

Deductible	
Individual	\$0
Family	\$0
Out of Pocket Maximum	
Individual	N/A
Family	N/A
Plan Benefits	
Preventative & Wellness Office Visit	\$0 Copay
Telemedicine	\$0 Consult Fee
Primary Care Office Visit	Not Covered
Specialist Office Visit	Not Covered
Laboratory Services - Per Panel Tested	Not Covered
Radiology - Per Image Billed	Not Covered
CT/MRI/MRA/PET Scans - Per Imaged Billed	Not Covered
Outpatient Services - Limited to Mental & Behavioral Health and Substance Abuse	Not Covered
Other Outpatient Services	Not Covered
Urgent Care	Not Covered
Emergency Room Services	Not Covered
Hospital Inpatient Room & Board Per Admission (includes Mental & Behavioral Health or Substance Abuse)	Not Covered
Preventative Prescriptions Generic Drugs	\$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)

NOTE:

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.