




The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, [www.VaultMECs.com](http://www.VaultMECs.com). For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at [www.AllThingsVault.com](http://www.AllThingsVault.com) or call 1-877-424-2366 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	\$1,000 Individual / \$2,000 Family	See the common medical events chart below for costs for services the plan covers.
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes	Preventative Services as defined in the Affordable Care Act are covered prior to meeting your deductible, check with your <a href="#">provider</a> before you get services.
Are there other <a href="#">deductibles</a> for specific services?	No	You don't have to meet <a href="#">deductibles</a> for specific services
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	Unlimited	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in the <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limit</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
What is not included in the <a href="#">out-of-pocket limit</a> ?	<a href="#">Premium</a> , <a href="#">balance-billing</a> charges, and health care this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a>
Will you pay less if you use a <a href="#">network provider</a> ?	Yes	The <a href="#">plan</a> does use a provider <a href="#">network</a> . Most benefits are not covered if services are provided by an out of network provider. Check with your <a href="#">provider</a> before you get services. Visit <a href="http://www.VaultMEs.com">www.VaultMEs.com</a> to find a network provider.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No	You can see the <a href="#">specialist</a> you choose with a <a href="#">referral</a>

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's</a> office or clinic	Primary care visit to treat an injury or illness	\$0 Telemedicine / \$35 Office Visit Copay	Not Covered	You may have to pay for services that aren't <a href="#">Preventive care</a> . Ask your <a href="#">provider's</a> office if the services you need are preventative. Then check what your plan will pay for.
	<a href="#">Specialist</a> visit	\$75 Copay	Not Covered	
	<a href="#">Preventive care/screening/immunization</a>	No Charge	No Charge	
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	\$50 - \$100 Copay	Not Covered	Copays dependent on test/service, Not covered if provided at a hospital.
	Imaging (CT/PET scans, MRIs)	\$500 Copay	Not Covered	Not covered if provided at a hospital.
If you need drugs to treat your illness or condition More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.VaultMeecs.com">www.VaultMeecs.com</a>	Generic drugs	Tier 1: \$0 Copay for Preventative drugs,	Not Covered	Coverage only available for generic drugs as mandated under the Affordable Care Act (ACA), over 200 other generic drugs covered with \$0 Copay
	Preferred brand drugs	Tier 2: \$15 or less, Tier 3: \$30 or less, Tier 4: \$60 or less, Tier 5: Over \$60	Not Covered	See Formulary. Maximum monthly benefit Individual: \$250, Family: \$500.
	<a href="#">Specialty drugs</a>	Not Covered	Not Covered	See Formulary
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Not Covered	Not Covered	
	Physician/surgeon fees	Not Covered	Not Covered	
If you need immediate medical attention	<a href="#">Emergency room care</a>	After deductible, \$500 Copay plus 50% Coinsurance	After deductible, \$500 Copay plus 50% Coinsurance	Annual limit 1 visit.
	<a href="#">Emergency medical transportation</a>	Not Covered	Not Covered	
	<a href="#">Urgent care</a>	\$150 Copay	Not Covered	Not covered if provided at a hospital

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.VaultMeecs.com](http://www.VaultMeecs.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	After deductible, \$500 Copay, then 60% coinsurance	Not Covered	Room & Board only. Limited to 5 days per calendar year. Includes Mental Health & Substance Abuse. Covers Childbirth/Delivery.
	Physician/surgeon fees	Not Covered	Not Covered	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Same as Medical (Specialist)	Not Covered	Annual limits apply, combined with medical.
	Inpatient services	Same as Medical	Not Covered	Annual limits apply, combined with medical.
If you are pregnant	Office visits	Same as Medical	Not Covered	
	Childbirth/delivery professional services	Not Covered	Not Covered	
	Childbirth/delivery facility services	Same as Medical	Same as Medical	Annual limits apply.
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	Not Covered	Not Covered	
	<a href="#">Rehabilitation services</a>	Not Covered	Not Covered	
	<a href="#">Habilitation services</a>	Not Covered	Not Covered	
	<a href="#">Skilled nursing care</a>	Not Covered	Not Covered	
	<a href="#">Durable medical equipment</a>	Not Covered	Not Covered	
	<a href="#">Hospice services</a>	Not Covered	Not Covered	
If your child needs dental or eye care	Children's eye exam	No Charge	Not Covered	Only as defined as preventative in the Affordable Care Act
	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	No Charge	Not Covered	Only as defined as preventative in the Affordable Care Act

**Excluded Services & Other Covered Services:**

<b>Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or <a href="#">plan</a> document for more information and a list of any other <a href="#">excluded services</a>.)</b>		
<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Bariatric Surgery</li> <li>• Chiropractic Surgery</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing Aids</li> <li>• Long Term Care</li> <li>• Non-emergency care when traveling outside the</li> </ul>	<ul style="list-style-type: none"> <li>• Routine eye care (Adult)</li> <li>• Routine Foot Care</li> <li>• Weight Loss Programs</li> </ul>

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.VaultMecs.com](http://www.VaultMecs.com).

**Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)**

- Dental Care
- Infertility Treatment
- U.S.
- Private Duty Nursing
- Many Maternity Related Services

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)**

- Most types of doctor visits
- Most diagnostic services
- All care provided in facilities

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: [insert State, HHS, DOL, and/or other applicable agency contact information]. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: [insert applicable contact information from instructions].

**Does this plan provide Minimum Essential Coverage? Yes**

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

**Does this plan meet the Minimum Value Standards? Yes**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al call 1-877-424-2366.

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*

**PRA Disclosure Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average **0.08** hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.VaultMecs.com](http://www.VaultMecs.com).

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$1,000
- [Specialist \[cost sharing\]](#) \$75
- Hospital (facility) [\[cost sharing\]](#) \$500 + 40%
- Other [\[cost sharing\]](#) N/A

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
[Diagnostic tests](#) (*ultrasounds and blood work*)  
[Specialist](#) visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
---------------------------	-----------------

In this example, Peg would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$1,000
<a href="#">Copayments</a>	\$2,200
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$7,021
<b>The total Peg would pay is</b>	<b>\$10,221</b>

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$1,000
- [Specialist \[cost sharing\]](#) \$75
- Hospital (facility) [\[cost sharing\]](#) \$500 + 40%
- Other [\[cost sharing\]](#) N/A

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)  
[Diagnostic tests](#) (*blood work*)  
[Prescription drugs](#)  
[Durable medical equipment](#) (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
---------------------------	----------------

In this example, Joe would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$625
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$3,915
<b>The total Joe would pay is</b>	<b>\$4,540</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$1,000
- [Specialist \[cost sharing\]](#) \$75
- Hospital (facility) [\[cost sharing\]](#) \$500 + 40%
- Other [\[cost sharing\]](#) N/A

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)  
[Diagnostic test](#) (*x-ray*)  
[Durable medical equipment](#) (*crutches*)  
[Rehabilitation services](#) (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
---------------------------	----------------

In this example, Mia would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$742
<a href="#">Copayments</a>	\$250
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$1,730
<b>The total Mia would pay is</b>	<b>\$2,722</b>

The [plan](#) has benefit limits and exclusions that may impact these examples