



## Plan Comparison

VAULT Plans*	Vault Direct 2.0	Elite MEC	MEC Visit	MEC Visit Plus	Premium Health	Elite Health	Elite Health Plus
<b>Deductible</b>							
Individual	\$0	\$0	\$0	\$0	\$0	\$2,500	\$1,000
Family	\$0	\$0	\$0	\$0	\$0	\$5,000	\$2,000
<b>Out of Pocket Maximum</b>							
Individual	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Family	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Plan Benefits</b>							
Preventative & Wellness Office Visit	Not Covered	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Telemedicine	\$0 Consult Fee	\$0 Consult Fee	\$0 Consult Fee	\$0 Consult Fee	\$0 Consult Fee	\$0 Consult Fee	\$0 Consult Fee
Primary Care Office Visit	\$25 Copay if prior authorized by Telemedicine	Not Covered	\$25 Copay - covers 2 visits (combined)	\$25 Copay if prior authorized by Telemedicine	\$35 Copay	\$50 Copay	\$35 Copay
Specialist Office Visit	Not Covered	Not Covered	\$75 Copay - covers 2 visits (combined)	\$75 Copay if prior authorized by Telemedicine	\$75 Copay	\$100 Copay	\$75 Copay
Laboratory Services - Per Panel Tested	Not Covered	Not Covered	\$50 Copay covers 1 panel or 1 diagnostic test per year	\$100 Copay if prior authorized by Telemedicine	\$150 Copay	\$100 Copay	\$100 Copay
Radiology - Per Image Billed	Not Covered	Not Covered	Not Covered	\$75 Copay if prior authorized by Telemedicine	\$65 Copay	\$60 Copay	\$50 Copay
CT/MRI/MRA/PET Scans - Per Imaged Billed	Not Covered	Not Covered	Not Covered	\$350 Copay - covers 1 service per year	\$600 Copay Per Image Billed, Limit of 3 scans	\$500 Copay Per Image Billed	\$500 Copay Per Image Billed
Outpatient Services - Limited to Mental & Behavioral Health and Substance Abuse	Not Covered	Not Covered	Specialist Office Visit Copay	Specialist Office Visit Copay	Specialist Office Visit Copay	Specialist Office Visit Copay	Specialist Office Visit Copay
Other Outpatient Services	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Urgent Care	\$50 Copay if prior authorized by Telemedicine	Not Covered	Not Covered	\$75 Copay if prior authorized by Telemedicine	\$85 Copay	\$200 Copay	\$150 Copay
Emergency Room Services	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	After deductible, \$500 Copay then 50% coinsurance - Limited to 1 visit per plan year	After deductible, \$400 Copay then 50% coinsurance - Limited to 1 visit per plan year
Hospital Inpatient Room & Board Per Admission (includes Mental & Behavioral Health or Substance Abuse)	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	After deductible, \$500 Copay then 50% coinsurance - Combined limit of 3 days	After deductible, \$500 Copay then 60% coinsurance - Combined limit of 5 days
Preventative Prescriptions Generic Drugs	\$0 Copay (Limited to Preventative Only)	\$0 Copay (Limited to Preventative Only)	\$0 Copay (Limited to Preventative Only)	\$0 Copay (Limited to Preventative Only)	\$0 Copay (Limited to Preventative Only)	\$0 Copay (Limited to Preventative Only)	\$0 Copay (Limited to Preventative Only)
Prescription Benefits - VaultRx	Tier 1 = \$0 (Over 200 drugs), Tier 2 = \$10 (Or less), Tier 3 = \$25 (Over 600 drugs), Tier 4 = \$50 (Or less)	Tier 1 = \$0 (Over 200 drugs), Tier 2 = \$10 (Or less), Tier 3 = \$25 (Over 600 drugs), Tier 4 = \$50 (Or less)	Tier 1 = \$0 (Over 200 drugs), Tier 2 = \$10 (Or less), Tier 3 = \$25 (Over 600 drugs), Tier 4 = \$50 (Or less)	Tier 1 = \$0 (Over 200 drugs), Tier 2 = \$10 (Or less), Tier 3 = \$25 (Over 600 drugs), Tier 4 = \$50 (Or less)	Tier 1 = \$0 (Over 200 drugs), Tier 2 = \$10 (Or less), Tier 3 = \$25 (Over 600 drugs), Tier 4 = \$50 (Or less)	Tier 1 = \$0 (Over 200 drugs), Tier 2 = \$10 (Or less), Tier 3 = \$25 (Over 600 drugs), Tier 4 = \$50 (Or less)	Tier 1 = \$0 (Over 200 drugs), Tier 2 = \$10 (Or less), Tier 3 = \$25 (Over 600 drugs), Tier 4 = \$50 (Or less)

\*Please refer to the Schedule of Benefits for a more in-depth list of Benefits Coverage, Limitations and Exclusions. If this document differs from the Schedule of Benefits, the Schedule of Benefits will govern.



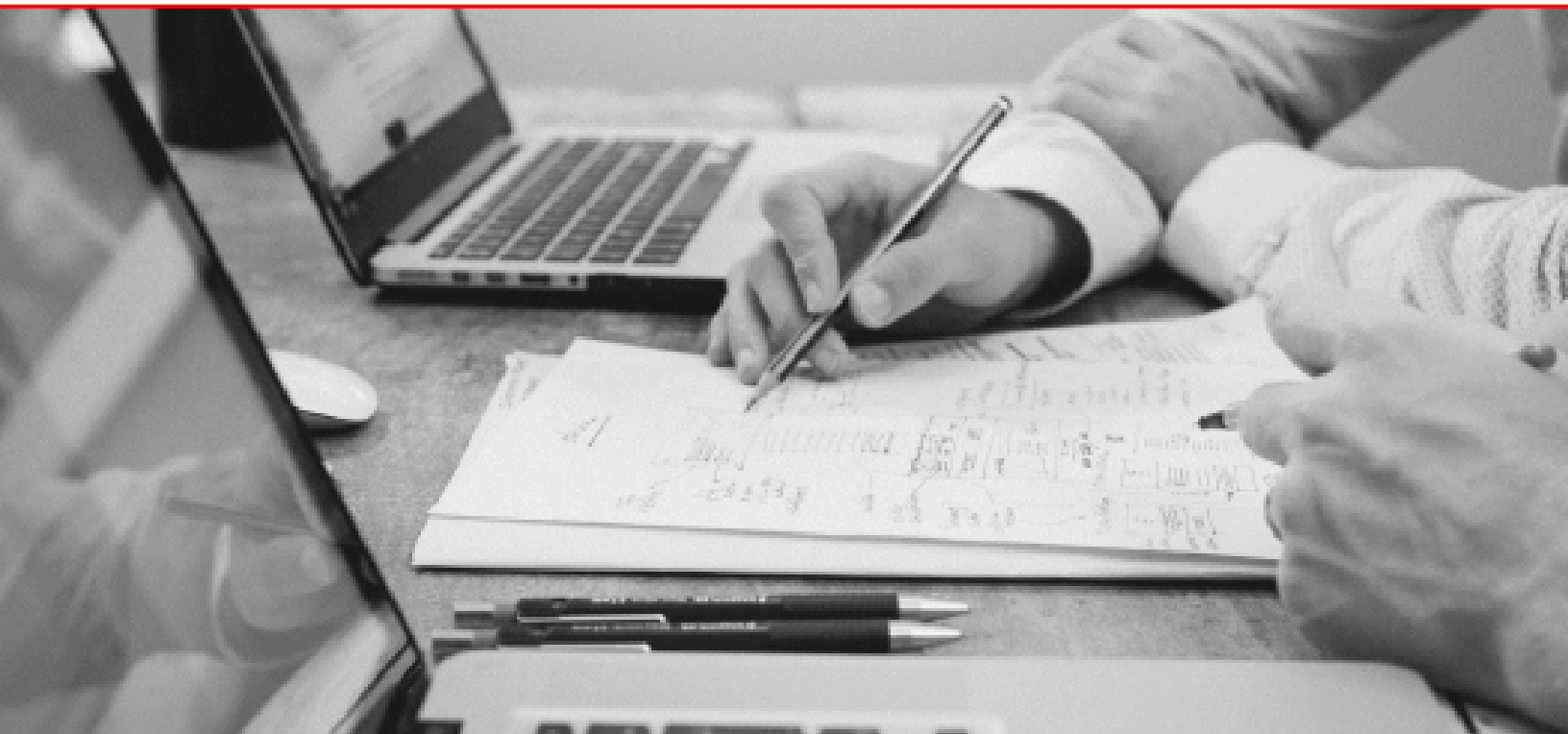
# VAULT

## HEALTH PLAN

### Plan Rates

Plan Rates*	Vault Direct 2.0	Elite MEC	MEC Visit	MEC Visit Plus	Premium Health	Elite Health	Elite Health Plus
<b>Member Only</b>	\$79.91	\$100.25	\$147.01	\$197.93	\$219.63	\$329.32	\$358.51
<b>Member + Spouse</b>	\$103.78	\$149.00	\$232.22	\$326.97	\$376.08	\$578.26	\$637.70
<b>Member + Child(ren)</b>	\$100.06	\$136.23	\$207.29	\$287.44	\$327.41	\$500.43	\$549.78
<b>Member + Family</b>	\$120.35	\$184.51	\$292.04	\$416.03	\$483.41	\$753.93	\$833.50

**\*Please refer to the proposal notes included on the next page.**



# VAULT HEALTH PLAN

## Proposal Notes

- Telehealth and prior authorization services provided by VAULT Telemedicine, powered by My Telemedicine.
- Pharmacy benefits include access to over 65,000 local pharmacies with a 6-tier formulary with co-pays starting at \$0. There is no coverage for Specialty Drugs.
- Eligible in network provider lookup tool can be found at [www.AllThingsVAULT.com/2022MEC](http://www.AllThingsVAULT.com/2022MEC)
- Detailed Summary of Benefit and Coverages documents can be found at [www.AllThingsVAULT.com/2022MEC](http://www.AllThingsVAULT.com/2022MEC)
- Underwritten by Nationwide Insurance of Columbus, OH.
- All plan rates are subject to change upon receipt of final employee enrollment census.
- Please refer to the Schedule of Benefits for a more in-depth list of Benefits Coverage, Limitations, and Exclusions before enrolling.

NOTE: These are not Major Medical plans. They have been designed to meet most routine medical needs; However, they do not meet most complex healthcare needs. Please review the detailed Summary of Benefits and Coverages and the actual plan documents at [www.AllThingsVAULT.com/2022MEC](http://www.AllThingsVAULT.com/2022MEC).

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