




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, contact 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:
<b>What is the overall <a href="#">deductible</a>?</b>	For <a href="#">network providers</a> \$2,000 Individual / \$4,000 Family For <a href="#">out-of-network providers</a> \$4,000 Individual / \$8,000 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 plan begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .
<b>Are there services covered before you meet your <a href="#">deductible</a>?</b>	Yes. <a href="#">Network preventive care</a> and benefits that apply a <a href="#">copayment</a> 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> .
<b>Are there other <a href="#">deductibles</a> for specific services?</b>	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
<b>What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a>?</b>	For <a href="#">network providers</a> \$7,350 Individual / \$14,700 Family For <a href="#">out-of-network providers</a> \$14,700 Individual/ \$29,400 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> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
<b>What is not included in the <a href="#">out-of-pocket limit</a>?</b>	<a href="#">Premiums</a> , <a href="#">balance-billing</a> charges, penalties and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
<b>Will you pay less if you use a <a href="#">network provider</a>?</b>	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 <a href="#">plan's 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.
<b>Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a>?</b>	No.	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .

 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)	
If you visit a health care <a href="#">provider's office or clinic</a>	Primary care visit to treat an injury or illness	\$20 <a href="#">copayment</a> /visit	35% <a href="#">coinsurance</a>	<a href="#">Deductible</a> does not apply to office visits with a <a href="#">Network provider</a> .
	<a href="#">Specialist</a> visit	\$40 <a href="#">copayment</a> /visit	35% <a href="#">coinsurance</a>	<a href="#">Deductible</a> does not apply to office visits with a <a href="#">Network provider</a> .
	<a href="#">Preventive care/screening/immunization</a>	No cost share	Routine eye and hearing exams - Not Covered  Other <a href="#">preventive care</a> - No cost share (see "Will you pay less if you use a <a href="#">network provider</a> ?")	You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	20% <a href="#">coinsurance</a>	35% <a href="#">coinsurance</a>	None
	Imaging (CT/PET scans, MRIs)	20% <a href="#">coinsurance</a>	35% <a href="#">coinsurance</a>	None
If you need drugs to treat your illness or condition More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.aultcare.com">www.aultcare.com</a>  This plan follows the Commercial Formulary.	Generic drugs	<b>Retail Generic:</b> \$7.50 <a href="#">copayment</a> /prescription <b>Mail Order Generic:</b> \$15 <a href="#">copayment</a> /prescription		<a href="#">Deductible</a> does not apply.  Specialty Medications must be obtained from AultCare's Preferred Specialty pharmacies.
	Formulary/Preferred	<b>Retail Formulary/Preferred:</b> 25% <a href="#">coinsurance</a> (\$25 min / \$100 max) <b>Diabetic Medications:</b> \$30 <a href="#">copayment</a> /prescription <b>Diabetic Supplies:</b> \$0 <a href="#">copayment</a> /prescription  <b>Mail order Formulary/Preferred:</b> 25% <a href="#">coinsurance</a> (\$45 min / \$200 max) <b>Diabetic Medications:</b> \$60 <a href="#">copayment</a> /prescription <b>Diabetic Supplies:</b> \$0 <a href="#">copayment</a> /prescription		Maintenance medications are required to be filled through mail order.  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> .  Certain Generic Medications may be subject

[\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.aultcare.com](http://www.aultcare.com).]

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)	
	Non-Formulary/Non-Preferred	<b>Retail Non-Formulary/Non-Preferred:</b> Not covered <b>Diabetic Medications:</b> \$45 <a href="#">copayment</a> /prescription <b>Diabetic Supplies:</b> \$0 <a href="#">copayment</a> /prescription  <b>Mail order Non-Formulary/Non-Preferred:</b> Not covered <b>Diabetic Medications:</b> \$115 <a href="#">copayment</a> /prescription <b>Diabetic Supplies:</b> \$0 <a href="#">copayment</a> /prescription		<p>to an incentive, which may reduce member cost share under the Generic Incentive Program.</p> <p>Certain preventive medications may be covered at 100%, with no cost to you.</p> <p>Certain classes of medications require <a href="#">Preauthorization</a> or Step Therapy.</p>
	<a href="#">Specialty / Limited Distribution drugs</a>  ***Limited to a 30-day supply	<b>Retail or Mail order:</b> \$100 <a href="#">copayment</a> /prescription  <b>Specialty/Limited Distribution drugs must be obtained from AultCare's Preferred Specialty Pharmacies.</b>		<p>Prescription medication coupon, discount, or other manufacturer assistance programs for Specialty or other qualified medications will not apply toward your <a href="#">Deductible</a> or <a href="#">Out-of-Pocket Maximum</a>.</p> <p>For a complete list of these medications and programs, visit the AultCare website at <a href="http://www.aultcare.com">www.aultcare.com</a>.</p>
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	20% <a href="#">coinsurance</a>	35% <a href="#">coinsurance</a>	None
	Physician/surgeon fees	20% <a href="#">coinsurance</a>	35% <a href="#">coinsurance</a>	None
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	\$150 <a href="#">copayment</a> /visit	\$150 <a href="#">copayment</a> /visit	<a href="#">Deductible</a> does not apply to this service. <a href="#">Copayment</a> waived if admitted.
	<a href="#">Emergency medical transportation</a>	\$150 <a href="#">copayment</a> /visit	\$150 <a href="#">copayment</a> /visit	<a href="#">Deductible</a> does not apply to this service.
	<a href="#">Urgent care</a>	\$40 <a href="#">copayment</a> /visit	\$40 <a href="#">copayment</a> /visit	<a href="#">Deductible</a> does not apply to this service.
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	\$250 <a href="#">copayment</a> /admission, then 20% <a href="#">coinsurance</a> (after <a href="#">Network Deductible</a> )	\$290 <a href="#">copayment</a> /admission, then 35% <a href="#">coinsurance</a> (after <a href="#">Out-of-Network Deductible</a> )	<a href="#">Preauthorization</a> is required. If admitted to a hospital more than once in a 60-day period, only one <a href="#">copayment</a> will apply.

[\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.aultcare.com](http://www.aultcare.com).]

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)	
	Physician/surgeon fees	20% <a href="#">coinsurance</a>	35% <a href="#">coinsurance</a>	None
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	Benefits paid based on the corresponding medical benefit.	Benefits paid based on the corresponding medical benefit.	Services for Mental Health, Behavioral Health, or Substance Abuse are payable on the same basis as any other illness.
	Inpatient services	20% <a href="#">coinsurance</a>	35% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required.
<b>If you are pregnant</b>	Office visits	Benefits paid based on the corresponding medical benefit.	Benefits paid based on the corresponding medical benefit.	Depending on the type of services, a <a href="#">copayment</a> , <a href="#">coinsurance</a> , or <a href="#">deductible</a> may apply.
	Childbirth/delivery professional services	20% <a href="#">coinsurance</a>	35% <a href="#">coinsurance</a>	None
	Childbirth/delivery facility services	\$250 <a href="#">copayment</a> /admission, then 20% <a href="#">coinsurance</a>	\$290 <a href="#">copayment</a> /admission, then 35% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required. If admitted to a hospital more than once in a 60-day period, only one <a href="#">copayment</a> will apply.
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	20% <a href="#">coinsurance</a>	35% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required.
	<a href="#">Rehabilitation services</a>	20% <a href="#">coinsurance</a>	35% <a href="#">coinsurance</a>	Must be illness/injury related.
	<a href="#">Habilitation services</a>	Benefits paid based on the corresponding medical benefit.	Benefits paid based on the corresponding medical benefit.	Coverage is limited to Autism Spectrum Disorder. Services are limited to the following: Speech/Language/Occupational Therapy – 20 visits per calendar year for each service; Clinical Therapeutic Intervention including ABA at 20 hours per week; and Mental/Behavioral Health Outpatient Services.
	<a href="#">Skilled nursing care</a>	20% <a href="#">coinsurance</a>	35% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required. Coverage is limited to 100 days per calendar year.

[\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.aultcare.com](http://www.aultcare.com).]

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)	
	<a href="#">Durable medical equipment</a>	DME: 20% <a href="#">coinsurance</a> ;  Diabetic Supplies: No cost share	DME and Diabetic Supplies: 35% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required for a single item with a purchase price over \$2,500.
	<a href="#">Hospice services</a>	Inpatient: 0% <a href="#">coinsurance</a> ;  Outpatient: 20% <a href="#">coinsurance</a>	Inpatient or Outpatient: 20% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required. <a href="#">Network Deductible</a> will apply.
<b>If you or your child needs dental or eye care</b>	Routine eye exam	No cost share	Not covered	Coverage limited to one exam per calendar year.
	Glasses	Not covered	Not covered	
	Dental check-up	Not covered	Not covered	

### Excluded Services & Other Covered Services:

Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or <a href="#">plan</a> document for more information and a list of any other <a href="#">excluded services</a> .)		
<ul style="list-style-type: none"> <li>Abortion (except in cases of rape, incest, or when the life of the mother is endangered, as allowed under applicable law)</li> <li>Cosmetic Surgery</li> </ul>	<ul style="list-style-type: none"> <li>Dental Care</li> <li>Hearing Aids</li> <li>Long Term Care</li> </ul>	<ul style="list-style-type: none"> <li>Non-Emergency care when traveling outside the U.S.</li> <li>Routine Foot Care</li> <li>Weight Loss Programs</li> </ul>

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan</a> document.)		
<ul style="list-style-type: none"> <li>Acupuncture</li> <li>Bariatric Surgery</li> <li>Chiropractic Care</li> </ul>	<ul style="list-style-type: none"> <li>Habilitative Services</li> <li>Infertility Treatment</li> </ul>	<ul style="list-style-type: none"> <li>Private Duty Nursing</li> <li>Routine Eye Care</li> </ul>

**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.cciio.cms.gov](http://www.cciio.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

[\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.aultcare.com](http://www.aultcare.com).]

about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596. Pennsylvania Dutch (Deutsch): Fer Hilf griege In Deutsch, ruf 330-363-6360 uff.

**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. Pennsylvania Dutch (Deutsch): Fer Hilf griege In Deutsch, ruf 330-363-6360 uff.

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

[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. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

#### **Does this plan meet the 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:**

[Pennsylvania Dutch (Deutsch): Fer Hilf griege In Deutsch, ruf 330-363-6360 uff.]

[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 330-363-6360 / 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, kwijigo 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.*

**PRA Disclosure Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average **0.08** hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## 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)

- The [plan's](#) overall [deductible](#) \$2,000
- [Specialist copayment](#) \$40
- Hospital (facility) [coinsurance](#) \$250/20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
[Diagnostic tests](#) (*ultrasounds and blood work*)  
[Specialist](#) visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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In this example, Peg would pay:

Cost Sharing	
<a href="#">Deductibles</a>	\$2,000
<a href="#">Copayments</a>	\$260
<a href="#">Coinsurance</a>	\$2,060
What isn't covered	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$4,380</b>

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$2,000
- [Specialist copayment](#) \$40
- Hospital (facility) [coinsurance](#) \$250/20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)  
[Diagnostic tests](#) (*blood work*)  
[Prescription drugs](#)  
[Durable medical equipment](#) (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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In this example, Joe would pay:

Cost Sharing	
<a href="#">Deductibles</a>	\$350
<a href="#">Copayments</a>	\$670
<a href="#">Coinsurance</a>	\$0
What isn't covered	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$1,040</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$2,000
- [Specialist copayment](#) \$40
- Hospital (facility) [coinsurance](#) \$250/20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)  
[Diagnostic test](#) (*x-ray*)  
[Durable medical equipment](#) (*crutches*)  
[Rehabilitation services](#) (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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In this example, Mia would pay:

Cost Sharing	
<a href="#">Deductibles</a>	\$1,840
<a href="#">Copayments</a>	\$240
<a href="#">Coinsurance</a>	\$0
What isn't covered	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$2,080</b>

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

## AultCare/Aultra Notice Tag Lines for the State of Ohio

### English

This Notice has Important Information. This notice has important information about your application or coverage through **AultCare/Aultra**. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. **Call Local: 330.363.6360 Outside Stark County: 1.800.344.8858 TTY Local: 711 Outside Stark County: 711**

### Spanish

Este Aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través **AultCare/Aultra**. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al **Local : 330.363.6360 Fuera del condado de Stark : 1.800.344.8858 TTY Local : 711 Fuera del condado de Stark : 711**

### Chinese

中文  
本通知有重要的訊息。本通知有關於您透過 **AultCare/Aultra 保險公司** 提交的申請或保險的重要訊息。請留意本通知內的重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 本地： **330.363.6360 斯塔克縣外： 1.800.344.8858 TTY 線本地： 711 斯塔克縣外： 711**。

### German

Deutsche  
Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch **AultCare/Aultra**. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter **Local: 330.363.6360 Außerhalb von Stark County : 1.800.344.8858 TTY –Linie Local: 711 Außerhalb von Stark County : 711**

### Arabic

العربية  
AultCare/Aultra المعلومات مهمة طلبك للحصول على التغطية من خلال شركة التأمين التامين. يحوي هذا الإشعار معلومات هامة. يحوي هذا الإشعار معلومات هامة. بحث عن التواريخ الهامة في هذا الإشعار. قد تحتاج لاتخاذ اجراء في تواريخ معينة للحفاظ على تغطيتك الصحية او للمساعدة في دفع التكاليف. لك الحق في الحصول على المعلومات والمساعدة بلغتك من دون أي تكلفة. اتصل بـ 330.363.6360 خارج مقاطعة ستارك 1.800.344.8858: خط TTY المحلي: 711 خارج مقاطعة ستارك 711

### Pennsylvania Dutch

Deutsch  
Die Bekanntmachung gebt wichdichi Auskunft. Die Bekanntmachung gebt wichdichi Auskunft baut dei Application oder Coverage mit **AultCare/Aultra**. Geb Acht fer wichdiche Daadem in die Bekanntmachung. Es iss meeglich, ass du ebbes duh muscht, an bestimmde Deadlines, so ass du dei Health Coverage bhalde kannscht, odder bezaahle helfe kannscht. Du hoscht es Recht fer die Information un Hilf in deine eegne Schprooch griege, un die Hilf koschet nix **Local: 330.363.6360 Außerhalb von Stark County : 1.800.344.8858 TTY – Linie Local: 711 Außerhalb von Stark County : 711**.

### Russian

русский  
Настоящее уведомление содержит важную информацию. Это уведомление содержит важную информацию о вашем заявлении или страховом покрытии через **Страховая компания AultCare/Aultra**. Посмотрите на ключевые даты в настоящем уведомлении. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону **Местный: 330.363.6360 Вне Старка County : 1.800.344.8858 TTY линия Местный: 711 Вне Старка County : 711**.

### French

Français  
Cet avis a d'importantes informations. Cet avis a d'importantes informations sur votre demande ou la couverture par l'intermédiaire de **Compagnie d'Assurance AultCare/Aultra**. Recherchez les dates clés dans le présent avis. Vous devrez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. **Appelez Local: 330.363.6360 En dehors du comté de Stark : 1.800.344.8858 ligne ATS Local : 711 En dehors du comté de Stark : 711**

### Vietnamese

Việt Nam  
Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng bàn về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình **Công ty Bảo hiểm AultCare/Aultra**. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ trợ thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số **Địa phương: 330.363.6360 Bên ngoài của Stark County : 1.800.344.8858 TTY đường dây Địa phương: 711 Bên ngoài của Stark County : 711**.



## Cushite-Oromo

Beeksisti kun odeeffannoo barbaachisaa qaba. Beeksisti kun sagantaa yookan karaa **AultCare/Aultra** tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qaba. Guyyaawwan murteessaa ta’an beeksisa kana keessatti ilaalaa. Tarii kaffaltiiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhuma irratti wanti raawwatan jiraachuu danda’aa. Kaffaltii irraa bilisa haala ta’aan keessaniin odeeffannoo argachuu fi deeggarsa argachuu mirga ni qabaattu. Lakkoofsa bilbilaa **Local: 330.363.6360 Outside of Stark County: 1.800.344.8858 TTY Line Local: 711 Outside of Stark County: 711** tii bilbilaa.

## Korean

한국어 본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 **AultCare/Aultra** 보험 회사계획을 통한 커버리지에 관한 정보를 포함하고 있습니다. 본 통지서에서 핵심이 되는 날짜들을 찾으십시오. 귀하는 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감할 때까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 지역 : **330.363.6360** 스타크 카운티 의 외부 : **1.800.344.8858 TTY 라인 지역 : 711** 스타크 카운티 의 외부 : **711** 로 전화하십시오.

## Italian

Italiano Questo avviso contiene informazioni importanti sulla tua domanda o copertura attraverso **AultCare/Aultra**. Cerca le date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiama **Locale: 330.363.6360** Al di fuori di Stark County : **1.800.344.8858 TTY linea Locale: 711** Al di fuori di Stark County : **711**.

## Japanese

日本語 この通知には重要な情報が含まれています。この通知には **AultCare/Aultra** 保険会社の申請または補償範囲に関する重要な情報が含まれています。この通知に記載されている重要な日付をご確認ください。健康保険や有料サポートを維持するには、情報の細目までに行動を取らなければなりません。ご希望の言語による情報とサポートが無料で提供されます。330.363.6360 スターク郡の外 : 1.800.344.8858 TTY ライン ローカル : 711 スターク郡の外 : 711 までお電話ください。

## Dutch

Nederlands Deze mededeling heeft belangrijke informatie. Deze mededeling heeft belangrijke informatie over uw aanvraag of dekking via **AultCare /Aultra**. Kijk naar belangrijke datums in deze mededeling. Het kan nodig zijn om actie te ondernemen binnen bepaalde termijnen om uw zorgverzekering te behouden of hulp met kosten te krijgen. U heeft het recht op deze informatie en hulp in uw taal zonder kosten. Bel **Local : 330.363.6360 Buiten Stark County : 1.800.344.8858 TTY Line Local : 711 Buiten Stark County : 711**.

## Ukrainian

український Це повідомлення містить важливу інформацію. Це повідомлення містить важливу інформацію про Ваше звернення щодо страховального покриття через **Страхова компанія AultCare/Aultra**. Зверніть увагу на ключові дати, вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону **Місцевий : 330.363.6360 Поза Старка County : 1.800.344.8858 TTY лінія Місцевий : 711 Поза Старка County : 711**.

## Romanian

Română Prezentă notificare conține informații importante. Această notificare conține informații importante privind cererea sau acoperirea asigurării dumneavoastră de sănătate prin **Compania de Asigurări AultCare/Aultra**. Căutați datele cheie din această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau asistența privată la costuri. Aveți dreptul de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la **Locale : 330.363.6360 In afara Stark Judet : 1.800.344.8858 TTY linie Locale : 711 In afara Stark Judet : 711**.

## Non-Discrimination Notice:

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If you need these services, or if you believe that AultCare/Aultra has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can contact or file a grievance with the: AultCare/Aultra Civil Rights Coordinator, 2600 6<sup>th</sup> St. S.W. Canton, OH 44710, 330-363-7456, CivilRightsCoordinator@aultcare.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights staff is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.