Elite Health Plus

VAULT HEALTH PLAN

Deductible	
Individual	$1,000
Family	$2,000
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	$35 Copay
Specialist Office Visit	$75 Copay
Laboratory Services - Per Panel Tested	$100 Copay
Radiology - Per Image Billed	$50 Copay
CT/MRI/MRA/PET Scans - Per Imaged Billed	$500 Copay Per Image Billed
Outpatient Services - Limited to Mental & Behavioral Health and Substance Abuse	Specialist Office Visit Copay
Other Outpatient Services	Not Covered
Urgent Care	$150 Copay
Emergency Room Services	After deductible, $400 Copay then 50% coinsurance - Limited to 1 visit per plan year
Hospital Inpatient Room & Board Per Admission (includes Mental & Behavioral Health or Substance Abuse)	After deductible, $500 Copay then 60% coinsurance - Combined limit of 5 days
Preventative Prescriptions Generic Drugs	$0 Copay (Limited to Preventative Only)
Prescription Benefits - InsuredRx	Preferred Generic = $0 Copay Formulary Generic = $10 Copay Formulary Brand Name = $30 Copay Additional Preferred Brand & Generic = $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.