



## MEC & MVP Plans

# 2025 Information Guide

**Prepared for:**  
Our Valued Clients

## GET TO KNOW YOUR NEW BENEFITS ADMINISTRATOR

We're proud to serve as your new benefits administrator for the 2024 plan year!

Vault Admin Services is a leader in health care insurance and is proud to offer customized health insurance benefit packages that offer immeasurable value for members - like you! This value comes through significant cost reduction, customization and improved health outcomes for those they insure.

At Vault Admin Services, we understand the importance of efficient and effective healthcare administration. Our primary goal is to make your experience with your health plan as seamless and convenient as possible.



### With Vault Admin Services, you can expect the following:

- **Streamlined Claims Processing:** We aim to process your claims promptly and accurately, minimizing any delays or inconveniences in receiving the benefits you are entitled to.
- **Transparent Communication:** You can expect clear and concise communication from us regarding your claims, coverage, and any changes to your healthcare plan. We are here to answer any questions you may have.
- **Member Support:** Our customer service team is readily available to assist you with any inquiries or concerns related to your healthcare plan. You can reach our dedicated team at 888.208.6928 or by emailing [support@allthingsvault.com](mailto:support@allthingsvault.com).
- **Timely Reimbursements:** If applicable, we will ensure that eligible expenses are reimbursed to you in a timely manner, as per the terms of your healthcare plan.
- **Compliance and Privacy:** Rest assured that we are committed to upholding the highest standards of compliance.

Thank you for choosing Vault Admin Services as your trusted healthcare partner. We look forward to continuing to support your healthcare needs and ensuring your peace of mind.

# YOUR ID CARD

Here is a sample of what your ID card may look like, depending on which plan/network you choose.

<b>Group Name:</b> <b>Group #:</b>  <b>Effective Date:</b> <b>Member ID #:</b> <b>Member Name:</b>  <b>Family Members:</b>		<b>Pharmacy Benefits:</b> <b>RxBIN:</b> <b>RxPCN:</b> <b>RxGrp:</b> <b>Plan Name:</b> <b>RX Copay:</b> Generic \$0 (Limited to Preventative Generic Only) <b>Member Services:</b> 877-220-7369 <b>Pharmacy Help Desk:</b> 877-220-7369	<b>Deductible:</b> \$0 Individual/ \$0 Family <b>Copay:</b> Preventive \$0 Primary Care \$15 Specialist \$25 Urgent Care \$35
<p>Facilities are reimbursed pursuant to the terms of the Plan Document up to the Reasonable and Allowable Amount (subject to reference pricing). Only Physician and ancillary services may be subject to a PPO Network. The Plan will only consider an Assignment of Benefits (AOB) valid under the condition that the Provider accepts the payment received from the Plan as consideration in full for the services, supplies and/or treatment rendered, less any required deductibles/copays/coinsurance.</p>			
<p>Each Person is a Cardholder, Add Last 2 Digits with Applicable Suffix. Primary = 01   Spouse = 02   Child = 03 (Oldest child first to youngest)</p>			

Assignment of Benefits (AOB) is a waiver of the Provider’s right to balance bill the patient. Deposit checks received from the Plan represents accord and satisfaction and will take precedence over any previous terms. Please see the Plan Document or contact 877-220-7369.

**This card is not a statement of benefits or guarantee of coverage.**

**Members:** Please show this card when you or your eligible dependents receive services. If you have questions regarding claims, benefits, prior authorizations, billing, to confirm eligibility, or terminate coverage, please contact Vault Admin Services, LLC at 877-220-7369 or visit [members.vaultamps.com](http://members.vaultamps.com).

**Providers:** Please submit all patient claims with Member ID and Plan ID numbers. If you have any questions regarding claims, benefits, prior authorization, or to confirm eligibility, please contact 877-220-7369.

**Please submit all claims to:**  
 Vault Admin Services, LLC  
 PO Box 240998  
 Apple Valley, MN 55124  
**Payer ID:** VS402

# ACA COMPLIANT HEALTH PLANS

## MEC/MVP Plans

	PREMIUM HEALTH	BRONZE USA
Deductible	\$0 Individual / \$0 Family	\$0 Individual / \$0 Family
Out-of-Pocket Max	N/A	\$8,550 Individual / \$17,100 Family
Preventative & Wellness Office Visits	\$0 Copay <sup>H</sup>	\$0 Copay <sup>H</sup>
Telemedicine	\$0 Copay	\$0 Copay
Primary Care Office Visit	\$35 Copay	\$25 Copay (Limit 8/year)
Specialist Office Visit	\$75 Copay	\$50 Copay (Limit 8/year)
Laboratory Services	\$150 Copay (per visit) <sup>H</sup>	\$50 Copay (Limit 3 visits/year) <sup>H</sup>
Radiology	\$65 Copay (per visit) <sup>H</sup>	
Imaging (CT/MRI/MRA/PET Scans)	\$600 Copay (per image/Limit 3)	\$350 Copay (Limit 1 image/year) <sup>H</sup>
Urgent Care	\$85 Copay	\$50 Copay (Limit 2/ year)
Emergency Room Services	<i>Not Covered</i>	\$350 Copay (Limit 1/year)
Hospital Inpatient Room & Board	<i>Not Covered</i>	\$350 Copay (Limit 5 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;
Inpatient Hospitalization & Surgery	<i>Not Covered</i>	\$350 Copay (Limit 2 surgeries/year)
Outpatient or Free-Standing Facility	<i>Not Covered</i>	\$350 Copay (Limit 1 surgery/year)
Treatment: Chemical Abuse/Dependency	<i>Not Covered</i>	Outpatient: \$25 Copay per day (8 days) Inpatient: \$350 Copay (5 days; See plan documents)
Home Health Care	<i>Not Covered</i>	\$25 Copay (Limit 10/year)
Maternity (Facility Childbirth & Delivery)	<i>Not Covered</i>	<i>Not Covered</i>
Maternity (Professional Services)	<i>Not Covered</i>	<i>Not Covered</i>
Ambulance	<i>Not Covered</i>	<i>Not Covered</i>
Chemo/Radiation Treatment	<i>Not Covered</i>	<i>Not Covered</i>

[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

# ACA COMPLIANT HEALTH PLANS

## MEC/MVP Plans

	SILVER USA	PLUS USA
<b>Deductible</b>	\$0 Individual / \$0 Family	\$250 Individual / \$500 Family
<b>Out-of-Pocket Max</b>	\$5,000 Individual / \$10,000 Family	\$5,000 Individual / \$13,200 Family
<b>Preventative &amp; Wellness Office Visits</b>	\$0 Copay <sup>H</sup>	\$0 Copay <sup>H</sup>
<b>Telemedicine</b>	\$0 Copay	\$0 Copay
<b>Primary Care Office Visit</b>	\$15 Copay (Limit 10/year)	\$15 Copay (Limit 12/year)*
<b>Specialist Office Visit</b>	\$25 Copay (Limit 10/year)	\$25 Copay (Limit 12/year)*
<b>Laboratory Services</b>	\$50 Copay per visit (Limit 3/year) <sup>H</sup>	\$50 Copay per visit (Limit 4/year) (After deductible – Lab only) <sup>*H</sup>
<b>Radiology</b>		
<b>Imaging (CT/MRI/MRA/PET Scans)</b>	\$350 Copay per image (Limit 2/year) <sup>H</sup>	\$350 Copay per visit (Limit 2/year) <sup>*H</sup>
<b>Urgent Care</b>	\$35 Copay (Limit 3/year)	\$85 Copay*
<b>Emergency Room Services</b>	\$350 Copay (Limit 1/year)	\$350 Copay (Limit 1/year)
<b>Hospital Inpatient Room &amp; Board</b>	\$350 Copay (Limit 7 days/year)	\$350 Copay + 50% Coins. (Limit 10 days/year)*
<b>Preventative Prescriptions (Generic)</b>	\$0 Copay	\$0 Copay
<b>Preferred Prescription Drugs (amount shown or less)</b>	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;
<b>Inpatient Hospitalization &amp; Surgery</b>	\$350 Copay (Limit 3 surgeries/year)	Plan Pays 100% of the PPO Amount
<b>Outpatient or Free-Standing Facility</b>	\$350 Copay (Limit 2 surgeries/year)	\$350 Copay + 50% Coins. (Limit 2/year)*
<b>Treatment: Chemical Abuse/Dependency</b>	Outpatient: \$25 Copay per day (10 days); Inpatient: \$350 Copay (7 days; See plan documents)	Outpatient: \$25 Copay per day (12 days)*; Inpatient: \$350 Copay (10 days; See plan documents)
<b>Home Health Care</b>	\$25 Copay (Limit 10/year)	\$25 Copay (Limit 20/year)*
<b>Maternity (Facility Childbirth &amp; Delivery)</b>	\$350 Copay	\$350 Copay + 50% Coins.***
<b>Maternity (Professional Services)</b>	\$350 Copay	\$350 Copay***
<b>Ambulance</b>	<i>Not Covered</i>	\$350 Copay + 50% Coins. (Limit 1/year)*
<b>Chemo/Radiation Treatment</b>	<i>Not Covered</i>	\$400 Copay + 50% Coins. (Max allowable \$15,000)*

[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

# ACA COMPLIANT HEALTH PLANS

## Plan Rates

MEC/MVP Plan Rates	PREMIUM HEALTH	BRONZE USA	SILVER USA	PLUS USA
Employee	\$279.22	\$520.30	\$564.87	\$604.97
Employee + Spouse	\$383.89	\$763.57	\$861.63	\$1,012.96
Employee + Child(ren)	\$349.00	\$685.31	\$765.55	\$1,036.32
Family	\$453.67	\$936.59	\$1070.30	\$1,572.02

### Notes:

- Pharmacy benefits include access to over 65,000 pharmacies. There is no coverage for specialty drugs.
- 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.

*[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



## FORMULARIES BY PLAN

### MEC PREVENTATIVE FORMULARY

**Plans:** Included in All Plans

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.

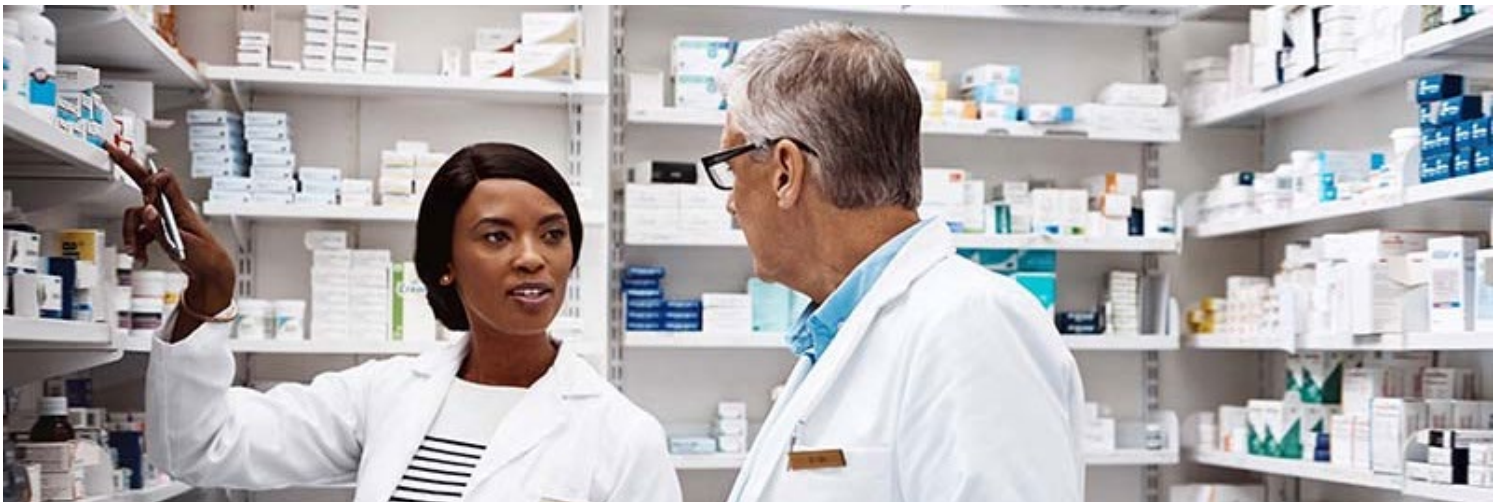
[VIEW FORMULARY](#)

### VAULTRx

**Plans:** Premium Health, Bronze USA, Silver USA, Plus USA

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](#)



## FIRST HEALTH NETWORK

**Plans:** Premium Health



First Health Group Corporation provides national and regional Preferred Provider Organization (PPO) network access and other cost containment programs to help our clients manage employee benefit plans. We offer one of the largest directly contracted national PPO networks. We also offer a national dental network, and we have a variety of products to reduce the cost of out-of-network claims, including per claim negotiation, Medicare-based repricing and supplemental networks.

For more than 30 years, we have worked extensively with TPAs, national insurance carriers, regional health plans, employer groups, Taft-Hartley funds and Federal Employee Benefit Plans to develop and deliver products that consistently provide optimal cost and care outcomes for their members.

We're committed to customer service. We have regional account managers and dedicated customer service operations, so we're there when you need us. At First Health, we take pride in the hospitals, physicians and other professionals who provide our members with quality care and service. We have built relationships with more than 350 payers that represent more than 5.5 million members, and now YOU get to benefit from these relationships.

First Health is one of the nation's largest and most respected PPO networks with more than 5,500 hospitals, nearly 115,000 ancillary facilities and over 1.5 million health care professional service locations. We hold direct contracts with our providers and have strong relationships. Our network is also very accessible, with more than 96 percent of people in the United States are within 20 miles of a network provider.

### **Provider Finder:**

**To find a First Health/Multiplan provider, please review the Dual Network Provider Finder page.**

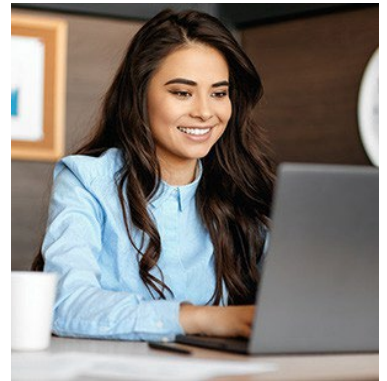


# MULTIPLAN NETWORK

**Plans:** Premium Health

We are incredibly proud of the critical role we play in the U.S. healthcare system. During 2023, we identified \$22.9 billion of potential medical savings and helped lower out-of-pocket costs and reduce or eliminate balance billing for millions of healthcare consumers. With the ongoing expansion and enhancement of our services and products, we have never been better positioned to increase the value we deliver to more than 700 customers, over 100,000 employers, 60 million consumers, and 1.4 million contracted providers.

MultiPlan does not sell health insurance to members, so we aren't able to answer questions about your insurance plan. So questions like these should be directed to your health insurance company, health benefit administrator or human resources representative:



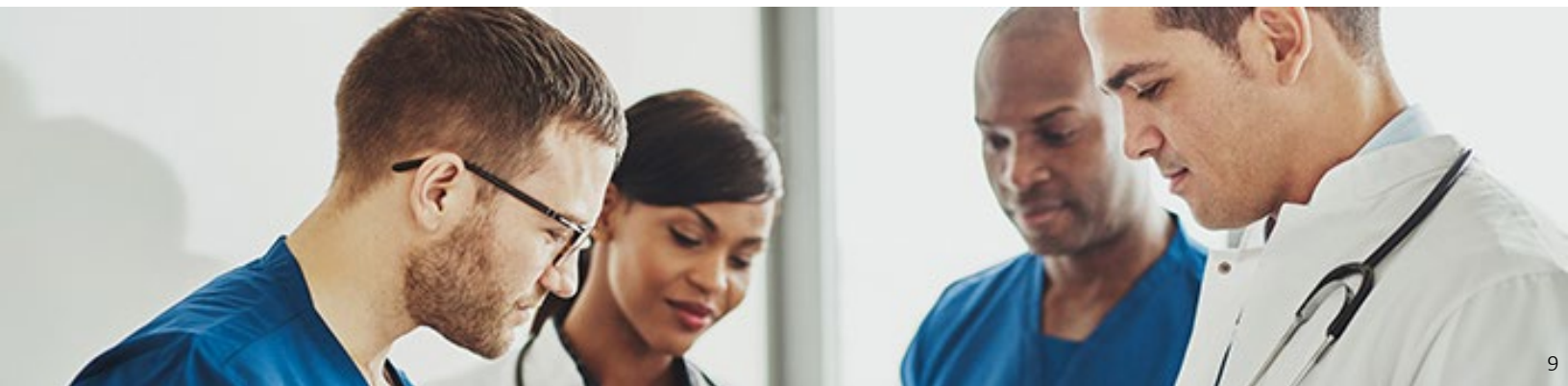
- How do I get a copy of my ID card?
- Where can I find information about my copay, deductible, benefits, eligibility, etc.?
- How can I obtain a HIPAA certificate?

However, you likely have access to MultiPlan's services through your health plan administrator or medical bill payor (especially if you see one of our logos on your Member ID card). Make sure to have your insurance ID card nearby and refer to the information on this page to find a provider in your network.

<p><b>We analyze</b> <b>\$168 Billion</b> in medical charges for cost reduction</p>	<p><b>We identify</b> <b>\$22 Billion</b> in potential savings for payors</p>	<p><b>We process</b> <b>\$25 Million</b> medical claims each month</p>	<p><b>We eliminate balance bills on</b> <b>\$10.5 Million</b> claims for plan members</p>
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**Provider Finder:**

**To find a First Health/Multiplan provider, please review the Dual Network Provider Finder page.**



# FIND A PROVIDER – FIRST HEALTH/MULTIPLAN DUAL NETWORK

**Plans:** Premium Health

## STEP 1:

Go to [www.FindVaultProviders.com](http://www.FindVaultProviders.com)



### Member Agreement

In order to continue, please read and accept the following notices.

### IMPORTANT NOTICE:

The online provider directory is provided for reference purposes only. While every effort is made to ensure that we provide current, accurate data, provider information changes frequently. As a result, recent changes may not be reflected in the data presented here. We recommend that you contact your health care provider directly for the most accurate and up-to-date demographic and participation information.

By clicking, "ok" below, you acknowledge that utilization of a provider found on this site is not a guarantee of benefits, and that providers listed in this directory may not be available to all clients due to group-specific network restrictions and/or individual plan requirements. It is your responsibility to:

Contact the provider prior to accessing services to verify your new patient status, location and participation in our network.

Contact your plan administrator to verify your eligibility information.

**California Required Notice:** Some hospitals and other providers do not provide one or more of the following services: family planning; contraceptive services, including emergency contraception; sterilization, including tubal ligation at the time of labor and delivery; infertility treatments; or abortion. To confirm provider participation or available providers for a specific location, call the toll-free provider information number on the back of your member ID card. To verify benefit and eligibility information, call your health plan's telephone number listed on your member ID card or speak with your

I acknowledge that I have received and read the above disclaimer

**CONTINUE**

## STEP 2:

Read the information within the box.

## STEP 3:

Check the box next to “I acknowledge that I have received and read the above disclaimer” and click CONTINUE.



# FIND A PROVIDER – FIRST HEALTH/MULTIPLAN DUAL NETWORK (continued...)

Plans: Premium Health

## STEP 4:

Click on **Select a Provider Type**, choose **physicians**, and **select category**.

### Locate a Provider

[Nominate a Provider](#)

TYPE (required)

Physicians

- Family practice
- General practice
- Pediatrician
- Obstetrics/Gynecology (Ob/Gyn)
- Internal Medicine
- Allergy
- Otolaryngology (Ear, Nose, & Throat)
- Cardiology
- Psychiatry
- Imaging
- 
- ACCUPUNCTURE
- ACUPUNCTURE
- ACUTE CARE
- ADDICTION MEDICINE
- AEROSPACE MEDICINE
- ALLERGY & IMMUNOLOGY
- ALLIED HEALTH CARE
- ALTERNATIVE & INTEGRATIVE MEDICINE
- AMBULANCE & TRANSPORTATION

NAME

First Name

Last Name

Facility Name

Tax ID

LOCATION (required)

City

- Select a State -

**Or**

Zip

Within 5 Miles  
 Within 15 Miles  
 Within 25 Miles  
 Within 50 Miles  
 Within 100 Miles

**SEARCH PROVIDERS**

## STEP 5:

Select Zip Code and Radius.

## STEP 6:

Click **SEARCH PROVIDERS**

**SEARCH PROVIDERS**

## STEP 7:

Click **SEARCH PROVIDERS**

Provider	Location	Savings
Providers will display here.	Location will display here	General Savings Discount

## PHCS NETWORK

**Plans:** Bronze USA, Silver USA, Plus USA



### PHCS Network Brings Stability and Flexibility to an Evolving Market

Your plan includes the PHCS Network through MultiPlan, Inc.

Multiplan's PHCS Network is the largest independent, nationwide primary preferred provider organization (PPO). It is the preferred choice for health plans wanting a provider network with flexibility to meet their unique needs. Plans get administrative ease without sacrificing provider access, savings, and quality for health plan members.

### Benefits of the PHCS Network

#### Savings:

Negotiated discounts that result in significant cost savings when you visit in-network providers, helping to maximize your benefits. A PHCS logo on your health insurance card tells both you and your provider that a PHCS discount applies.

#### Quality:

MultiPlan applies rigorous criteria when credentialing providers for participation in the PHCS Network, so you can be assured you are choosing your healthcare provider from a high-quality network.

### PHCS Provider Lookup Tool

<https://www.multiplan.com/webcenter/portal/ProviderSearch>



## PHCS NETWORK FAQ

**Plans:** Bronze USA, Silver USA, Plus USA

**Q. What do I need to do when I go to the doctor?**

**A.** Present your Medical ID card just like any other health insurance plan you've used.

**Q. Can I still go to my preferred provider?**

**A.** Yes. Please check the PHCS Network to see if your provider is within the network. Make sure to call your doctor ahead of your next visit and give them the number or have them call Vault Admin Services at **888.208.6928** (located on the back of your ID card). This ensures your doctor knows how to bill us before you arrive.

**Q. What if my provider doesn't recognize the carrier?**

**A.** Your healthcare provider should call **888.208.6928** (located on the back of your ID card) to validate and file claims using the information on the back of the card. A few weeks after your health service, you will receive an Explanation of Benefits (EOB). You are only responsible for the amount designated as 'patient responsibility' on the EOB.

**Q. What if the "Patient Responsibility" and the amount my provider says I owe are different?**

**A.** If the provider bill states you owe more than the balance shown as 'patient responsibility' on the EOB, this is a 'balance bill.' Call Vault Admin Services immediately at **888.208.6928** or email [claims@allthingsvault.com](mailto:claims@allthingsvault.com). They will answer your questions and determine whether a dispute should be filed. Be sure to do this within 60 days of receiving the provider's statement!

**Q. Can you help me find a provider?**

**A.** Vault Admin Services and Fairos are here to help you find well-respected providers close to you to meet your needs. Mammograms, colonoscopies, MRIs, orthopedic procedures are all great examples of where Care Navigation can help you find the right provider. Call your Vault Admin Services team at **888.208.6928**. You can also download the Fairos mobile app to locate a provider and review if they have a history of being friendly to RBP members.

**Q. What about pharmacy claims?**

**A.** Your pharmacy benefits information is on your Medical ID card. If you have specific questions about a particular prescription, call the pharmacy help desk at **800.970.5821**. The phone number on the back of your ID card will also be helpful. Make sure to have your ID card on-hand with your Bin and Group number. You can also review your formulary to see which drugs are covered.

**Q. What do I do next?**

**A.** Go to the Member Portal website at <https://amps-pbg-mesa.javelinaweb.com> and register with them. Once you're registered, you can go online and see your EOBs, check your deductible status, change their billing accounts, and more. You can also download the Fairos mobile applications, so you can be a proactive participant in your healthcare.

**Q. What if my question isn't answered here?**

**A.** Vault Admin Services can still help! Your plan administrators are here to provide you with claims information, direct you to healthcare providers if needed, advocate for you with billing issues, and answer any questions you may have. Call us at **888.208.6928** or by email at [claims@allthingsvault.com](mailto:claims@allthingsvault.com).



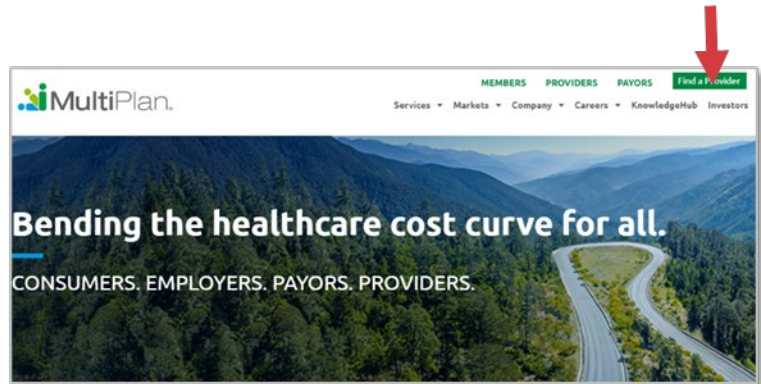
# FIND A PROVIDER – PHCS NETWORK

**Plans:** Bronze USA, Silver USA, Plus USA

**You belong to the PHCS Practitioner & Ancillary Network. Follow the instructions below to find an in-network provider.**

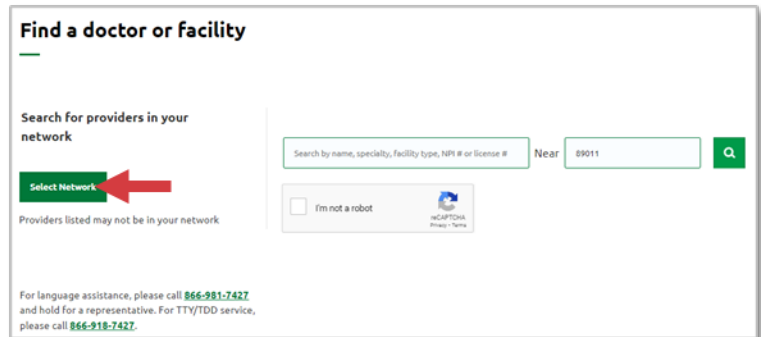
**Step #1:**

Go to [www.multiplan.com](http://www.multiplan.com).  
Click on **“Find a Provider”** in the upper right-hand corner



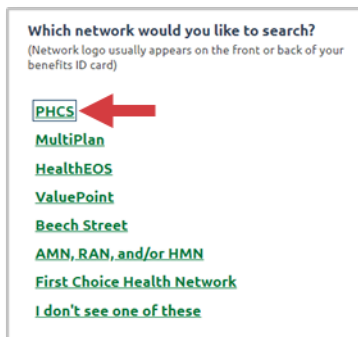
**Step #2:**

On the next screen, select the green **“Select Network”** button.

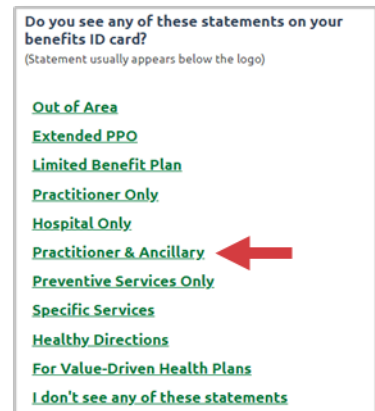


**Step #3:**

Then a pop-up will appear and will ask you which network. You will select **“PHCS.”**



Another pop-up will then appear. From this one, you will look for and select **“Practitioner and Ancillary”**.

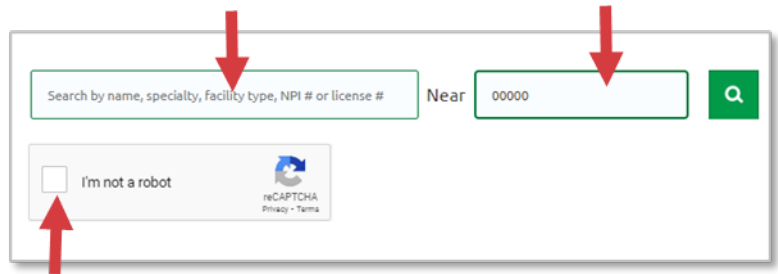


# FIND A PROVIDER – PHCS NETWORK (continued....)

**Plans:** Bronze USA, Silver USA, Plus USA

**Step #4:**

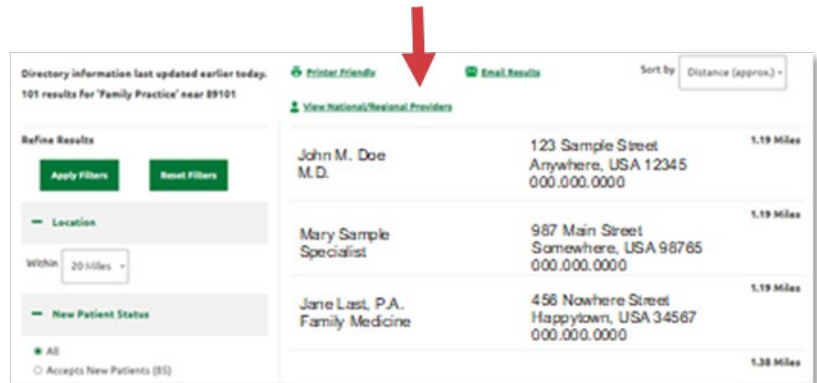
Enter your zip code in the field shown to find providers located near you, and enter the Provider name, specialty, facility type, NPI # or License # of the type of provider you would like to find.



Make sure to check the “I’m not a robot” reCAPTCHA box.

**Step #5:**

Scroll down to view all providers that have populated from your search.



**Step #6:**

Call the Provider to set up an appointment, and to verify insurance using the contact information provided.

# FAIROS REFERENCE BASED PRICING (RBP)



# Fair and Open Healthcare

Supporting Members. Saving Money.

## High-Quality Care + Unparalleled Member Service

We strive to deliver the best member healthcare experience in the industry. Our professional medical bill negotiation team works with quality providers to improve the patient's healthcare journey, not disrupt it. When compared to old-school network plans, Fairos saves employers up to 30% on healthcare without shifting costs to employees. After all, healthcare should be a benefit, not a burden. Powered by the nation's best medical bill negotiation team and vast member resources, Fairos delivers a simple, effective, and enjoyable healthcare experience. Discover the Fairos advantage.

## A SUSTAINABLE HEALTHCARE STRATEGY

GUIDING YOU EVERY STEP OF THE WAY

What can members expect from Fairos?



### Personal Advocate Dedicated To You

- There are no robots or multiple points of contact
- You will have direct access to a dedicated personal advocate
- Providing you with consistent and timely updates that matter to you



### Online Portal & App

- Members have access to our online portal and app 24 hours a day, seven days a week
- Receive real-time updates where all communication is time and date stamped
- Resulting in complete member clarity



### No Member Homework!

- Removing member assignment packets reduces the unnecessary workload on the member
- Leading to faster and smoother resolution with medical providers
- Taking your healthcare journey to a new level of quality and simplicity

# VISION INSURANCE (ADDED COST)



Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
<b>Vision Examination</b> (Includes Refraction)	Covered in full after \$10 copay	Up to \$35
<b>Contact Lens Fit and Follow-up</b>		
Standard Contact Lens Fitting	Up to \$50 member out-of-pocket maximum	N/A
Custom Contact Lens Fitting	Up to \$75 member out-of-pocket maximum	N/A
<b>Materials*</b>	\$25 copay (Materials copay applies to frame or spectacle lenses, if applicable.)	
<b>Frame Allowance</b> (Up to 20% discount above frame allowance.)	\$130 allowance	Up to \$45
<b>Standard Spectacle Lenses</b>		
Single Vision	Covered in full after \$25 copay	Up to \$25
Bifocal	Covered in full after \$25 copay	Up to \$40
Trifocal	Covered in full after \$25 copay	Up to \$50
Lenticular	Covered in full after \$25 copay	Up to \$80
<b>Preferred Pricing Options</b>		
<b>Level 1 Option Package</b>		
Polycarbonate (Single Vision/Multi-Focal)	\$40/\$44 (covered in full up to age 19)	N/A (Up to for ages up to 19)
Standard Scratch-Resistant Coating	\$17	N/A
Ultra-Violet Screening	\$15	N/A
Solid or Gradient Tint	\$17	N/A
Standard Anti-Reflective Coating	\$45	N/A
Level 1 Progressives	\$75	Up to \$40
Level 2 Progressives	\$110	Up to \$40
All Other Progressives	\$50 allowance + 20% discount	Up to \$40
Transitions* (Single Vision/Multi-Focal)	\$70/\$80	N/A
Polarized	\$75	N/A
PGX/PBX	\$40	N/A
Other Lens Options	Up to 20% discount	N/A
<b>Contact Lenses*</b> (In lieu of frame and spectacle lenses)		
Elective	\$130 allowance	Up to \$110
Medically Necessary	Covered in full	Up to \$250
<b>Refractive Laser Surgery</b>	Onetime/lifetime \$150 allowance Provider discount up to 25%	Onetime/lifetime \$150 allowance
<b>Frequency</b>		
<b>Eye Examination</b>	Once every 12 months	
<b>Lenses or contact lenses</b>	Once every 12 months	
<b>Frame</b>	Once every 24 months	

\*Discounts are not insured benefits.  
\*Prior authorization is required for medically necessary contacts.

## Here's How It Works

When you need to see an eye care professional, simply visit [www.avesis.com](http://www.avesis.com) or contact Avēsis' Customer Service Monday through Friday, 7 a.m. to 8 p.m. (EST) at 800-828-9341 to receive a listing of providers in your area.



**Reliable & Dependable**

Avēsis is a national leader in providing exceptional vision care benefits for millions of commercial members throughout the country.

The Avēsis vision care products give our members an easy-to-use wellness benefit that provides excellent value and protection.

## Rates

Employee Only	\$15.00
Employee + Spouse	\$25.00
Employee + Child(ren)	\$25.00
Employee + Family	\$41.00

Underwritten by:  
Fidelity Security Life Insurance Company, Kansas City, MO

Policy #: VC-16, Form M-9059

## How can we help you?

**Avēsis Website:**  
[www.avesis.com](http://www.avesis.com)

**Customer Service:**  
800-828-9341  
7 a.m. - 8 p.m. EST

**LASIK Provider:**  
877-712-2010

\*At participating Walmart/Sam's locations, retail pricing for your plan is \$68. At participating Costco locations, retail pricing is \$74.99.



## VISION INSURANCE (continued...)

### Using Out-of-Network Providers

Members who elect to use an out-of-network provider must pay the provider in full at the time of service and submit a claim to Avēsis for reimbursement. Reimbursement levels are in accordance with the out-of-network reimbursement schedule previously listed. Out-of-network benefits are subject to the same eligibility, availability, frequency of benefits, and limitation and exclusion provisions of the plan, and are in lieu of services provided by a participating Avēsis provider. Out-of-network claim forms can be obtained by contacting Avēsis' Customer Service Center or your group administrator, or by visiting [www.avesis.com](http://www.avesis.com).

### Limitations and Exclusions

Some provisions, benefits, exclusions, or limitations listed herein may vary depending on your state of residence.

#### Limitations:

This plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should the member select options that are not covered under the plan, as shown in the schedule of benefits, the member will pay a discounted fee to the participating Avēsis provider. Benefits are payable only for services received while the group and individual member's coverage is in force.

#### Exclusions:

There are no benefits under the plan for professional services or materials connected with and arising from:

- 1) Orthoptics or vision training;
- 2) Subnormal vision aids and any supplemental testing, aniseikonic lenses;
- 3) Plano (non-prescription) lenses, sunglasses;
- 4) Two pair of glasses in lieu of bifocal lenses;
- 5) Any medical or surgical treatment of eye or supporting structures;
- 6) Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services;
- 7) Any eye examination or corrective eyewear required by an employer as a condition of employment and safety eyewear;
- 8) Services or materials provided as a result of Workers' Compensation Law, or similar legislation, required by any governmental agency whether Federal, State, or subdivision thereof.
- 9) Services or materials provided by any other group benefit plan providing vision care.

#### Refractive Surgery Vision Benefit Exclusions:

Benefits are not payable for any of the following:

- 1) Routine vision examinations or corrective vision materials, including corrective eyeglasses, fittings, lenses, frames, or contact lenses; or
- 2) Medical or surgical procedures, services, or treatments:
  - a. not specifically covered under this Rider;
  - b. provided free of charge in the absence of insurance
  - c. payable under any Workers' Compensation law or similar statutory authority
  - d. payable under governmental plan or program, whether Federal, state, or subdivisions thereof.

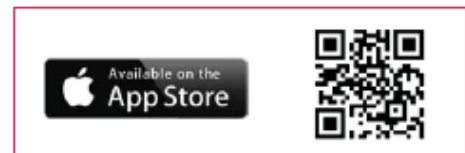
### Termination Provisions

Coverage will end on the earliest of: the date the policy ends, the date the employee's employment ends, or the date the employee is no longer eligible.

### Notes and Disclaimers


The contact lens allowance may be used all at once or throughout the plan year as needed or may be applied toward contact lenses only. Refractive Laser Surgery is considered an elective procedure, and may involve potential risks to patients. Avēsis is not responsible for the outcome of any refractive surgery. Discounts on materials are not available at Walmart locations. Members may not use their contact lens allowance toward fitting fees at Walmart and are responsible for any out-of-pocket fees associated with fittings there. Discounts on materials are not available at Costco locations. ID cards are not required for services.

### Download Our Mobile App





# PORTAL USER GUIDE



**Member I**

Dear Test Tester

Welcome to Vault Health Plans! We are excited you have chosen to join our team of experienced professionals and we look forward to serving your needs. Please take a moment to read and understand the next steps outlined below.

**What's Next?**

Below, there is important member information and helpful tips to assist with you with what to expect in the upcoming days.

**Important Information**

Effective Date	May 1, 2024
Member ID	

**Member Portal Registration**

Our secure, online Member Portal provides members a host of information about being a member, including:

- Resources on how to use your health care services or locate a provider
- Print Digital ID Cards
- Plan Summary Documents
- Alliance for Consumer USA (ACUSA) Member Benefits

The Member Portal is available by visiting the website below (See Step 1) and following 3 Easy Steps below to register for access.

**3 Easy Steps to Begin Managing Your Account**

- 1 Go to the Member Portal: [Click Here](#)
- 2 Register using your **Member ID** number


**STEP 1:**

When you sign up for a plan, you will receive the Welcome email shown. Please take the necessary steps to set up your member portal, so that you can:

- Review the resources available on how to use your health care plan.
- Locate a provider.
- Print your digital ID cards.
- Review your plan documents.

**STEP 2:**

To setup your member portal, select the “CLICK HERE” link within the Welcome email. You should be taken to the following screen. To register, select the button next to “Need to Register?”



**Log in to your account**

[Forgot Password?](#)

[Need to Register?](#)

## PORTAL USER GUIDE (continued...)

### STEP 3:

You will be taken to this screen to setup your login. Enter your ID number provided within the Welcome email and fill out the rest of the information shown. Once completed, click "Register."

### STEP 4:

Once completed, you should be able to log into the portal. Should you have any issues, please contact our Customer Support Team at [support@allthingsvault.com](mailto:support@allthingsvault.com) or by calling 888.208.6928. Once logged in, you will be taken to the following screen.

**VAULT HEALTH PLAN**

### Setup Your Login

Your ID Number

Your Last Name

Your Zip Code

Pick User Name

Pick Password

Register

Cancel

# VAULT HEALTH PLAN

## Member Portal

<h3>View Your Documents</h3> <p>View and download your documents.</p> <p><a href="#">View</a></p>	<h3>Product Documents</h3> <p>View documents related to your products.</p> <p><a href="#">View</a></p>
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# TELEHEALTH



## introducing **Clever Health**

partnering with

telehealth done **better, faster, easier**



Smart  
Virtual Care



Virtual  
Primary Care



Mental Health  
& Counseling



Discounts on  
Prescriptions



Virtual  
Vet

### Did You Know?

- access to board certified licensed medical doctors
- available 24/7 365 days a year
- eliminate unnecessary ER & urgent care visits
- common treatments such as flu, respiratory, uti's, allergies, pink eye, and more!
- up to 80% savings compared to other telehealth plans
- FREE Rx discounts and easy refills
- 97% report feeling better following a call for mental health support

