other coinsurance</a>	0%	■ <a href="#">Other coinsurance</a>	0%																																										
<b>This EXAMPLE event includes services like:</b> Specialist office visits ( <i>prenatal care</i> ) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests ( <i>ultrasounds and blood work</i> ) Specialist visit ( <i>anesthesia</i> )		<b>This EXAMPLE event includes services like:</b> Primary care physician office visits ( <i>including disease education</i> ) Diagnostic tests ( <i>blood work</i> ) Prescription drugs Durable medical equipment ( <i>glucose meter</i> )		<b>This EXAMPLE event includes services like:</b> Emergency room care ( <i>including medical supplies</i> ) Diagnostic test ( <i>x-ray</i> ) Durable medical equipment ( <i>crutches</i> ) Rehabilitation services ( <i>physical therapy</i> )																																											
<b>Total Example Cost</b>	<b>\$12,800</b>	<b>Total Example Cost</b>	<b>\$7,400</b>	<b>Total Example Cost</b>	<b>\$1,900</b>																																										
<b>In this example, Peg would pay:</b>		<b>In this example, Joe would pay:</b>		<b>In this example, Mia would pay:</b>																																											
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The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

# Glossary of Health Coverage and Medical Terms

- This glossary defines many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your [plan](#) or [health insurance](#) policy. Some of these terms also might not have exactly the same meaning when used in your policy or [plan](#), and in any case, the policy or [plan](#) governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or [plan](#) document.)
- Underlined text indicates a term defined in this Glossary.
- See page 6 for an example showing how [deductibles](#), [coinsurance](#) and [out-of-pocket limits](#) work together in a real life situation.

## Allowed Amount

This is the maximum payment the [plan](#) will pay for a covered health care service. May also be called "eligible expense", "payment allowance", or "negotiated rate".

## Appeal

A request that your health insurer or [plan](#) review a decision that denies a benefit or payment (either in whole or in part).

## Balance Billing

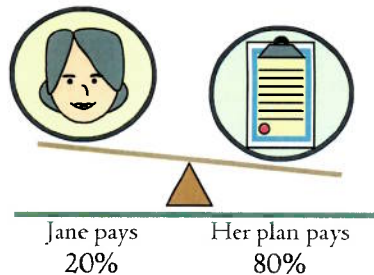
When a [provider](#) bills you for the balance remaining on the bill that your [plan](#) doesn't cover. This amount is the difference between the actual billed amount and the [allowed amount](#). For example, if the provider's charge is \$200 and the allowed amount is \$110, the provider may bill you for the remaining \$90. This happens most often when you see an [out-of-network provider](#) ([non-preferred provider](#)). A [network provider](#) ([preferred provider](#)) may not bill you for covered services.

## Claim

A request for a benefit (including reimbursement of a health care expense) made by you or your health care [provider](#) to your health insurer or [plan](#) for items or services you think are covered.

## Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the [allowed amount](#) for the service. You generally pay coinsurance **plus** (See page 6 for a detailed example.) any [deductibles](#) you owe. (For example, if the [health insurance](#) or [plan's](#) allowed amount for an office visit is \$100 and you've met your [deductible](#), your coinsurance payment of 20% would be \$20. The health insurance or [plan](#) pays the rest of the allowed amount.)



## Complications of Pregnancy

Conditions due to pregnancy, labor, and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section generally aren't complications of pregnancy.

## Copayment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

## Cost Sharing

Your share of costs for services that a [plan](#) covers that you must pay out of your own pocket (sometimes called "out-of-pocket costs"). Some examples of cost sharing are [copayments](#), [deductibles](#), and [coinsurance](#). Family cost sharing is the share of cost for [deductibles](#) and [out-of-pocket](#) costs you and your spouse and/or child(ren) must pay out of your own pocket. Other costs, including your [premiums](#), penalties you may have to pay, or the cost of care a [plan](#) doesn't cover usually aren't considered cost sharing.

## Cost-sharing Reductions

Discounts that reduce the amount you pay for certain services covered by an individual [plan](#) you buy through the [Marketplace](#). You may get a discount if your income is below a certain level, and you choose a Silver level health plan or if you're a member of a federally-recognized tribe, which includes being a shareholder in an Alaska Native Claims Settlement Act corporation.

## Deductible

An amount you could owe during a coverage period (usually one year) for covered health care services before your [plan](#) begins to pay. An overall deductible applies to all or almost all covered items and services. A [plan](#) with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A [plan](#) may also have only separate deductibles. (For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible.)



Jane pays 100%      Her plan pays 0%

(See page 6 for a detailed example.)

## Diagnostic Test

Tests to figure out what your health problem is. For example, an x-ray can be a diagnostic test to see if you have a broken bone.

## Durable Medical Equipment (DME)

Equipment and supplies ordered by a health care [provider](#) for everyday or extended use. DME may include: oxygen equipment, wheelchairs, and crutches.

## Emergency Medical Condition

An illness, injury, symptom (including severe pain), or condition severe enough to risk serious danger to your health if you didn't get medical attention right away. If you didn't get immediate medical attention you could reasonably expect one of the following: 1) Your health would be put in serious danger; or 2) You would have serious problems with your bodily functions; or 3) You would have serious damage to any part or organ of your body.

## Emergency Medical Transportation

Ambulance services for an [emergency medical condition](#). Types of emergency medical transportation may include transportation by air, land, or sea. Your [plan](#) may not cover all types of emergency medical transportation, or may pay less for certain types.

## Emergency Room Care / Emergency Services

Services to check for an [emergency medical condition](#) and treat you to keep an [emergency medical condition](#) from getting worse. These services may be provided in a licensed hospital's emergency room or other place that provides care for [emergency medical conditions](#).

## Excluded Services

Health care services that your [plan](#) doesn't pay for or cover.

## Formulary

A list of drugs your [plan](#) covers. A formulary may include how much your share of the cost is for each drug. Your [plan](#) may put drugs in different [cost sharing](#) levels or tiers. For example, a formulary may include generic drug and brand name drug tiers and different [cost sharing](#) amounts will apply to each tier.

## Grievance

A complaint that you communicate to your health insurer or [plan](#).

## Habilitation Services

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

## Health Insurance

A contract that requires a health insurer to pay some or all of your health care costs in exchange for a [premium](#). A health insurance contract may also be called a "policy" or "[plan](#)".

## Home Health Care

Health care services and supplies you get in your home under your doctor's orders. Services may be provided by nurses, therapists, social workers, or other licensed health care [providers](#). Home health care usually doesn't include help with non-medical tasks, such as cooking, cleaning, or driving.

## Hospice Services

Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

## Hospitalization

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. Some [plans](#) may consider an overnight stay for observation as outpatient care instead of inpatient care.

## Hospital Outpatient Care

Care in a hospital that usually doesn't require an overnight stay.

## Individual Responsibility Requirement

Sometimes called the “individual mandate”, the duty you may have to be enrolled in health coverage that provides [minimum essential coverage](#). If you don't have [minimum essential coverage](#), you may have to pay a penalty when you file your federal income tax return unless you qualify for a health coverage exemption.

## In-network Coinsurance

Your share (for example, 20%) of the [allowed amount](#) for covered healthcare services. Your share is usually lower for in-[network](#) covered services.

## In-network Copayment

A fixed amount (for example, \$15) you pay for covered health care services to [providers](#) who contract with your [health insurance](#) or [plan](#). In-network copayments usually are less than [out-of-network copayments](#).

## Marketplace

A marketplace for [health insurance](#) where individuals, families and small businesses can learn about their [plan](#) options; compare plans based on costs, benefits and other important features; apply for and receive financial help with [premiums](#) and [cost sharing](#) based on income; and choose a [plan](#) and enroll in coverage. Also known as an “Exchange”. The Marketplace is run by the state in some states and by the federal government in others. In some states, the Marketplace also helps eligible consumers enroll in other programs, including Medicaid and the Children's Health Insurance Program (CHIP). Available online, by phone, and in-person.

## Maximum Out-of-pocket Limit

Yearly amount the federal government sets as the most each individual or family can be required to pay in [cost sharing](#) during the [plan](#) year for covered, in-[network](#) services. Applies to most types of health [plans](#) and insurance. This amount may be higher than the [out-of-pocket limits](#) stated for your [plan](#).

## Medically Necessary

Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms, including habilitation, and that meet accepted standards of medicine.

## Minimum Essential Coverage

Health coverage that will meet the [individual responsibility requirement](#). Minimum essential coverage generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage.

## Minimum Value Standard

A basic standard to measure the percent of permitted costs the [plan](#) covers. If you're offered an employer [plan](#) that pays for at least 60% of the total allowed costs of benefits, the [plan](#) offers minimum value and you may not qualify for [premium tax credits](#) and [cost sharing reductions](#) to buy a [plan](#) from the [Marketplace](#).

## Network

The facilities, [providers](#) and suppliers your health insurer or [plan](#) has contracted with to provide health care services.

## Network Provider (Preferred Provider)

A [provider](#) who has a contract with your [health insurer](#) or [plan](#) who has agreed to provide services to members of a [plan](#). You will pay less if you see a [provider](#) in the [network](#). Also called “preferred provider” or “participating provider.”

## Orthotics and Prosthetics

Leg, arm, back and neck braces, artificial legs, arms, and eyes, and external breast prostheses after a mastectomy. These services include: adjustment, repairs, and replacements required because of breakage, wear, loss, or a change in the patient's physical condition.

## Out-of-network Coinsurance

Your share (for example, 40%) of the [allowed amount](#) for covered health care services to [providers](#) who don't contract with your [health insurance](#) or [plan](#). Out-of-network coinsurance usually costs you more than [in-network coinsurance](#).

## Out-of-network Copayment

A fixed amount (for example, \$30) you pay for covered health care services from [providers](#) who do *not* contract with your [health insurance](#) or [plan](#). Out-of-network copayments usually are more than [in-network copayments](#).

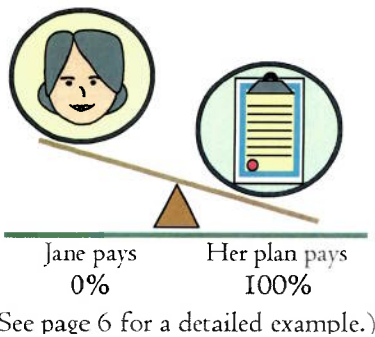


## Out-of-network Provider (Non-Preferred Provider)

A [provider](#) who doesn't have a contract with your [plan](#) to provide services. If your [plan](#) covers out-of-network services, you'll usually pay more to see an out-of-network provider than a [preferred provider](#). Your policy will explain what those costs may be. May also be called "non-preferred" or "non-participating" instead of "out-of-network provider".

## Out-of-pocket Limit

The most you *could* pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit the [plan](#) will usually pay 100% of the



[allowed amount](#). This limit helps you plan for health care costs. This limit never includes your [premium](#), [balance-billed](#) charges or health care your [plan](#) doesn't cover. Some [plans](#) don't count all of your [copayments](#), [deductibles](#), [coinsurance](#) payments, out-of-network payments, or other expenses toward this limit.

## Physician Services

Health care services a licensed medical physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), provides or coordinates.

## Plan

Health coverage issued to you directly (individual plan) or through an employer, union or other group sponsor (employer group plan) that provides coverage for certain health care costs. Also called "health insurance plan", "policy", "health insurance policy" or "[health insurance](#)".

## Preauthorization

A decision by your health insurer or [plan](#) that a health care service, treatment plan, [prescription drug](#) or [durable medical equipment \(DME\)](#) is [medically necessary](#). Sometimes called prior authorization, prior approval or precertification. Your [health insurance](#) or [plan](#) may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your [health insurance](#) or [plan](#) will cover the cost.

## Premium

The amount that must be paid for your [health insurance](#) or [plan](#). You and/or your employer usually pay it monthly, quarterly, or yearly.

## Premium Tax Credits

Financial help that lowers your taxes to help you and your family pay for private [health insurance](#). You can get this help if you get [health insurance](#) through the [Marketplace](#) and your income is below a certain level. Advance payments of the tax credit can be used right away to lower your monthly [premium](#) costs.

## Prescription Drug Coverage

Coverage under a [plan](#) that helps pay for [prescription drugs](#). If the plan's [formulary](#) uses "tiers" (levels), prescription drugs are grouped together by type or cost. The amount you'll pay in [cost sharing](#) will be different for each "tier" of covered [prescription drugs](#).

## Prescription Drugs

Drugs and medications that by law require a prescription.

## Preventive Care (Preventive Service)

Routine health care, including [screenings](#), check-ups, and patient counseling, to prevent or discover illness, disease, or other health problems.

## Primary Care Physician

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), who provides or coordinates a range of health care services for you.

## Primary Care Provider

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law and the terms of the [plan](#), who provides, coordinates, or helps you access a range of health care services.

## Provider

An individual or facility that provides health care services. Some examples of a provider include a doctor, nurse, chiropractor, physician assistant, hospital, surgical center, skilled nursing facility, and rehabilitation center. The [plan](#) may require the provider to be licensed, certified, or accredited as required by state law.

## Reconstructive Surgery

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries, or medical conditions.

## Referral

A written order from your [primary care provider](#) for you to see a [specialist](#) or get certain health care services. In many health maintenance organizations (HMOs), you need to get a referral before you can get health care services from anyone except your [primary care provider](#). If you don't get a referral first, the [plan](#) may not pay for the services.

## Rehabilitation Services

Health care services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled. These services may include physical and occupational therapy, speech-language pathology, and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

## Screening

A type of [preventive care](#) that includes tests or exams to detect the presence of something, usually performed when you have no symptoms, signs, or prevailing medical history of a disease or condition.

## Skilled Nursing Care

Services performed or supervised by licensed nurses in your home or in a nursing home. Skilled nursing care is *not* the same as "skilled care services", which are services performed by therapists or technicians (rather than licensed nurses) in your home or in a nursing home.

## Specialist

A [provider](#) focusing on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

## Specialty Drug

A type of [prescription drug](#) that, in general, requires special handling or ongoing monitoring and assessment by a health care professional, or is relatively difficult to dispense. Generally, specialty drugs are the most expensive drugs on a [formulary](#).

## UCR (Usual, Customary and Reasonable)

The amount paid for a medical service in a geographic area based on what [providers](#) in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the [allowed amount](#).

## Urgent Care

Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe as to require [emergency room care](#).

## How You and Your Insurer Share Costs - Example

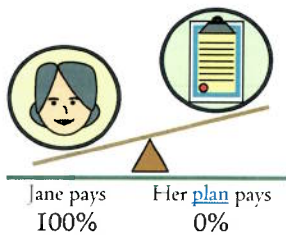
Jane's Plan Deductible: \$1,500

Coinsurance: 20%

Out-of-Pocket Limit: \$5,000

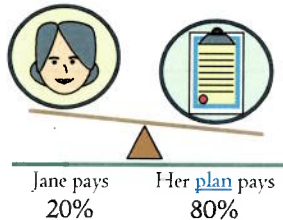
January 1<sup>st</sup>  
Beginning of Coverage Period

December 31<sup>st</sup>  
End of Coverage Period



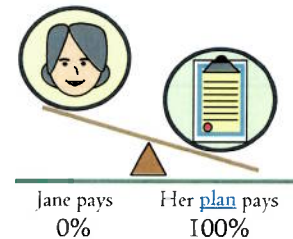
**Jane hasn't reached her \$1,500 deductible yet**  
Her plan doesn't pay any of the costs.  
Office visit costs: \$125  
Jane pays: \$125  
Her plan pays: \$0

→  
more costs



**Jane reaches her \$1,500 deductible, coinsurance begins**  
Jane has seen a doctor several times and paid \$1,500 in total, reaching her deductible. So her plan pays some of the costs for her next visit.  
Office visit costs: \$125  
Jane pays: 20% of \$125 = \$25  
Her plan pays: 80% of \$125 = \$100

→  
more costs







**Jane reaches her \$5,000 out-of-pocket limit**  
Jane has seen the doctor often and paid \$5,000 in total. Her plan pays the full cost of her covered health care services for the rest of the year.  
Office visit costs: \$125  
Jane pays: \$0  
Her plan pays: \$125



**BE PREPARED**

**Get the right care.** Whether that's finding the right doctor, specialist, therapist or something else altogether. Just use the Find a Provider button at [www.aultcare.com](http://www.aultcare.com) or contact the AultCare Customer Service department. Local: 330-363-6360 • Toll-Free: 1-800-344-8858 • Email: [aultcare@aultcare.com](mailto:aultcare@aultcare.com)

**Find care near you whenever you need it.** You get in-network coverage at hospitals, ambulatory care facilities and providers throughout a five-county area in Stark, Wayne, Holmes, Tuscarawas and Carroll Counties. With location options in more places, AultCare gives you more.

	Who usually provides care	Average wait time and cost	When to go
<b>Emergency Room</b> 	Doctors trained in emergency medicine	For non-emergencies: <b>4 hours</b> <b>\$1,145</b>	<ul style="list-style-type: none"> <li>• Symptoms feel life-threatening or disabling</li> <li>• Chest pain or severe shortness of breath</li> <li>• Major injury or broken bones</li> <li>• Sudden or unexplained loss of consciousness</li> </ul>
<b>Retail Health Clinic</b> 	Physician assistants or nurse practitioners	<b>30 minutes</b> <b>\$92</b>	<ul style="list-style-type: none"> <li>• Allergic reactions (minor)</li> <li>• Bumps, cuts, scrapes, rashes</li> <li>• Burning with urination</li> <li>• Burns (minor)</li> <li>• Cold, cough and sore throat</li> <li>• Sinus pain and fever (minor)</li> <li>• Eye or ear pain or irritation</li> <li>• Shots</li> </ul>
<b>Walk-in Doctor's Office</b> 	Family practice doctors	<b>30 minutes</b> <b>\$102</b>	<b>Same as retail health clinic plus ...</b> <ul style="list-style-type: none"> <li>• Asthma (mild)</li> <li>• Back pain</li> <li>• Nausea or diarrhea</li> <li>• Headache (minor)</li> </ul>
<b>Urgent Care Center</b> 	Doctors who treat conditions that should be looked at right away	<b>30 minutes</b> <b>\$133</b>	<b>Same as walk-in doctor's office plus ...</b> <ul style="list-style-type: none"> <li>• Animal bites</li> <li>• Sprains and strains</li> <li>• Stitches</li> <li>• X-rays</li> </ul>
<b>* Teladoc®</b> 	Board-certified doctors	<b>10 minutes</b> <b>\$45</b>	<ul style="list-style-type: none"> <li>• Allergic reactions (minor)</li> <li>• Headache (minor)</li> <li>• Nausea or diarrhea</li> <li>• Cold, cough and sore throat</li> <li>• Sinus pain and fever (minor)</li> <li>• Eye or ear pain or irritation</li> <li>• Burning with urination</li> </ul>

**Money-saving tip**

Visit hospitals and doctors that are in your plan. If you don't, you'll often pay much more out-of-pocket for your care.

\* Not all health care plans include the Teladoc® service. Please contact your AultCare representative to see if Teladoc® is included in your health care plan.

# Network Hospitals



Facility Name	City	Facility Name	City
1 Akron Children's Hospital	Akron	17 OhioHealth Mansfield Hospital*	Mansfield
2 Aultman Alliance Community Hospital	Alliance	18 Pomerene Hospital	Millersburg
3 Aultman Hospital	Canton	19 Salem Community Hospital	Salem
4 Aultman Orrville Hospital	Orrville	20 Southeastern Ohio Regional Medical Center	Cambridge
5 Barnesville Hospital*	Barnesville	21 St. Elizabeth Boardman Hospital	Boardman
6 Cleveland Clinic**	Cleveland	22 St. Elizabeth Youngstown Hospital	Youngstown
7 Cleveland Clinic Akron General	Akron	23 St. Joseph Warren Hospital	Warren
8 Cleveland Clinic Union	Dover	24 Summa Health System	Akron/Barberton
9 Coshocton Regional Medical Center*	Coshocton	25 Trinity Health System	Steubenville
10 Crystal Clinic Orthopaedic Center	Akron	26 Trinity Hospital Twin City	Dennison
11 East Liverpool City Hospital*	E. Liverpool	27 UH Portage Medical Center	Ravenna
12 Edwin Shaw Rehabilitation Institute	Cuyahoga Falls	28 UH Samaritan Medical Center*	Ashland
13 Harrison Community Hospital	Cadiz	29 Western Reserve Hospital	Cuyahoga Falls
14 Lodi Community Hospital	Lodi	30 Wooster Community Hospital	Wooster
15 Medina General Hospital*	Medina		
16 Mercy Medical Center	Canton		

When accessing care at certain facilities, services may be received from hospital-based physicians. Some of these physicians may not be contracted under your plan. Members will be responsible for the difference in payment. Visit the AultCare Provider Directory at [www.aultcare.com/findaprovider](http://www.aultcare.com/findaprovider) for the most up-to-date information.

Reviewed: August 2019

\* AultCare PPO Only  
 \*\* Upon approved referral

This comprehensive list of Network Hospitals excludes the Select Network and Aultman Plans.





**AULTLINE**  
**24/7**

**AultCare offers a health and information line to assist members with health related questions day or night.**

**Do you have health related questions or concerns from the list below? By calling 330-363-7620 or 1-866-422-9603, an operator will take your information and an experienced registered nurse will return your call.**

- First aid instructions
- General health information
- Determining what level of care is most appropriate for your condition
- Answering your medication questions
- Offering suggestions for self care

AultLine is a trusted source of information and support for a wide range of health concerns and topics from family health and medication questions to illness and injury first aid. Calls are confidential and free of charge.

**If you feel you have an emergency, call 911 or go to the Emergency Room.**

**Please call AultCare's Service Center at 330-363-6360 or 1-800-344-8858, Monday-Friday from 7:30 am to 5:00 pm for assistance with benefit questions.**

**CONTACT US**

[www.aultcare.com](http://www.aultcare.com)

330-363-6360 or 1-800-344-8858

 **AULTCARE**

# OHIO STATE CONTINUATION GUIDELINES

Qualifying Event	Eligibility Requirements (Must Meet All)	Eligible Beneficiary	Maximum Coverage Time	Notice Requirements	Election	Coverage Ceases When
Termination of Employment	1) Covered by group health plan at least three months prior to termination;	Employee Spouse Dependent Child(ren)	12 months	1) Employer must notify Employee of right of continuation at time Employee is notified of termination	Employee must request continuation coverage and pay the first contribution to the Employer by the earliest of the following dates:	1) Premium payments are not made on a timely basis. NOTE: Payment can be made by parties other than the Employee.
	2) Involuntary termination other than gross misconduct			2) Employer must notify Insurer of Employee's continuation of coverage.	1) 31 days after date Employee's coverage terminates	2) Group policy is terminated by the Employer.
						2) 10 days after date Employee's coverage terminates, if Employer has notified Employee of right to continuation prior to that date
	3) Not eligible for or enrolled in Medicare or other group health coverage				3) 10 days after date Employer notifies Employee of right to continuation if notice is given after Employee's coverage terminates	4) Employee becomes eligible for or covered by Medicare or any group health plan.
Reservist called or ordered to active duty	1) Employee is a reservist called or ordered to active duty; and 2) Policy in effect covers eligible person at time of active duty.	Employee Spouse Dependent Child(ren)	18 months after date coverage would otherwise terminate with an option to extend to 36 months.	At the time reservist is called to duty, Employer notifies Employee about continuation.	Eligible person files a written election of continuation with the Employer and pays the first required contribution no later than 31 days after the date on which the coverage would otherwise terminate.	1) Premium payments are not made on a timely basis. NOTE: Payment may be made by parties other than the enrollee. 2) Group policy is terminated by the Employer.

# You've got **Teladoc**

*Access to quality care at your fingertips*

## General Medical

Talk to a board-certified doctor in minutes, 24/7. Prescriptions can be provided, if medically necessary.

### Cold & flu symptoms

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### Allergies

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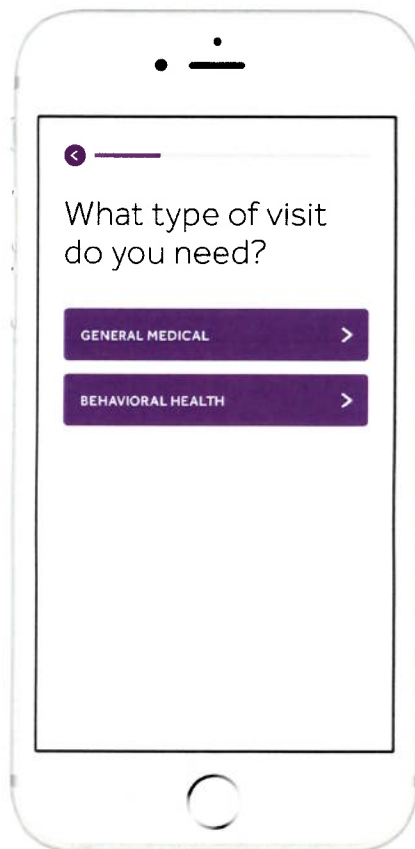
### Bronchitis

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### Respiratory infection

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### And more



## Behavioral Health

Convenient access to confidential counseling is available 7 days a week.

### Stress

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### Anxiety

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### Addiction

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### Depression

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### And more

## Register or log into your account

 [Teladoc.com](https://teladoc.com)  [1-800-TELADOC \(835-2362\)](tel:1-800-TELADOC)  |  [Download the app](#)

Made available by:





# Preventive Care Benefits and Services



Preventive care is one of the most important steps you can take to manage your health. Routine preventive care can identify and address risk factors before they lead to illness. When you prevent illness, it helps reduce your healthcare costs. You should work with your doctors to help you follow these guidelines and address your specific health concerns.

## Child Preventive Care (Birth to Age 21)

- Preventive Physical Exams
- Behavioral counseling to prevent skin cancer
- Behavioral counseling to promote a healthy diet
- Blood pressure screening
- Cholesterol & lipid level screening
- Dental cavities prevention including application of fluoride varnish on all primary teeth
- Depression screening
- Developmental & psycho-social behavioral assessments
- Hearing screening for newborns
- Lead exposure screening
- Newborn gonorrhea prophylaxis
- Newborn screenings, including sickle cell anemia
- Screening & behavioral counseling related to tobacco & drug use
- Screening & counseling for obesity
- Screening & counseling for sexually transmitted infections
- Screenings for heritable diseases in newborns
- Tuberculosis screening
- Vision screening
- Hepatitis B screening if at high risk for infections

## Child Immunizations

- Diphtheria, Tetanus, Pertussis
- Haemophilus influenza type B
- Hepatitis A & B
- Human Papilloma Virus
- Influenza (flu shot)
- Measles, Mumps Rubella
- Meningococcal
- Pneumococcal (pneumonia)
- Polio
- Rotavirus
- Varicella (chicken pox)



## Adult Preventive Care (Age 21 and older)

- Preventive Physical Exam
- Abdominal aortic aneurysm screening
- Blood pressure screening
- Cholesterol & lipid level screening
- Colorectal cancer screening including fecal occult blood test, flexible sigmoidoscopy or colonoscopy
- Depression screening
- Diabetes screening
- Hepatitis B screening if at high risk for infections
- Hepatitis C screening if at high risk for (or one-time screening for adults born 1945 to 1965)
- HIV screening
- Screening & counseling for sexually transmitted infections
- Screening for lung cancer
- Tuberculosis Screening

## Counseling and Education Interventions

- Behavioral counseling to prevent skin cancer
- Behavioral counseling to promote a healthy diet
- Counseling related to aspirin use for the prevention of cardiovascular disease
- Prevention of falls in older adults
- Screening & behavioral counseling related to alcohol abuse
- Screening & behavioral counseling related to tobacco abuse
- Screening & nutritional counseling for obesity

# GETTING THE MOST FROM YOUR HEALTH CARE PLAN



## Have any of these recently happened to you?

- Newly married?
- Newly divorced or legally separated?
- Spouse now working?
- Spouse lost health coverage?
- New baby?
- Adopted a baby?
- Stepchild(ren) moved in with you?
- Child age 19 through 25 requires coverage?

If you answered "Yes" to any of the above, please notify your Human Resources Department as soon as possible so you can be sure of continued health care coverage.

**YOUR HUMAN RESOURCES DEPARTMENT MUST NOTIFY US WITHIN 31 DAYS OF YOUR CHANGE. IT IS YOUR RESPONSIBILITY TO NOTIFY THEM.**

So that we can process your insurance claims quickly and accurately, AultCare may require additional information. If you receive a form in the mail, please complete it and return it to AultCare as soon as possible. You may be asked about:

### Other Coverage

Does your spouse or child(ren) have other health care coverage? AultCare will ask you to complete an Other Coverage Information Form each year to determine this.

### Divorced/Not Married

AultCare may request a copy of your divorce decree or court order if you are divorced or are a single parent covering children on your plan. A court document is requested to see whose health care plan the court ordered to pay first, the child's mother or father. If you do not have a court document, AultCare will ask you to complete an Affidavit for Financial Support each year.

### Injuries

AultCare needs to know if your injury is the result of an accident that may be related to a Workers' Compensation claim, automobile or other accident, etc. AultCare will send you an Accident Questionnaire to determine how your injury occurred.

## CONTACT US

[www.aultcare.com](http://www.aultcare.com)  
330-363-6360 or 1-800-344-8858



# EXPLANATION OF BENEFITS



## ACCESS YOUR EXPLANATION OF BENEFITS (EOBs) 24 HOURS A DAY

You can access, view or print your EOBs from your AultCare account any time you need them.

## HOW TO ACCESS ELECTRONIC EOBs

- Go to AultCare's website at [www.aultcare.com](http://www.aultcare.com)
- Log into your member account
- Registered users: enter username and passwords
- New users: Click "Register for a new account" and follow the "Steps for Registration." If you are a new user, within 2-3 weeks, you will begin receiving email notifications when an electronic EOB is posted.

If you have questions or do not have internet access, call AultCare's Customer Service at 330-363-6360 or 1-800-344-8858. A service representative can answer your questions and help you change your EOB options over the phone.

For more detailed information regarding the electronic EOB process, visit [www.aultcare.com](http://www.aultcare.com) and click on the EOB & Benefits box on the homepage.

## MANAGE YOUR READY TO VIEW EOB EMAIL NOTIFICATION PREFERENCES:

- Once logged in, select "account" and then "alerts & emails"
- Click Claim EOB Ready Notification
- Click "ON" = sends email
- Click "OFF" = does not send email

## MANAGE YOUR PAPERLESS STATEMENT DELIVERY SETTINGS:

- Once logged in, select "account" and then "alerts & emails"
- Click Paperless Explanation of Benefits Statement
- Click "NO" to receive paper EOBs in the mail
- Click "YES" to receive EOBs electronically and no longer receive them in the mail

## CONTACT US

[www.aultcare.com](http://www.aultcare.com)

330-363-6360 or 1-800-344-8858

 **AULTCARE**