

# Summary of Benefits & Coverages

## Vault Small Employer Captive

### V5000 Model Plan Design - \$5,000/\$10,000

- All payable benefits are subject to the applicable exclusions and maximum eligible expense provisions. See the Summary Plan Document for additional details.
- The Benefit Period ends on December 31 of each year and renews benefit limits on January 1 of each year. Deductibles do not carry over from calendar year to calendar year. No expenses from prior plans (or periods) will count toward this deductible.
- Your employer has contracted with a preferred provider network. However, all providers are accepted by this plan as “in network.” For assistance finding a provider please contact (800) 425-9374.
- The Covered Person is responsible for 100% of the cost of Outpatient Prescription Drug Out-of-Pocket Eligible Expenses until the applicable Deductible Amount(s) per Covered Person is (are) satisfied. The Copayment amounts and Coinsurance Percentages listed are payable by the Covered Individual in each Calendar Year after the applicable Deductible Amount(s) per Covered Individual is (are) satisfied.
- The Copayment amounts and Coinsurance Percentages listed are payable by the Covered Person in each Calendar Year after the applicable Deductible Amount(s) per Covered Person is (are) satisfied.
- Pre-Authorization (Pre-Certification) is required prior to some services and may be subject to the Edison Health Second Opinion Program. It is the Member’s responsibility to follow the Pre-Certification procedures, failure to do so may result in the reduction or non-payment of benefits. Contact the Third-Party Administrator prior to scheduling any of the services listed here:
  - Transplants
  - Facility Admissions - Inpatient
  - Outpatient hospital services
  - Inpatient/Outpatient Surgery (not in the doctor’s office)
  - Cancer Treatment
  - Advanced Imaging – CT scans, MRIs, Nuclear Imaging

## Schedule of Benefits

<b>General Provisions –</b>	
<b>DEDUCTIBLE</b> (Combined with Pharmacy Benefit) Per Covered Person per Benefit Period Per Family per Benefit Period	\$5,000 \$10,000
<b>BENEFIT PERCENTAGE</b> After satisfaction of Deductible / Out-of-Pocket Maximum)	100%
<b>OUT-OF-POCKET MAXIMUM</b> Per Covered Person per Benefit Period Per Family per Benefit Period  Patient responsibility for Pharmacy co-pay and co-insurance continues after reaching OUT-OF-POCKET MAXIMUM. (see pharmacy tiers below)	\$5,000 \$10,000
<b>Type of Service / Limitations</b>	<b>Benefit/Coverage</b>
<b>Acupuncture</b>	Not Covered
<b>Allergy Injections</b>	100% after Deductible
<b>Ambulance Service</b> - As described in Article 6.1	100% after Deductible
<b>Ambulatory Surgical Center</b>	100% after Deductible
<b>Anesthesia</b>	100% after Deductible
<b>Bariatric Surgery</b>	Not Covered
<b>Biofeedback</b>	Not Covered
<b>Birthing Center</b>	100% after Deductible
<b>Brachytherapy</b>	100% after Deductible
<b>Cardiac Rehabilitation</b> – As described in Article 6.1	100% after Deductible
<b>Chemotherapy – Outpatient</b>	100% after Deductible
<b>Chiropractic Care</b>	100% after Deductible
<b>Colonoscopy</b> – Diagnostic Colonoscopy <ul style="list-style-type: none"> <li>Routine Colonoscopy (1 every 10 years over age 50)</li> </ul>	100% after Deductible 100% <b>Deductible Waived</b>
<b>Contraceptives</b> (Pharmacy or Devices)	100% after Deductible
<b>Cosmetic Surgery</b>	Not Covered
<b>Dental Services</b> (Covered only if result of Accidental Injury unless identified as additional benefits, below)	100% after Deductible
<b>Diabetic Education</b>	100% after Deductible
<b>Diagnostic Tests - Outpatient</b>	100% after Deductible
<b>Dialysis Treatments - Outpatient</b>	100% after Deductible
<b>Medical Equipment</b>	100% after Deductible
<b>Education</b>	Not Covered
<b>Eyeglasses</b>	Not Covered
<b>Experimental Services</b>	Not Covered
<b>Home Health Care</b>	100% after Deductible
<b>Hospice Care</b> (1 benefit period – 6 months max or per pre-authorized Hospice Care Plan)	100% after Deductible
<b>Hospital Services</b>	100% after Deductible
<b>Infertility Treatment</b>	Not Covered
<b>Infusion Services/IV Therapy - Outpatient</b>	100% after Deductible
<b>Injections</b>	100% after Deductible
<b>Long-term care</b>	Not Covered
<b>Laboratory</b>	100% after Deductible

<b>Mammograms</b> – Diagnostic Mammogram Routine Mammogram (1 per year over the age of 40)	100% after Deductible 100% <b>Deductible Waived</b>
<b>Maternity Services</b> (during pregnancy)	100% after Deductible
<b>Medical Supplies provided by Hospital or Physician</b>	100% after Deductible
<b>Mental Health</b> - Office visits and inpatient facility services	100% after Deductible
<b>Non-Emergency Care Outside of the US</b>	Not Covered
<b>Occupational Therapy - Outpatient</b>	100% after Deductible
<b>Orthotics</b>	Not Covered
<b>Physical Therapy - Outpatient</b>	100% after Deductible
<b>Physician Services</b>	100% after Deductible
<b>Preventive Care</b> – as defined at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>	100% Deductible Waived
<b>Private Duty Nursing</b>	Not Covered
<b>Prosthetic Appliances</b>	100% after Deductible
<b>Radiation Therapy – Outpatient*</b>	100% after Deductible
<b>Radiology / Imaging</b> (X-Ray, MRI, CT, PET, etc...)	100% after Deductible
<b>Respiratory Therapy - Outpatient</b>	100% after Deductible
<b>Sleep Studies (medically necessary)</b>	100% after Deductible
<b>Speech Therapy - Outpatient</b>	100% after Deductible
<b>Sterilization Procedures</b>	100% after Deductible
<b>Substance Abuse (Alcohol/Chemical)</b> - Office visits and inpatient facility services	100% after Deductible
<b>Surgery – Office</b>	100% after Deductible
<b>Surgery – Inpatient / Outpatient</b>	100% after Deductible
<b>TMJ / Jaw Disorders</b>	Not Covered
<b>Urgent Care Services</b>	100% after Deductible
<b>Transplant Services</b>	100% after Deductible
<b>Vision Services</b> (Covered only if result of Accidental Injury unless identified as additional benefits, below)	100% after Deductible
<b>Vision Therapy</b>	Not Covered
<b>Weight Loss Programs</b>	Not Covered

The Covered Individual is responsible for 100% of the cost of many Outpatient Prescription Drug Out-of-Pocket Eligible Expenses until the applicable Deductible Amount(s) per Covered Individuals (are) satisfied.

The Copayment amounts and Coinsurance Percentages listed are payable by the Covered Individual in each Calendar Year after the applicable Deductible Amount(s) per Covered Individuals (are) satisfied.

<b>Tier</b>	<b>Retail Copayment</b> (Maximum 30-day supply)	<b>Mail Order Copayment</b> (Maximum 90-day supply)
Tier 1: Preventive Drugs:	\$0.00 (Prior to and after meeting the deductible)	\$0.00 (Prior to and after meeting the deductible)
Tier 2: Preferred Generics	100% prior to meeting deductible \$15.00 (after deductible)	100% prior to meeting deductible \$30.00 (after deductible)
Tier 3: Preferred Brand & non-preferred generics:	100% prior to meeting deductible \$50.00 (after deductible)	100% prior to meeting deductible \$100.00 (after deductible)
Tier 4: Non-Preferred Brand:	100% prior to meeting deductible \$100 (after deductible)	100% prior to meeting deductible \$200 (after deductible)
Tier 5: Specialty Drugs	100% prior to meeting deductible 35% copayment after meeting deductible Max 30-day supply	
Tier 6: Non-formulary & excluded drugs	100% copay – not covered	

The Current Pharmacy Formulary and Tier List can be found at <https://www.AllThingsVault.com/CaptiveSmallEmployer> . The formulary and tier list is subject to change from time to time, without notice.

## **Additional Benefits:**

**Telemedicine and Virtual Behavioral Health Benefits.** The Plan includes unlimited access for Covered Individuals to VaultTeleMed, for zero Co-Pay virtual Medical Benefits and a limited number of zero Co-Pay Behavioral Health consults. Telephone and video services are provided by board certified professionals licensed in your state. A welcome packet will be sent to employees with instructions for accessing services. Or visit <https://portal.vaulttelemed.com/> for additional information. Using virtual services is a great way to reduce the cost of benefits for you and your plan, please consider these options when services are needed.