



## Velapoint Proposal (MEC & MVP)

**Date:** 11.19.2024  
**Valid for 30 Days.**



**VELAPOINT**<sup>SM</sup>  
I N S U R A N C E  
an **Allstate** company

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## About Vault

Traditionally, employee medical insurance benefits only consist of an insurance policy from a specific company, covering certain medical expenses in case of illness or injury. However, this alone does not constitute a comprehensive health plan.

The VAULT Strategies family offers more than just another insurance product. It's a comprehensive, integrated health care strategy that enhances coverage and benefits for both employees and employers.

By leveraging insights into how insurance companies assess risk, VAULT's innovative design typically lowers healthcare benefit costs while enhancing benefits, improving the healthcare experience, and increasing access to care.



# Our Mission

Improving member lives by delivering exceptional healthcare solutions with compassion, innovation, and unwavering commitment to excellence.

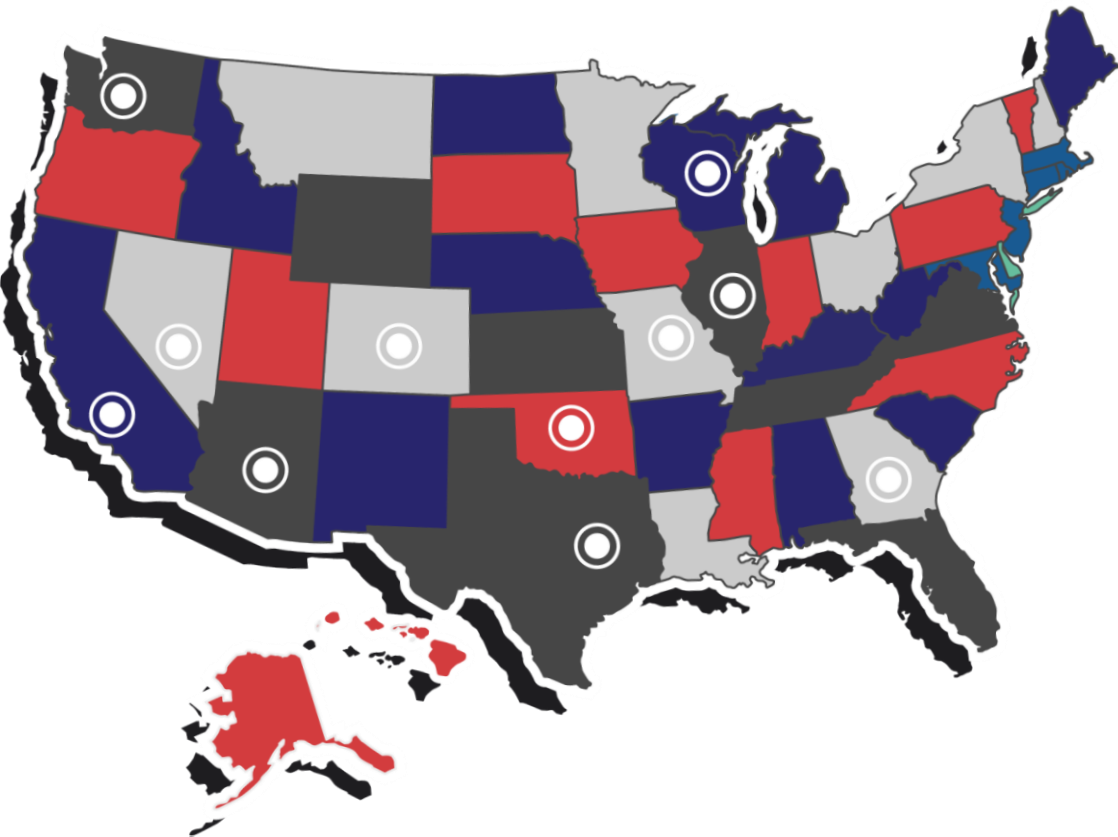
# Vault by the Numbers

● **2007**  
Pioneering healthcare with dedicated service and a focus on growth.

● **10+**  
Multiple offices strategically located, operating nationwide.

● **1 MILLION**  
Number of members using one or more of our custom strategies.

● **\$1 BILLION**  
Portfolio of assets that Vault currently manages.



## What are ACA Compliant Health Plans?

During these challenging and uncertain times, we recognized a unique need for basic and critical healthcare access. In response, VAULT has created the ACA Compliant and Limited Benefit product series. These plans meet over 60% of routine healthcare needs at prices that won't break the bank.

### Benefits of ACA Compliant Health Plans

- ✓ No Health Questionnaires
- ✓ No Underwriting
- ✓ Composite Rates
- ✓ ACA Compliant
- ✓ \$0 Deductible Plans
- ✓ Multiple Plan Options
- ✓ National PPO Network
- ✓ Available in all 50 States



# Benefits for Employers



Product Suite Satisfies  
Both Employer A & B  
Tax Penalty



No Employer  
Contribution  
Required



Only Requires  
2+ Enrolled  
Members



Available for Part  
and Full-Time  
Members



No Financial Risk  
Past the Monthly  
Premium



Management  
of Claims  
Administration

MEC Plans

	ELITE HEALTH	ELITE HEALTH PLUS
Deductible	\$2,500 Individual / \$5,000 Family	\$1,000 Individual / \$2,000 Family
Out-of-Pocket Max	N/A	N/A
Preventative & Wellness Office Visits	\$0 Copay <sup>H</sup>	\$0 Copay <sup>H</sup>
Telemedicine	\$0 Copay	\$0 Copay
Primary Care Office Visit	\$50 Copay	\$35 Copay
Specialist Office Visit	\$100 Copay	\$75 Copay
Laboratory Services	\$100 Copay (per visit) <sup>H</sup>	\$100 Copay (per visit) <sup>H</sup>
Radiology	\$60 Copay (per visit) <sup>H</sup>	\$50 Copay (per visit) <sup>H</sup>
Imaging (CT/MRI/MRA/PET Scans)	\$500 Copay (per image) <sup>H</sup>	\$500 Copay (per image); \$50 Copay for minor (per image) <sup>H</sup>
Urgent Care	\$200 Copay	\$150 Copay
Emergency Room Services	\$500 Copay, then 50% Coins. (Limit 1 visit/year)*	\$500 Copay, then 50% Coins. (Limit 1 visit/year)*
Hospital Inpatient Room & Board	\$500 Copay, then 50% Coins. (3-day limit)(Room & Board only)*	\$500 Copay, then 60% Coins. (5-day limit)(Room & Board only)*
Preventative Prescriptions (Generic)	\$0 Copay	\$0 Copay
Preferred Prescription Drugs (amount shown or less)	Tier 1 = Under \$10; Tier 2 = Under \$25; Tier 3 = Under \$50; Tier 4 = Over \$50;	Tier 1 = Under \$10; Tier 2 = Under \$25; Tier 3 = Under \$50; Tier 4 = Over \$50;
Additional Covered Drugs (After Prescription Deductible)	Formulary Generic: \$15; Formulary Brand: \$30**	Formulary Generic: \$15; Formulary Brand: \$30**
Inpatient Hospitalization & Surgery	Not Covered	Not Covered
Outpatient or Free-Standing Facility	\$100 Copay (Mental Health / Substance Abuse Only)	Not Covered
Treatment: Chemical Abuse/Dependency	Not Covered	Not Covered
Home Health Care	Not Covered	Not Covered
Maternity (Facility Childbirth & Delivery)	Not Covered	Not Covered
Maternity (Professional Services)	Not Covered	Not Covered
Ambulance	Not Covered	Not Covered
Chemo/Radiation Treatment	Not Covered	Not Covered

See Plan Documents

See Plan Documents

[Not Covered] Not included in plan ; \*After deductible; \*\* Subject to combined separate prescription drug maximum monthly benefit. See Plan Documents.; \*\*\*Subject to 12 month waiting period.; <sup>H</sup> services not covered in a hospital.  
Disclaimer: If plan comparison differs from the Schedule of Benefits, the Schedule of Benefits will govern. Refer to the Schedule of Benefits for a list of Benefits Coverage, Limitations, and Exclusions

MVP Plans

	BRONZE	SILVER
Deductible	\$0 Individual / \$0 Family	\$0 Individual / \$0 Family
Out-of-Pocket Max	\$8,550 Individual / \$17,100 Family	\$5,000 Individual / \$10,000 Family
Preventative & Wellness Office Visits	\$0 Copay <sup>H</sup>	\$0 Copay <sup>H</sup>
Telemedicine	\$0 Copay	\$0 Copay
Primary Care Office Visit	\$25 Copay (Limit 8/year)	\$15 Copay (Limit 10/year)
Specialist Office Visit	\$50 Copay (Limit 8/year)	\$25 Copay (Limit 10/year)
Laboratory Services	\$50 Copay (Limit 3 visits/year) <sup>H</sup>	\$50 Copay per visit (Limit 3/year) <sup>H</sup>
Radiology		
Imaging (CT/MRI/MRA/PET Scans)	\$350 Copay (Limit 1 image/year) <sup>H</sup>	\$350 Copay per image (Limit 2/year) <sup>H</sup>
Urgent Care	\$50 Copay (Limit 2/ year)	\$35 Copay (Limit 3/year)
Emergency Room Services	\$350 Copay (Limit 1/year)	\$350 Copay (Limit 1/year)
Hospital Inpatient Room & Board	\$350 Copay (Limit 5 days/year)	\$350 Copay (Limit 7 days/year)
Preventative Prescriptions (Generic)	\$0 Copay	\$0 Copay
Preferred Prescription Drugs (amount shown or less)	Tier 1 = Under \$10; Tier 2 = Under \$25; Tier 3 = Under \$50; Tier 4 = Over \$50;	Tier 1 = Under \$10; Tier 2 = Under \$25; Tier 3 = Under \$50; Tier 4 = Over \$50;
Additional Covered Drugs (After Prescription Deductible)	Formulary Generic: \$15; Formulary Brand: \$30**	Formulary Generic: \$15; Formulary Brand: \$30**
Inpatient Hospitalization & Surgery	\$350 Copay (Limit 2 surgeries/year)	\$350 Copay (Limit 3 surgeries/year)
Outpatient or Free-Standing Facility	\$350 Copay (Limit 1 surgery/year)	\$350 Copay (Limit 2 surgeries/year)
Treatment: Chemical Abuse/Dependency	Outpatient: \$25 Copay per day (8 days) Inpatient: \$350 Copay (5 days; See plan documents)	Outpatient: \$25 Copay per day (10 days) Inpatient: \$350 Copay (7 days; See plan documents)
Home Health Care	\$25 Copay (Limit 10/year)	\$25 Copay (Limit 10/year)
Maternity (Facility Childbirth & Delivery)	Not Covered	\$350 Copay
Maternity (Professional Services)	Not Covered	\$350 Copay
Ambulance	Not Covered	Not Covered
Chemo/Radiation Treatment	Not Covered	Not Covered

See Plan Documents

See Plan Documents

[Not Covered ] Not included in plan ; \*After deductible; \*\* Subject to combined separate prescription drug maximum monthly benefit. See Plan Documents.; \*\*\*Subject to 12 month waiting period.; <sup>H</sup> services not covered in a hospital.  
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Monthly Plan Rates

MEC/MVP PLAN RATES	ELITE HEALTH	ELITE HEALTH PLUS	BRONZE	SILVER
Member Only	\$324.17	\$356.39	\$492.48	\$579.07
Member + Spouse	\$562.05	\$623.35	\$852.36	\$1,005.50
Member + Child(ren)	\$488.75	\$540.35	\$867.98	\$1,024.56
Member + Family	\$741.23	\$821.90	\$1,302.20	\$1,577.46

Proposal Notes:

- Pharmacy benefits include access to over 65,000 pharmacies. There is no coverage for specialty drugs.
- Rates **do not** include access to EndpointLock™, PerksPlus, and Hero Benefits Network.
- All plan rates are subject to change upon receipt of final employee enrollment census.
- Please refer to the Schedule of Benefits for a more in-depth list of Benefits Coverage, Limitations, and Exclusions before enrolling.

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# Formularies

## MEC PREVENTATIVE FORMULARY

The health reform law (Affordable Care Act) makes certain preventive medications and supplements available to you at no cost—both prescription and over-the-counter (OTC). The following preventive medications are covered at 100% with \$0 copay when prescribed by a health care professional, age and/or condition appropriate, and filled at a network pharmacy. The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription drug benefit plan. The list is not all- inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

[VIEW FORMULARY](#)

## VAULTRx

The VaultRx Preferred Drug List is an abbreviated version of commonly prescribed medications. This list is intended to be a guide, and prescribers should still use generics when possible. The pricing and inclusion of any prescription drug within this preferred drug list is subject to change and is not guaranteed. While we strive to maintain up to date pricing, drug manufacturers and pharmacies may alter pricing at any time creating the opportunity for an outdated price to be displayed on this preferred drug list before price changes can be updated on this preferred drug list.

[VIEW FORMULARY](#)

## VAULTRx Plus

VaultRx contains both brand and generic drugs that are available to members. The BRAND name drugs (listed in all CAPS) and generic drugs (listed in lower case) are available at a copay up to the monthly maximum benefit of the plan. All drugs not contained on this list are not eligible for the copay benefit, however, are eligible at RxEDO’s discounted rate. Please refer to your benefit materials for Limitations and Exclusions; Quantity Limits per copay may apply to certain medications. The formulary list is continually evaluated, and changes can occur at any time. Please contact RxEDO to confirm the most current drug list. We encourage you to share this list with your physician at the time of your treatment.

[VIEW FORMULARY](#)



Thank You for Your Partnership!

**Vault Strategies**

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**STAY CONNECTED**

