




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> ?	\$2,500 Individual / \$5,000 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	\$50 Copay	Not Covered	Annual visit limits apply  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 you plan will pay for.
	<a href="#">Specialist</a> visit	\$100 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)	\$60 - \$100 Copay	Not Covered	Copays dependent on test/service
	Imaging (CT/PET scans, MRIs)	\$500 Copay	Not Covered	
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 for drug list and coverage detail. Monthly max: \$250 Individual & \$500 Family
	<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 per Calendar Year.
	<a href="#">Emergency medical transportation</a>	Not Covered	Not Covered	
	<a href="#">Urgent care</a>	\$200 Copay	Not Covered	

\* 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)	
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	After deductible, \$500 Copay then 50% of Allowed Amount	Not Covered	Room & Board only. Limit 3 days per Calendar Year. Includes Mental Health & Substance Abuse. Covers Childbirth/Delivery.
	Physician/surgeon fees	Not Covered	Not Covered	
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	Same as Medical	Not Covered	Annual limits apply, combined with medical.
	Inpatient services	Same as Medical	Not Covered	Annual limits apply, combined with medical,
<b>If you are pregnant</b>	Office visits	Not Covered	Not Covered	Room & Board only. Limit 3 days per Calendar Year. Includes Mental Health & Substance Abuse. Covers Childbirth/Delivery.
	Childbirth/delivery professional services	Not Covered	Not Covered	
	Childbirth/delivery facility services	Same as Medical	Not Covered	
<b>If you need help recovering or have other special health needs</b>	<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	
<b>If your child needs dental or eye care</b>	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> </ul>	<ul style="list-style-type: none"> <li>• Hearing Aids</li> <li>• Long Term Care</li> </ul>	<ul style="list-style-type: none"> <li>• Routine eye care (Adult)</li> <li>• Routine Foot Care</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](#).)**

- Chiropractic Surgery
- Dental Care
- Infertility Treatment
- Non-emergency care when traveling outside the U.S.
- Private Duty Nursing
- Weight Loss Programs
- 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.*

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## 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 <a href="#">plan's</a> overall <a href="#">deductible</a>	\$2,500
■ <a href="#">Specialist [cost sharing]</a>	\$100
■ Hospital (facility) <a href="#">[cost sharing]</a>	\$500
■ Other <a href="#">[cost sharing]</a>	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>
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In this example, Peg would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$2,529
<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>\$9,550</b>

### Managing Joe's Type 2 Diabetes

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

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$2,500
■ <a href="#">Specialist [cost sharing]</a>	\$100
■ Hospital (facility) <a href="#">[cost sharing]</a>	\$500
■ Other <a href="#">[cost sharing]</a>	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>
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In this example, Joe would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$633
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$4,171
<b>The total Joe would pay is</b>	<b>\$4,804</b>

### Mia's Simple Fracture

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

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$2,500
■ <a href="#">Specialist [cost sharing]</a>	\$100
■ Hospital (facility) <a href="#">[cost sharing]</a>	\$500
■ Other <a href="#">[cost sharing]</a>	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>
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In this example, Mia would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$742
<a href="#">Copayments</a>	\$300
<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>\$2,772</b>

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