Basic MEC

VAULT HEALTH PLAN

Deductible	
Individual	$0
Family	$0
Out of Pocket Maximum	
Individual	N/A
Family	N/A
Plan Benefits	
Preventative & Wellness Office Visit	$0 Copay
Telemedicine	Not Covered
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	Not Covered

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.