

Level-Funded Plan Options

Name	Platinum 120		Gold 220		Gold 221		Gold 222	
In/Out Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Type	Traditional	Traditional	Traditional	Traditional	H.S.A.	H.S.A.	Traditional	Traditional
Deductible (Ind/Fam)	\$500/\$1,000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000	\$6,000/\$12,000	\$3,000/\$6,000	\$6,000/\$12,000
Deductible Type	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Coins. (Member Paid)	20%	50%	20%	50%	0%	30%	0%	30%
Total OOP (Ind/Fam)	\$3,500/\$7,000	\$7,000/\$14,000	\$3,500/\$7,000	\$7,000/\$14,000	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000
PCP Copay	\$20	Deduct + Coins	\$20	Deduct + Coins	Deduct + Coins	Deduct + Coins	\$30	Deduct + Coins
Urgent Care Copay	\$40	Deduct + Coins	\$40	Deduct + Coins	Deduct + Coins	Deduct + Coins	\$50	Deduct + Coins
Prescription Drugs	\$0/\$35/\$75/\$150		\$0/\$35/\$75/\$150		Deduct then \$35 Formulary		\$0/\$35/\$75/\$150	

Name	Silver 320		Silver 321		Silver 322		Silver 323	
In/Out Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Type	Traditional	Traditional	Traditional	Traditional	Traditional	Traditional	Traditional	Traditional
Deductible (Ind/Fam)	\$2,000/\$4,000	\$4,000/\$8,000	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,000	\$6,000/\$12,000	\$4,000/\$8,000	\$8,000/\$16,000
Deductible Type	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Coins. (Member Paid)	20%	50%	30%	50%	20%	50%	20%	50%
Total OOP (Ind/Fam)	\$6,000/\$12,000	\$12,000/\$24,000	\$6,000/\$12,000	\$12,000/\$24,000	\$7,000/\$14,000	\$14,000/\$28,000	\$7,900/\$15,800	\$15,800/\$31,600
PCP Copay	\$40	Deduct + Coins	\$40	Deduct + Coins	\$35	Deduct + Coins	\$35	Deduct + Coins
Urgent Care Copay	\$60	Deduct + Coins	\$60	Deduct + Coins	\$55	Deduct + Coins	\$55	Deduct + Coins
Prescription Drugs	\$0/\$50/\$100/\$150		\$0/\$50/\$100/\$150		\$0/\$50/\$100/\$150		\$0/\$50/\$100/\$150	

Name	Bronze 420		Bronze 421		Bronze 422		Bronze MVP 423	
In/Out Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Type	H.S.A.	H.S.A.	H.S.A.	H.S.A.	H.S.A.	H.S.A.	Traditional	Traditional
Deductible (Ind/Fam)	\$4,000/\$8,000	\$8,000/\$16,000	\$5,000/\$10,000	\$10,000/\$20,000	\$6,000/\$12,000	\$12,000/\$24,000	\$5,000/\$10,000	\$10,000/\$20,000
Deductible Type	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Coins. (Member Paid)	20%	50%	20%	50%	0%	30%	30%	50%
Total OOP (Ind/Fam)	\$6,750/\$13,500	\$13,500/\$27,000	\$6,750/\$13,500	\$13,500/\$27,000	\$6,750/\$13,500	\$13,500/\$27,000	\$6,750/\$13,500	\$13,500/\$27,000
PCP Copay	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	\$40	Deduct + Coins
Urgent Care Copay	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	\$60	Deduct + Coins
Prescription Drugs	Deduct then \$35 Formulary		Deduct then \$35 Formulary		Deduct then \$35 Formulary		Deduct then \$35 Formulary	

Name	Vault 1000-20		Vault 3000		Vault 3500		Vault 5000-0	
In/Out Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Type	Traditional	Traditional	H.S.A.	H.S.A.	Traditional	Traditional	Traditional	Traditional
Deductible (Ind/Fam)	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000	\$6,000/\$12,000	\$3,500/\$7,000	\$7,000/\$14,000	\$5,000/\$10,000	\$10,000/\$20,000
Deductible Type	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Coins. (Member Paid)	20%	50%	0%	50%	0%	50%	0%	50%
Total OOP (Ind/Fam)	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000	\$6,750/\$13,500	\$13,500/\$27,000
PCP Copay	\$30	Deduct + Coins	Deduct + Coins	Deduct + Coins	\$30	Deduct + Coins	\$30	Deduct + Coins
Urgent Care Copay	\$50 w/\$250 limit	Deduct + Coins	Deduct + Coins	Deduct + Coins	\$50 w/\$250 limit	Deduct + Coins	\$50 w/\$250 limit	Deduct + Coins
Prescription Drugs	\$0/\$50/\$100/\$150		Deduct then \$35 Formulary		\$0/\$50/\$100/\$150		\$0/\$50/\$100/\$150	

Name	Vault 6500-0		Vault 7500-40		All Plans	
In/Out Network	In-Network	Out-of-Network	In-Network	Out-of-Network		
Plan Type	H.S.A.	H.S.A.	Traditional	Traditional		
Deductible (Ind/Fam)	\$6,500/\$13,000	\$13,000/\$26,000	\$7,500/\$15,000	\$15,000/\$30,000		
Deductible Type	Embedded	Embedded	Embedded	Embedded		
Coins. (Member Paid)	0%	50%	40%	50%		
Total OOP (Ind/Fam)	\$6,750/\$13,500	\$13,500/\$27,000	\$8,150/\$16,300	\$16,300/\$32,600		
PCP Copay	Deduct + Coins	Deduct + Coins	\$30	Deduct + Coins		
Urgent Care Copay	Deduct + Coins	Deduct + Coins	\$50 w/\$250 limit	Deduct + Coins		
Prescription Drugs	Deduct then \$35 Formulary		\$0/\$50/\$100/\$150			
					Other Pro. Services	Deduct + Coins
					Wellness/Prev*	Covered 100%
					X-Ray/Lab**	Deduct + Coins
					Emergency Room	Deduct + Coins
					In-Patient Facility	Deduct + Coins
					Out-Patient Facility	Deduct + Coins
					*In-Network	
					**When not covered under the office visit benefit	

All plan designs are available as both a PPO plan with in and out of network benefits as illustrated on this page, and as a Reference Based Pricing plan with only "In-Network" benefits. Reference Based Pricing plans pay claims based on a Medicare 125% model and negotiate claims as needed. This plan design illustration is for reference only. The Summary of Benefits Coverage documents can be found at www.AllThingsVault.com/vaultsbcb