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**Solo Health Collective**  
**Summary of Benefits & Coverage**  
[www.hbgsolo.com](http://www.hbgsolo.com)

**2026 Plan Year**



## Summary of Benefits and Coverage

### Solo Health Collective – Nationwide PPO Health Plan

#### Plan Overview:

Solo Health Collective offers a self-funded health plan, administered by Vault Admin Services, and backed by a Medical Reimbursement Policy through Vault Health Captive, LLC – Series C. This plan is designed to provide entrepreneurs and self-employed business owners with access to high-quality care, concierge services, and financial protection exceeding the scope of traditional insurance.

#### Networks & Access:

- **In-Network Coverage:**

Solo utilizes the Multiplan PHCS network, one of the largest PPO networks in the U.S., with providers available in all 50 states.

- **Out-of-Network Coverage:**

Covered, but subject to reference-based pricing. Members may incur higher costs and should confirm provider status when seeking services.

- **Emergency Services:**

Always considered in-network. Members should seek care at the nearest hospital or emergency room.

- **Prior Authorization:**

Required for elective inpatient admissions, selected procedures, surgeries, and certain mental health treatments. Details can be found in the [Summary Plan Description](#), page 21.

## Deductibles and Copays:

- **Deductible Options:**

- Individual: \$2,500 / \$5,000 / \$10,000
- Family: \$5,000 / \$10,000 / \$20,000

- **Coinsurance:**

None. Once the deductible is met, the plan pays 100% for covered services.

- **Copays:**

Only applicable to prescriptions after the deductible is met. Solo does not have copays for office visits.

## Coverage for Common Medical Events:

Medical Event	Coverage	Notes
Preventive Services		
<ul style="list-style-type: none"> <li>• Age and gender appropriate screenings</li> <li>• Annual wellness exam</li> <li>• Certain vaccines and prescriptions</li> <li>• Baby and child well visits</li> </ul>	<p>100% Deductible</p> <p>Waived</p>	<p>If a member sees an out of network provider for preventive services, they may be subject to out-of-pocket costs. It is always recommended to see an in-network provider for preventive care.</p>
Primary & Specialist Care	100% After Deductible	Out of network services are subject to reference-based pricing. Members who pay upfront for out of network care may incur higher costs.

Emergency Care	100% After Deductible	Not subject to the network, please visit your closest emergency room/hospital.
Urgent Care	100% After Deductible	Out of network services are subject to reference-based pricing. Members who pay upfront for out of network care may incur higher costs.
Inpatient Hospitalization & Surgeries	100% After Deductible	Prior authorization is required for both in and out-of-network claims.
Inpatient and outpatient Mental Health & Substance Abuse Treatment	100% After Deductible	Prior authorization is required for both in and out of network claims. Out of network services are subject to reference-based pricing. Members who pay upfront for out of network care may incur higher costs.
Mental Health Office Visit	100% After Deductible	Capped at 40 visits per member. Out of network services are subject to reference-based pricing. Members who pay upfront for out of network care may incur higher costs.
Imaging & Advanced Diagnostics	100% After Deductible	Out of network services are subject to reference-based pricing. Members who pay upfront for out of network care may incur higher costs.
Chiropractic & Rehabilitation Services	100% After Deductible	Out of network services are subject to reference-based pricing. Members who pay upfront for out of network care may incur higher costs. Chiropractic care is capped at 40 visits per year.

## Exclusions and Limitations:

Services generally not covered include, but are not limited to:

- Acupuncture, massage therapy, alternative therapies
- Cosmetic procedures
- Dental and vision care
- Infertility treatment, surrogacy-related services
- Vitamins, minerals, supplements
- Marriage therapy
- Experimental treatments

Please consult the [Summary Plan Description](#) for the full exclusion list.

## Prescription Benefits:

Administered by **FairosRx**. Members are responsible for full prescription costs until the deductible is met, except for Tier 1 preventive drugs.

<b>Tier</b>	<b>30-Day (Retail)</b>	<b>90-Day (Mail)</b>	<b>Notes</b>
Tier 1 (Preventive)	\$0 (Deductible Waived)	\$0 (Deductible Waived)	Covered in full before deductible
Tier 2 (Preferred Drugs)	\$15 Copay	\$30 Copay	After deductible is met
Tier 3 (Preferred Brands & Non-Preferred Generics)	\$50 Copay	\$100 Copay	After deductible is met
Tier 4 (Non-Preferred Brand)	\$100 Copay	\$200 Copay	After deductible is met
Tier 5 (Specialty Drugs)	Covered up to \$1000 per Rx	Covered up to \$1000 per Rx	Covered up to \$1000 per Rx

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Tier 6 (Non-Formulary)

Not Covered

Not Covered

Not Covered

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**Note:** All non-specialty drugs over \$1,000 (30-day) and over \$3,000 (90-day) are excluded

### **FairosRx Formulary & Support:**

Access Rx benefit documents, calculate copays, track prescriptions, locate pharmacies.

- [FairosRx Member Portal](#)
- FairosRx Member App: Available on [Apple App Store](#) and [Google Play](#)
- [FairosRx Formulary](#)

### **Concierge & Support Services:**

- Vault Care Network: Second opinions, care navigation, and member advocacy
- MedWatch Case Management: Coordination for complex/high-cost care
- Occunet Balance Bill Support: Billing advocacy for unexpected charges

### **Important Notes & Disclosures:**

- **Medical Reimbursement Policy:** After meeting your deductible, eligible service claims are reimbursed by Vault Health Captive, LLC – Series C.
- **Eligibility:** Must complete a health attestation. Inaccuracies can lead to denied claims.
- **Formulary Updates:** Changes communicated 30 days in advance.

- **Captive Participation:** Members share claims risk as part of the Vault Strategies small employer group.

## Support Contacts

### Vault Admin Services

- [Claims Portal](#)
- Phone: 888-211-5706
- Email: [claims@allthingsvault.com](mailto:claims@allthingsvault.com)

### Healthy Business Group/Solo Health Collective

- Call: 646-328-6968
- Email: [Support@hbgnow.com](mailto:Support@hbgnow.com)
- [Schedule Member Support](#)

**Disclaimer:** This document is for informational purposes only. The governing document for all coverage terms and conditions is the official [Summary Plan Description \(SPD\)](#).