

Level-Funded Plan Options

v2.0

PPO

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/\$1000	\$1000/\$2000	\$1000/\$2000	\$2000/\$4000	\$3000/\$6000	\$6000/\$12,000	\$3000/\$6000	\$6000/\$12,000
Deductible Type	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Coins. (Member Paid)	20%	50%	20%	50%	0%	30%	0%	30%
Total Max OOP (Ind/Fam)	\$3500/\$7000	\$7000/\$14,000	\$3500/\$7000	\$7000/\$14,000	\$5000/\$10,000	\$10,000/\$20,000	\$5000/\$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
All Other Pro. Services	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins
Wellness/Prev	Covered 100%	Deduct + Coins	Covered 100%	Deduct + Coins	Covered 100%	Deduct + Coins	Covered 100%	Deduct + Coins
X-Ray/Lab*	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins
Emergency Room	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins
In-Patient Facility	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins
Out-Patient Facility	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	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)	\$2000/\$4000	\$4000/\$8000	\$2000/\$4000	\$4000/\$8000	\$3000/\$6000	\$6000/\$12,000	\$4000/\$8000	\$8000/\$16,000
Deductible Type	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Coins. (Member Paid)	20%	50%	30%	50%	20%	50%	20%	50%
Total Max OOP (Ind/Fam)	\$6000/\$12,000	\$12,000/\$24,000	\$6000/\$12,000	\$12,000/\$24,000	\$7000/\$14,000	\$14,000/\$28,000	\$7900/\$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
All Other Pro. Services	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins
Wellness/Prev	Covered 100%	Deduct + Coins	Covered 100%	Deduct + Coins	Covered 100%	Deduct + Coins	Covered 100%	Deduct + Coins
X-Ray/Lab*	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins
Emergency Room	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins
In-Patient Facility	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins
Out-Patient Facility	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	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 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)	\$4000/\$8000	8000/\$16,000	\$5000/\$10,000	\$10,000/\$20,000	\$6000/\$12,000	\$12,000/\$24,000	\$5000/\$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 Max OOP (Ind/Fam)	\$6750/\$13,500	\$13,500/\$27,000	\$6750/\$13,500	\$13,500/\$27,000	\$6750/\$13,500	\$13,500/\$27,000	\$6750/\$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
All Other Pro. Services	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins
Wellness/Prev	Covered 100%	Deduct + Coins	Covered 100%	Deduct + Coins	Covered 100%	Deduct + Coins	Covered 100%	Deduct + Coins
X-Ray/Lab*	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins
Emergency Room	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins
In-Patient Facility	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins
Out-Patient Facility	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins
Prescription Drugs	Deduct then \$35 Formulary		Deduct then \$35 Formulary		Deduct then \$35 Formulary		Deduct then \$35 Formulary	

*** 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/vaultsbc



Level-Funded Plan Options

New Plans

Name	Vault 1000-20		Vault 3000		Vault 3500	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
In/Out 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
Deductible (Ind/Fam)	\$1000/\$2000	\$2000/\$4000	\$3000/\$6000	\$6000/\$12,000	\$3500/\$7000	\$7000/\$14,000
Deductible Type	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Coins. (Member Paid)	20%	50%	0%	50%	0%	50%
Total Max OOP (Ind/Fam)	\$3500/\$7000	\$7000/\$14,000	\$3000/\$6000	\$8500/\$17,000	\$3500/\$7000	\$9,500/\$19,000
PCP Copay	\$30	Deduct + Coins	Deduct + Coins	Deduct + Coins	\$30	Deduct + Coins
Urgent Care Copay	\$50	Deduct + Coins	Deduct + Coins	Deduct + Coins	\$50	Deduct + Coins
All Other Pro. Services	\$50	Deduct + Coins	Deduct + Coins	Deduct + Coins	\$50	Deduct + Coins
Wellness/Prev	Covered 100%	Deduct + Coins	Covered 100%	Deduct + Coins	Covered 100%	Deduct + Coins
X-Ray/Lab*	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins
Emergency Room	\$250	Deduct + Coins	Deduct + Coins	Deduct + Coins	\$250	Deduct + Coins
In-Patient Facility	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins
Out-Patient Facility	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins
Prescription Drugs	\$0/\$50/\$100/\$150		\$0/\$50/\$100/\$150		\$0/\$50/\$100/\$150	

Name	Vault 5000-0		Vault 6500-0		Vault 7500-40	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
In/Out 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
Deductible (Ind/Fam)	\$5000/\$10,000	\$10,000/\$20,000	\$6500/\$13,000	\$13,000/\$26,000	\$7500/\$15,000	\$15,000/\$30,000
Deductible Type	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Coins. (Member Paid)	0%	50%	0%	50%	40%	50%
Total Max OOP (Ind/Fam)	\$5000/\$10,000	\$15,500/\$31,000	\$6500/\$13,000	\$15,500/\$31,000	\$8150/\$16,300	\$16,300/\$32,600
PCP Copay	\$30	Deduct + Coins	Deduct + Coins	Deduct + Coins	\$30	Deduct + Coins
Urgent Care Copay	\$50	Deduct + Coins	\$50	Deduct + Coins	Deduct + Coins	Deduct + Coins
All Other Pro. Services	\$50	Deduct + Coins	Deduct + Coins	Deduct + Coins	\$50	Deduct + Coins
Wellness/Prev	Covered 100%	Deduct + Coins	Covered 100%	Deduct + Coins	Covered 100%	Deduct + Coins
X-Ray/Lab*	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins
Emergency Room	\$250	Deduct + Coins	\$250	Deduct + Coins	Deduct + Coins	Deduct + Coins
In-Patient Facility	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins
Out-Patient Facility	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins
Prescription Drugs	\$0/\$50/\$100/\$150		\$0/\$50/\$100/\$150		\$0/\$50/\$100/\$150	

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