



VAULT Plus

Benefits You Can Bank On

Along with the VAULT Direct Package, we have a solution for any budget that includes In/Out patient and emergency care. VAULT Plus helps control plan costs by applying limits on some benefits.

VAULT Plus plan limits some benefits to provide a range of prices:

- Inpatient Services/Surgery Limits - Days/Occurrences
- Outpatient Services/Surgery Limits - Days/Occurrences
- Emergency Room Limits
- No participation requirements
- Guaranteed Issue- No Underwriting Requirements

Four different VAULT Plus options

Direct Plus

The foundation of this product is Vault Direct
Outpatient benefits
Emergency room benefits
\$10,000 annual maximum benefit for services

Direct Max

Everything included in Direct Plus
Inpatient benefits
\$10,000 annual maximum benefit for services

Need to see the Doctor of your *Choice*?

Choice Plus

Your choice of in-network providers***
Specialists and Lab Services Included
Outpatient benefits
Emergency room benefits
\$10,000 annual maximum benefit for services

Choice Max

Everything included in Choice Plus
Inpatient benefits
\$10,000 annual maximum benefit for services

***For more information on your provider visit <http://www.yourproviderlookup.com>

VAULT PLUS
THIS IS INSURANCE

What's Included?

VAULT PLUS
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	Direct Plus	Choice Plus	Direct Max	Choice Max
Virtual Office Visit	Unlimited Use - No Visit Fees			
Primary Care Office Visit	\$10 office visit fee (via VAULT Direct)*	See Below	\$10 office visit fee (via VAULT Direct)*	See Below
Urgent Care Office Visit	\$25 Office visit fee (via VAULT Direct)*	\$0 copay (4 visits per calendar year)	\$25 Office visit fee (via VAULT Direct)*	\$40 copay (6 visits per calendar year)
Prescriptions Generic/Preferred Brand/Non-Preferred Brand Drugs**	Preferred formulary with over 200 drugs at no cost / Non-preferred drugs at discount			
Preventative & Wellness Office Visit	\$0 copay			
Mobile App				
Primary Care visit	See Above	\$20 copay (4 visits per calendar year)	See Above	\$40 copay (6 visits per calendar year)
Specialist Office Visit	Not Covered	\$40 copay (2 visits per calendar year)	Not Covered	\$80 copay (6 visits per calendar year)
Laboratory Service	Discount Program	\$50 (1 service per calendar year)	Discount Program	\$50 (2 service per calendar year)
Radiology		\$50 (1 service per calendar year)		\$50 (2 service per calendar year)
CT/MRI/MRA/PET Scans		\$350 (1 service per calendar year)		\$350 (2 service per calendar year)
Preventive Prescriptions - Generic Drugs	\$0 copay (limited preventative only)			
Max out-of-pocket(ind/fam) - Scans/ Lab & Radiology Services	Not Applicable			
Individual Deductible (medical services)	No Deductible			
Annual individual Maximum	\$10,000			
Lifetime individual Maximum	N/A			
Inpatient Hospitalization	Not Covered		\$500 copay per admit (3 days max per calendar year, \$10,000 benefit limit)	
Other Inpatient Surgery				
Outpatient Surgery	\$350 (1 surgery per calendar year, \$10,000 benefit limit)			
Emergency Room	\$350 copay (1 visit per calendar year)	\$500 copay (1 visit per calendar year)	\$350 copay (1 visit per calendar year)	
Chemotherapy, Radiation and other Non-Experimental Cancer Treatments	Not Covered			
Dialysis				

