



Vault Direct 2.0

2022 Schedule of Medical Benefits

Lifetime Maximum: None	Network Providers	Non-Network Providers	Benefit Limits
Annual Deductibles - Plan Year (does not include co-pays) Combined Rx Medical Deductible	Individual: None Family: None	Not Covered	Deductible and Out of Pocket are accumulated per Calendar Year PPO & Non PPO do cross apply
Annual Co-Insurance Out of Pocket Maximums (Includes deductible and Rx co-pays and co- insurance) (Does not include medical co-pays)	Individual: None Family: None	Not Covered	
Office Visits - Primary Care (exams or consultations)	\$25 Co-pay, Plan pays 100% of PPO Amount	Not Covered	Referral from Telemedicine Required
Vault TeleMed	\$0 Co-pay Plan pays 100%		
Urgent Care Center & 24 Hours	\$50 Co-pay, Plan pays 100% of PPO Amount	Not Covered	Referral from Telemedicine Required
Prescription Benefits			
Preventative Prescription Drugs	\$0 Copay (Limited to Preventive Only)		
Preferred Prescription Drugs	Tier 1: \$0 (over 200 drugs) Tier 2: \$10 or less Tier 3: \$25 or less Tier 4: \$50 or less		

Rural Area is defined as 30 miles. If preventive services are not available within 30 miles of your residence the provider will be paid in network. If the service is not listed on this Schedule of Benefits it is not covered.

We believe this coverage is a Non-Grandfathered health plan under the Patient Protection and Affordable Care Act. (PPACA)

Vault 2.0 Exclusions and Limitations

Note: Primary Care and Urgent Care office visits that do not have a referral from My Telehealth will NOT be covered.

1. **Abortion.** Services, supplies, care, or treatment in connection with an abortion, unless the life of the mother is endangered by the continued Pregnancy, or the Pregnancy is the result of rape or incest.
2. **Adoption.** Any charges associated with Adoption.
3. **Acupuncture.**
4. **Ambulance Charges, Ground or Air.**
5. **Alcohol or Drugs.** Services, supplies, care, or treatment to a Covered Person for an Injury or Sickness which occurred as a result of that Covered Person's illegal use of alcohol or drugs. A person will be conclusively presumed to be under the influence of alcohol or drugs and such influence will be conclusively presumed to be a cause of the illness, condition, accident or injury for the purposes of this exclusion if:
 - a. Either the person's blood alcohol level was equal to or greater than the legal limit for driving in the state where the accident occurred, or
 - b. If a blood, urine, or other medically reliable test determines that there was any amount of illegal drugs in the person's system at the time of the cause or occurrence of the illness, condition, or accident.
 - c. The presence of alcohol or drugs may be determined by
 - i. Tests performed by or for law enforcement authorities
 - ii. Tests performed in the course of treating the person, or
 - iii. Other reliable means.
 - d. The Plan Administrator in its sole discretion shall determine whether a claim is excluded under these rules. There need not be a determination or action by any other person or party as to criminal fault.
 - e. Expenses will be covered for Injured Covered Persons other than the person illegally using alcohol or other substances.
 - f. This exclusion does not apply if the Injury resulted from an act of domestic violence.
6. **Ambulatory Services.** Including dialysis treatment, respiration therapy, radiation, and chemotherapy.
7. **Bereavement Counseling Services and Supplies.**
8. **Cardiac Rehabilitation.**
9. **Chemical Dependence/Substance Abuse.**
10. **Chemotherapy.**
11. **Chiropractic Services/Spinal Manipulation.**
12. **Complications of Non-Covered Treatments.** Care, services, or treatment required as a result of complications from a treatment not covered under the Policy.
13. **Contact Lenses or Glasses Following Cataract Surgery.**
14. **Cosmetic Procedures.** A procedure performed primarily for psychological purposes or to preserve or improve appearance rather than to restore the anatomy and/or functions of the body which are lost or impaired due to an illness or injury.
15. **Counseling Services.** Counseling for educational, social, occupational, religious, or other maladjustments. Counseling for treatment of a gambling addiction. Sensitivity or stress management training, self-help training unless specifically stated in the Schedule of Benefits.
16. **Custodial Care.** Services or supplies provided mainly as a rest cure, maintenance, or Custodial Care.
17. **Day Treatment.** Means a day treatment program that offers intensive, multidisciplinary services not otherwise offered in an Outpatient setting. The treatment program generally consists of a minimum of 20 hours of scheduled programming extended over a minimum of five days per week. The program is designed to treat patients with serious mental or nervous disorders and offers alternative to Inpatient treatment.
18. **Dental Care.**
19. **Diagnostic Services – Basic, Major, and Minor.** Including, but not limited to: X-rays, Ultrasounds, bloodwork, CT, MRI, PET, Nuclear Testing of any type, diagnostic mammograms, biopsies, etc.
20. **Dialysis.**
21. **Durable Medical Equipment.**

22. **Educational or Vocational Testing.** Services for educational or vocational testing or training.
23. **Emergency Room.**
24. **Error.** This policy reserves the right to recover any payments made by this policy that were:
 - a. Made in error, or
 - b. Made to you or any party on your behalf where this policy determines the payment to you or any party is greater than the amount payable under this policy, or
 - c. This policy has the right to recover against you if this policy has paid you or any other party on your behalf.
25. **Exams or Treatment Required by Third Party.** Physical, psychiatric, and psychological exams or treatments and related services that are required by third parties. For example, exams and tests that are required for recreational activities, employment, insurance, and school; court-ordered exams and services, except when they are medically necessary services.
26. **Excess Charges.** The part of an expense for care and treatment of an Injury or Sickness that is in excess of the Maximum Allowable Charge.
27. **Exercise Programs.** Exercise programs for treatment of any condition.
28. **Experimental.** Care and treatment that is either Experimental or Investigational.
29. **Eye Care.** Radial keratotomy, Lasik surgery, or other eye surgery to correct refractive disorders. Lenses for the eyes and exams for their fitting.
30. **Foot Care.** Treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions, and treatment of corns, calluses, toenails, and foot inserts.
31. **Foreign Travel.** Care, treatment, or supplies out of the U.S.
32. **Genetic Testing.**
33. **Government Coverage.** Care, treatment, or supplies furnished by a program or agency funded by any government. This does not apply to Medicaid or when otherwise prohibited by law.
34. **Hair Loss.** Care and treatment for hair loss including hair transplants or any drug that promises hair growth, whether or not prescribed by a Physician.
35. **Hearing Aids,** Including Cochlear Implants and Hearing Examinations. Charges for services including exams and supplies in connection with hearing aids or cochlear implants.
36. **Home Health Care Services and Supplies.**
37. **Hospital Charges.** Any services billed from a hospital unless specifically stated otherwise in the Schedule of Benefits.
38. **Hospice Care Services and Supplies or Bereavement Counseling.**
39. **Illegal Acts.** Charges for services received for Injury or Sickness occurring directly or indirectly as a result of active participation in an Illegal Act, or active participation in a riot or public disturbance.
 - a. It is not necessary that criminal charges be filed, or if filed, that a conviction result, or that a sentence of imprisonment be imposed for this exclusion to apply.
 - b. Proof beyond a reasonable doubt is not required.
 - c. This exclusion does not apply if the Injury or Sickness resulted from an act of domestic violence or a medical (including both physical and mental health) condition.
 - d. Services received as a result of illness or injury caused or contributed to by the Covered Person committing or attempting to commit any of the following or engaging in conduct which would amount to any of the following if a charge had been made, regardless of whether a charge was filed or guilt was determined:
 - i. A felony;
 - ii. Any illegal occupation;
 - iii. A misdemeanor or other offense involving theft, fighting, disorderly conduct, or other breach of the peace; or
 - iv. A misdemeanor or other offense involving the use of alcohol or drugs, including, but not limited to any crime or offense involving driving or being in actual physical control of a motor vehicle or any other means of conveyance propelled in part or in whole by an engine or motor, for example, a boat or ATV, while under the influence of alcohol or drugs.
40. **Illegal Drugs or Medications.** Services, supplies, care, or treatment to a Covered Person for Injury or Sickness resulting from that Covered Person's voluntary taking of or being under the influence of any controlled substance, drug, hallucinogen, or narcotic not administered on the advice of a Physician.

- a. Expenses will be covered for Injured Covered Persons other than the person using controlled substances.
 - b. This exclusion does not apply if the Injury resulted from an act of domestic violence or a medical (including both physical and mental health) condition.
41. **Impotence.** Care, treatment, services, or supplies in connection with treatment for impotence.
 42. **Infertility.** Care, supplies, services, and treatment for infertility, artificial insemination, or in vitro fertilization, unless listed as covered in the Schedule of Medical Benefits.
 43. **Marital, Pre-Marital, or Family Counseling.** These services are not a covered benefit.
 44. **No Charge.** Care and treatment for which there would not have been a charge if no coverage had been in force.
 45. **No Obligation to Pay.** Charges incurred for which the policy has no legal obligation to pay.
 46. **No Physician Recommendation.**
 - a. Care, treatment, services, or supplies not recommended and approved by a Physician; or
 - b. Treatment, services, or supplies when the Covered Person is not under the regular care of a Physician.
 - c. Regular care means ongoing medical supervision or treatment which is appropriate care for the Injury or Sickness.
 47. **Not Specified as Covered.** Non-traditional medical services, treatments, and supplies which are not specified as covered under this policy.
 48. **Obesity.** Care and treatment of obesity, weight loss, or dietary control whether or not it is a part of the treatment plan for another Sickness.
 - a. Specifically excluded are charges for Bariatric Surgery, including but not limited to:
 - i. Gastric Bypass,
 - ii. Stapling and Intestinal Bypass, and
 - iii. Lap Band Surgery, including reversals.
 - iv. Medically Necessary charges for Morbid Obesity will not be covered.
 49. **Occupational.** Care and treatment of an Injury or Sickness that is occupational. Occupational means that it arises from work for wage or profit, including self-employment.
 50. **Occupational Therapy.**
 51. **Orthotic Appliances.**
 52. **Oxygen.**
 53. **Physical Therapy.**
 54. **Plan Design Excludes.** Charges excluded by the policy design as mentioned in this document.
 55. **Preventive/Wellness Services.** This plan specifically excludes all ACA Preventive Services, including, but not limited to mammograms, colonoscopies, annual physical exams, sexually transmitted disease testing, blood screenings for diabetes or sexually transmitted infections, etc.
 56. **Private Duty Nursing Care.**
 57. **Prosthetic Devices.** Purchase, fitting and repair of fitted prosthetic devices which replace body parts.
 58. **Reconstructive Surgery.** Correction of abnormal congenital conditions and reconstructive mammoplasties
 59. **Replacement Braces.** Replacement of braces of the leg, arm, back, neck, or artificial arms or legs.
 60. **Residential Treatment Facilities.** Inpatient and outpatient services associated with Mental Health, Chemical Dependency and Substance Abuse.
 61. **Respiration Therapy.**
 62. **Sales Tax.**
 63. **Self-Inflicted.** Any loss due to an intentionally self-inflicted injury.
 64. **Services Before or After Coverage.** Care, treatment, or supplies for which a charge was incurred before a person was covered under this policy or after coverage ceased under this policy.
 65. **Sex Changes.** Care, services, or treatment for non-congenital transsexualism, gender dysphoria, or sexual reassignment or change. This exclusion includes medications, implants, hormone therapy, surgery, medical, or psychiatric treatment.

66. **Sexual Dysfunction.** Behavioral treatment or drug therapy for sexual dysfunction and sexual function regardless if cause of dysfunction is due to physical or psychological reasons.
67. **Skilled Nursing Facility** or Physician Care.
68. **Sleep Disorders.**
69. **Smoking / Tobacco Cessation.** Care and treatment for smoking cessation programs, including smoking deterrent patches.
70. **Speech Therapy.**
71. **Specialty Office Visits.** For sickness, injury, or preventive services.
72. **Surgical Services.**
73. **Surgical Sterilization Reversal.** Care and treatment for reversal of surgical sterilization.
74. **Surrogate Pregnancy Services.** Services incurred in connection with an agreement to act as a surrogate mother. This excludes pregnancy-related charges incurred by an insured who is acting as a surrogate mother as well as pregnancy-related charges incurred by a non-insured who is acting as a surrogate for an insured.
75. **TMJ or Orthognathic Services.** Treatment is not covered.
76. **Travel or Accommodations.** Charges for travel or accommodations, whether or not recommended by a Physician.
77. **Vision Therapy Services.** Services incurred to treat vision therapy is not covered.
78. **War.** Any loss that is due to a declared or undeclared act of war. Including nuclear reaction or the release of nuclear energy. This exclusion will not apply if the loss is sustained within 90 days of the initial incident. To be covered under the policy, the loss must be caused by fire, heat, explosion, or other physical trauma that is a result of the release of nuclear energy. The covered person must be within a 25-mile radius of the release site at the time of the release or within 24 hours of the start of the release.
79. **Workers Compensation.** Injury or illness that is covered by any Workers Compensation or Occupational Disease law.