Plan Education Booklet

Welcome to Your 2024 Benefit Plan

Thank you for establishing your health plan through Vault. Your business is joining the Captive as a class member. All participating companies combine funds into a larger pool, from which all participants draw to fund their health services. Each owner is key to keeping the plan healthy. Owners should take an active role in seeking out friendly providers, providers in the PHCS network, or others who are open to reference-based pricing, reviewing their claim reimbursements and working with claims advocates when necessary.

Members stand to benefit from the performance of the plan in the form of more affordable premiums and healthcare each year if the group spends wisely. Plan designs are simple. Your deductible and out-of-pocket maximums are the same – once you hit your deductible, claims are paid at 100% with the exception of Pharmacy Tier 2 and above.

Your well-being is our top priority, and we are committed to providing you with comprehensive coverage and exceptional service.

To make the most of your health plan, we encourage you to:

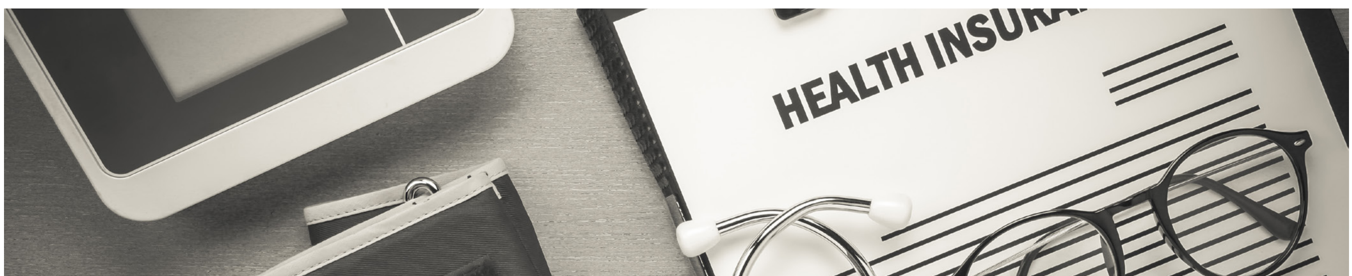
1. Review your plan documents carefully to understand your benefits.
2. Visit our website or contact our customer service for any questions or clarifications.
3. Utilize your network of healthcare providers for the lowest cost, quality care.

We are here to support you on your healthcare journey. If you have any questions or need assistance, please don't hesitate to reach out to our dedicated customer service team.

Vault Admin Services
Phone: 888.211.5706
Email: support@allthingsvault.com

Our dedicated agents are available Monday through Friday, 8:00am- 5:00pm CST.

Once again, welcome to Vault Strategies. We look forward to serving your healthcare needs and ensuring you have a positive experience with your health plan.



Summary of Benefits & Coverages

Medical Benefits Schedule

- All benefits payable are subject to the applicable exclusions and maximum eligible expense provisions, and the Selected Deductible/Out-of-Pocket Maximums ($2,500, $5,000, or $10,000)
- The Copayment amounts and Coinsurance Percentages listed are payable by the Covered Individual in each Calendar Year after the applicable Deductible Amount(s) per Covered Individual is (are) satisfied.

*Pre-Authorization is required on some services and are subject to the Edison Health Second Opinion Program, and/or Pre-Authorization processes provided by Advanced Medical Pricing Solutions.

General Provisions	
Types of Service/Limitations	**Benefit/Coverage**
Acupuncture	Not Covered
Allergy Injections	100% after Deductible
Allergy Testing / Serums	100% after Deductible
Ambulance Service	100% after Deductible
Ambulatory Surgical Center	100% after Deductible
Anesthesia	100% after Deductible
Audiological Services (0-18 years of age)	100% after Deductible
Bariatric Surgery	Not Covered
Biofeedback	Not Covered
Birthing Center	100% after Deductible
Brachytherapy	100% after Deductible
Cardiac Rehabilitation – Outpatient	100% after Deductible
Chemotherapy – Outpatient*	100% after Deductible
Chiropractic Care	100% after Deductible
Colonoscopy – Diagnostic Colonoscopy (Routine Colonoscopy: 1 every 10 years over age 50)	100% after Deductible **100% Deductible Waived**
Contraceptives (Devices)	100% after Deductible
Cosmetic Surgery	Not Covered
Dental Services *(Covered only if result of Accidental Injury)*	100% after Deductible
Diabetic Education	100% after Deductible
Diagnostic Tests - Outpatient	100% after Deductible
Dialysis Treatments - Outpatient	100% after Deductible
Durable Medical Equipment	100% after Deductible
Education	Not Covered
Eyeglasses	Not Covered
Experimental Services	Not Covered
Hearing Aids	100% after Deductible
Home Health Care	100% after Deductible
Hospice Care *(1 benefit period per year – 6 months max)*	100% after Deductible

Summary of Benefits & Coverages (continued...)

General Provisions	
Types of Service/Limitations	**Benefit/Coverage**
Hospital Services*	100% after Deductible
Infertility Treatment	Not Covered
Infusion Services/IV Therapy - Outpatient	100% after Deductible
Injections	100% after Deductible
Long-term care	Not Covered
Laboratory	100% after Deductible
Mammograms – Diagnostic Mammogram Routine Mammogram (1 per year over the age of 40)	100% after Deductible **100% Deductible Waived**
Maternity Services (during pregnancy)	100% after Deductible
Medical Supplies	100% after Deductible
Mental Health - Office visits and inpatient facility services	100% after Deductible
Non-Emergency Care Outside of the US	Not Covered
Occupational Therapy - Outpatient	100% after Deductible
Orthopedic Devices	100% after Deductible
Orthotics	Not Covered
Physical Therapy - Outpatient	100% after Deductible
Physician Services	100% after Deductible
Preventive Care	**100% Deductible Waived**
Private Duty Nursing	Not Covered
Prosthetic Appliances	100% after Deductible
Radiation Therapy – Outpatient*	100% after Deductible
Radiology / Imaging (X-Ray, MRI, CT, PET, etc.)	100% after Deductible
Respiratory Therapy - Outpatient	100% after Deductible
Skilled Nursing Facility	Not Covered
Sleep Studies	Not Covered
Speech Therapy - Outpatient	100% after Deductible
Sterilization Procedures	100% after Deductible
Substance Abuse (Alcohol/Chemical) - Office visits and inpatient facility services	100% after Deductible
Surgery – Office	100% after Deductible
Surgery – Inpatient / Outpatient*	100% after Deductible
TMJ / Jaw Disorders	Not Covered
Urgent Care Services	100% after Deductible
Transplant Services*	100% after Deductible
Vision Exams (Covered only if result of Accidental Injury)	100% after Deductible
Vision Therapy	Not Covered
Weight Loss Programs	Not Covered

Your Network: PHCS

In-Network

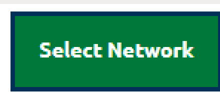
With your health plan, you have access to the PHCS Practitioner and Ancillary network. Please review the Summary of Benefits & Coverages on the next few pages to understand what is covered, and what your patient responsibility will be.

Finding an In-Network Provider

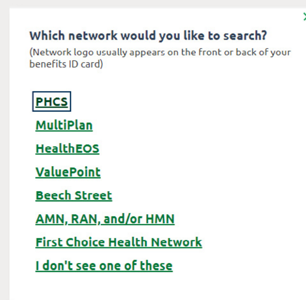
Please review the instructions below to search for an in-network provider.

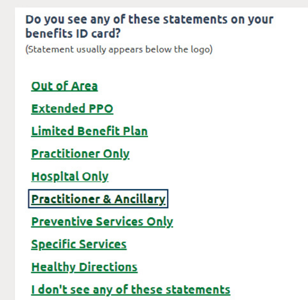
STEP 1: Visit www.multiplan.com/webcenter/portal/ProviderSearch.

STEP 2: Click on the green "Select Network" button.

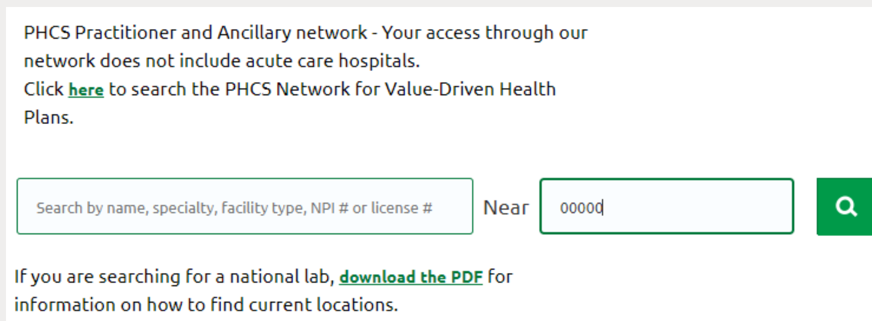


- Choose 'PHCS' from the pop-up screen.
- Then, select 'Practitioner and Ancillary.'





STEP 3: Start your search by typing in a provider's name, specialty, facility, NPI# or License #, and your zip code. Once you click the green magnifying glass, it will pull up the search results, which you can then filter by gender, language, affiliations, education, and more!



Small Employer Program FAQs

IMPORTANT:
To review the full listing of frequently asked questions for the Small Employer Program, click here.

How much do I pay before I meet my deductibles?

The three model plan designs show the annual out of pocket maximum which is the same as the members deductible and these vary by tier. Once you meet your deductible, qualified benefit services are covered at the 100% level with the exception of copays that apply for Pharmacy Benefits at Tier 2 and above.

How do I know if my provider is in the PHCS network?

Please review the instructions on page 5.

What if my provider isn't in network?

If your provider is out-of-network, you will likely pay more for the same service than if it were in network. Out-of-network providers and services will be covered by reference based pricing through Fairos. We will pay the provider a fair and reasonable value of the claim. Should you have any questions, please review the next section, or contact Vault Admin Services at **888.211.5706.**

Is preventative care covered?

Similar to ACA plans, qualified preventative services are not subject to the deductible, and are covered 100% within plan designs.

When will I receive my medical ID cards?

If you establish and confirm your plan at least two weeks prior to your effective date, the goal is to have your physical cards to you by your effective date. You will receive an introduction email from support@allthingsvault.com after your first payment is drawn. This email is important, as it contains a link and instructions on how to create your member account within the Vault Admin Services member portal. Within your account you will be able to access your virtual ID card(s), eligibility record, claims, documents, and other important information regarding your healthcare.

Small Employer Program FAQs (continued...)

Is my plan eligible for an HSA?

Two of the three plan designs ($2,500 and $5,000 deductibles) are HSA eligible. You can set up your own individual HSA account through many sources. Your bank or credit union may offer individual HSA accounts or use an internet-based HSA provider.

Are there any preferred hospitals and how do I find this information? How is their payment determined?

We recommend Members contact the Fairos Care Navigation Team to find the best facilities based on quality and cost metrics. This team, in collaboration with the Member, uses the Provider Finder to locate a "friendly" provider for medical care, based on cost, quality, location, and prior utilization. Please contact the Vault Admin Services team first at 888.211.5706.

Will there be assistance available for complex and serious medical conditions?

The Vault Admin Services team can facilitate access to Members' healthcare resources by ensuring personalized services that support their healthcare needs.

Do any services require pre-authorization?

Yes – we recommend the member contact Vault Admin Services, as many providers require authorization prior to some procedures and surgeries.

Can you tell me anything about how medical equipment is covered?

Yes – we recommend the member contact Vault Admin Services to discuss your unique situation.

Are there any caps on coverage?

Similar to ACA plans, there are no annual or lifetime limits on benefits. This is NOT a limited medical or short-term medical plan.

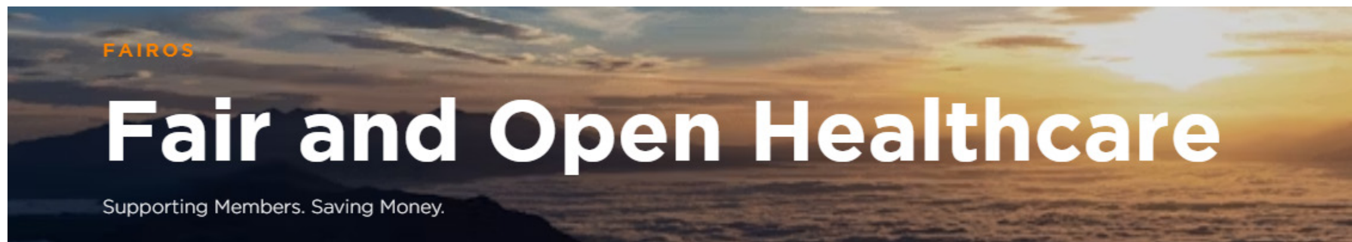
Once I join, who do I call with claims, eligibility, or benefits questions?

You will call VAULT Admin Services, our carrier claims administrator. The number to call is 888.211.5706. This contact information will also be available on your Member Service page.

Out-of-Network Coverage: Fairos RBP

Out-of-Network Coverage

Should your provider not be in-network with PHCS, you will be covered by Fairos Reference Based Pricing (RBP). By going out-of-network, your claims will be paid at a fair and reasonable value. This is considered an open network. Should a provider have any questions regarding Fairos or Vault Admin Services, have them contact the number on the back of your medical ID card.



HOW TO ACCESS PHYSICIAN CARE:

- Your plan participates in the PHCS Physicians Only Network. See your TPA's member portal for participating providers.
- If your preferred physician is not in the PHCS Network, you may seek services from any doctor of your choice.

HOW TO ACCESS HOSPITAL CARE:

- You are part of an open network for hospital care, meaning every hospital facility is eligible to deliver services to you and your family. You may choose any hospital you and your doctor prefer.
- If the front desk has any questions about your insurance that you are unable to answer, advise them to call your TPA. Your TPA's phone number can be located on the back of your ID card.

HOW TO DETERMINE HOW MUCH TO PAY ON A MEDICAL BILL:

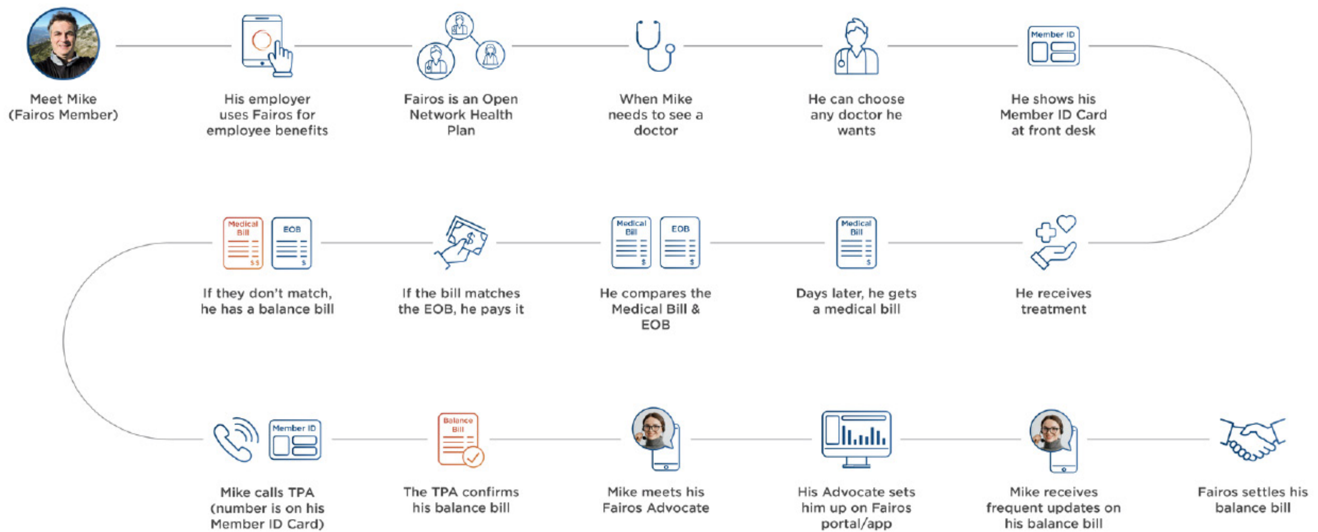
- Before paying a medical bill, compare the medical bill to the corresponding Explanation of Benefits (EOB).
- You will receive an EOB in the mail or you can access your EOB's on your TPA's member portal.
- If the medical bill you received matches the patient responsibility, pay the bill.
- If the medical bill and EOB do not match, call your TPA.

WHAT IF I RECEIVE A BALANCE BILL?

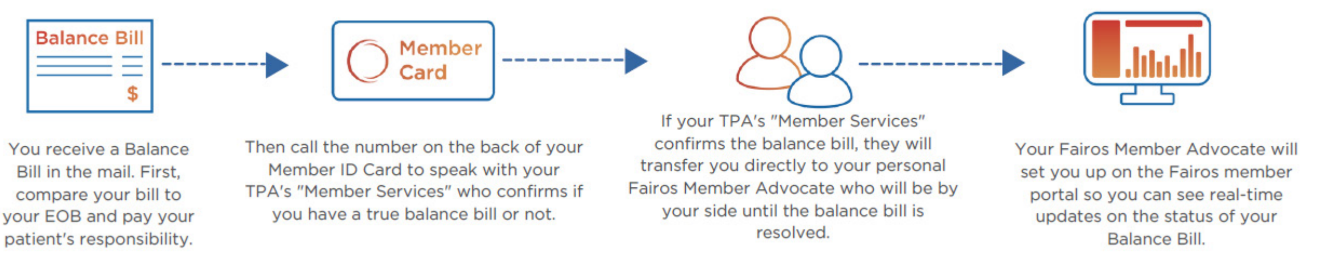
- Call your TPA if the medical bill and EOB do not match. You can reach your TPA by calling the number on the back of your ID card.
- Your TPA will transfer you to a member advocate at Fairos.
- Your Fairos Advocate will be dedicated to you. You will know their name and have direct access to them via phone & email.
- Your Fairos Advocate will set you up on the Fairos portal so you can track the status of your balance bill.
- You can expect frequent updates from your Fairos Advocate every 15 calendar days.

Out-of-Network Coverage: Fairos RBP

Your Healthcare Journey (if Out-of-Network)



Steps to Take in the Rare Occurrence of a Balance Bill



You receive a Balance Bill in the mail. First, compare your bill to your EOB and pay your patient's responsibility.

Then call the number on the back of your Member ID Card to speak with your TPA's "Member Services" who confirms if you have a true balance bill or not.

If your TPA's "Member Services" confirms the balance bill, they will transfer you directly to your personal Fairos Member Advocate who will be by your side until the balance bill is resolved.

Your Fairos Member Advocate will set you up on the Fairos member portal so you can see real-time updates on the status of your Balance Bill.

What to expect from Fairos

1. Personal dedicated member advocate
2. Access to member portal giving real-time updates on balance bill
3. No welcome kits/member legal packets
4. Timely updates from your personal member advocate

Fairos Reference Based Pricing FAQs

What do I tell the provider when they do not recognize my insurance or Member ID card?

This is an open network. They can call Vault Admin Services for any questions regarding your Fairos benefit plan. Your TPA's number is on the back of your Member ID Card.

What if my doctor or hospital has questions about my insurance plan?

Your doctor or hospital should call Vault Admin Services. Their number is on the back of your Member ID Card. Your TPA will handle any questions regarding your Fairos benefit plan.

What happens if the provider requests payment up front?

1. Has your deductible been met? The provider may be requiring a portion of your deductible upfront. You can call Vault Admin Services using the number on the back of your Member ID Card to verify your deductible.
2. Is this a benefit that requires a co-pay? Please pay the co-pay.
3. If your deductible has been met, and there is no required copay, please call Vault Admin Services using the number on the back of your Member ID Card.

How do I find a provider that will accept my insurance?

Your plan offers open access, an open provider network, meaning you can go to any provider you like. If you're having difficulty finding a provider to accept your insurance, you can call Vault Admin Services (the number is on the back of your Member ID Card). They will assist in finding an alternative provider that can provide the same services.

How do I determine my patient responsibility?

Your patient responsibility is located on your Explanation of Benefits (EOB) that you will receive from Vault Admin Services. If you have any questions, call Vault Admin Services using the number on the back of your Member ID Card.

Fairos Reference Based Pricing FAQs (continued...)

Should I pay my patient responsibility if the provider bills for more than the EOB says is my responsibility?

You should pay your patient responsibility as defined by your Fairos benefit plan and Explanation of Benefits (EOB) as soon as possible. Paying your patient responsibility does not mean you are assuming responsibility for the entire bill.

What is a balance bill?

This is a bill from a medical provider that you're not responsible to pay. A medical provider submits a balance bill when they are trying to collect more money than is allowed by the group plan for the medical services given as indicated on the your Explanation of Benefits (EOB).

What should I do if a medical provider sends me a balance bill?

Simply call Vault Admin Services (the number on the back of your Member ID Card) to speak with "Member Services". Vault Admin Services will review the bill with you to determine if there is additional patient responsibility. If Vault Admin Services confirms the balance bill, Vault will work with Fairos and all necessary parties until the balance bill is resolved.

Your Prescription Benefits Manager

This Pharmacy Benefits Schedule is a snapshot of the terms and conditions of the Pharmacy Benefits portion of the Plan. It is not intended to be comprehensive.

The Covered Individual is responsible for 100% of the cost of many Outpatient Prescription Drug Out-of-Pocket Eligible Expenses until the applicable Deductible Amount(s) per Covered Individuals (are) satisfied. The Copayment amounts and Coinsurance Percentages listed are payable by the Covered Individual in each Calendar Year after the applicable Deductible Amount(s) per Covered Individuals (are) satisfied.

Please click here to review the 2024 FairosRx Formulary.

VAULT Small Employer Plans

Rx Plan Design Summary
Administered by Vault Admin Services

FAIROSRx Group #	V2500	V5000	V10000
Deductible (In-Network) Individual Family *Combined Med/Rx:* Calendar Year or Plan Year:	 $2,500 $5,000 *Medical/Rx* Calendar	 $5,000 $10,000 *Medical/Rx* Calendar	 $10,000 $20,000 *Medical/Rx* Calendar
Out-of-Pocket (In-Network) Individual Family *Combined Med/Rx:* Calendar Year or Plan Year:	 $2,500 $5,000 *Medical Only* Calendar	 $5,000 $10,000 *Medical Only* Calendar	 $10,000 $20,000 *Medical Only* Calendar
Prescription Copays Tier 1 – ACA Preventative Tier 2 – Preferred Generics* Tier 3 – NP Generics & Pref Brands* Tier 4 – Non-Preferred Brand* Tier 5 – Specialty**	 $0 $15 (after deductible) $50 (after deductible) $100 (after deductible) $0 (after deductible)	 $0 $15 (after deductible) $50 (after deductible) $100 (after deductible) $0 (after deductible)	 $0 $15 (after deductible) $50 (after deductible) $100 (after deductible) $0 (after deductible)

**All drugs (except specialty) over a cost of $1000/Rx (30-day) and over $3,000/Rx (90-day) are excluded from coverage.*
***Formulary specialty drugs are covered at $0 copay (after deductible) up to a max benefit of $1000/Rx. Limited to a (30-day) supply.*

Welcome to FairosRx

The prescription benefits for the **Vault Small Employer Plans** will now be administered by FairosRx. FairosRx is a pharmacy benefit manager (PBM) for Vault Health Plan. Please see an overview of your prescription benefits below including information about our convenient member tools, answers to frequently asked questions, and member services.

New ID Card

Vault Health Plan members will receive **New ID Cards** from Vault Administrative Services (VAS) that include both medical and FairosRx pharmacy information.

To fill any new or existing prescriptions, please present your new ID card at a participating FairosRx pharmacy. Pharmacies will need the information from your ID card to process prescription claims through your plan.

Member Portal

By registering for a FairosRx member portal account at **www.FairosRx.com** or downloading our mobile app, you will have access to features such as:

- Rx Benefit Documents
- Copay Calculator
- Deductible & Out of Pocket Amounts
- Formulary
- Prescription History
- Mail Order Prescriptions
- Virtual ID Card
- Pharmacy Locator

FairosRx Member App

Scan the **QR Code** with the camera on your smart phone or search for "FairosRx" in the app store or google play to download the member app.

Formulary

The **Vault Small Employer Formulary** will be used to determine drug coverage and copay tiers for your pharmacy benefits.

Only the drugs listed on the formulary are covered. This includes a specific list of generic medications, brand-name medications, and ACA preventive medications. Non-formulary drugs are excluded from coverage.

The formulary can be accessed by logging into your FairosRx member portal account and selecting *Benefit Documents*.

Drug Coverage

For information regarding coverage of specific drugs under your plan, use the *Drug Search* tool on the FairosRx member portal.

Some medications listed on the formulary may have certain restrictions that apply before coverage is approved such as prior authorization requirements, step therapy criteria, or quantity limits.

This is not intended to be a complete listing of drug coverage. For additional coverage information, refer to your Schedule of Benefits or contact FairosRx Member Services.

All drugs over $1000/Rx in cost (per 30-day supply) are excluded from coverage, except for Specialty drugs.

Pharmacy Network

FairosRx has over **67,000 Pharmacies** in its nationwide network including national chain pharmacies and most independent pharmacies.

To access the full pharmacy network, please visit FairosRx member portal and select *Pharmacy Locator* or call FairosRx Member Services at 833-464-9600.

Mail Order Services

Mail order is available for maintenance medications that are used to treat long-term chronic conditions. You may fill up to a 90-day supply through **WellDyne Mail Order** pharmacy.

To register for mail order, simply do one of the following:

1. Go to www.FairosRx.com to create a Member Portal account. Select the My Prescriptions feature and click on Visit Mail Order under the Mail Order Prescriptions tab.

2. Print, complete and mail your Mail Order Registration Form to Welldyne. The form can be found under Benefit Documents within the FairosRx Member Portal.

3. Contact WellDyne Mail Order at 877-216-2482 to register via phone.

Refills for Mail Order prescriptions can be ordered online by using the FairosRx portal, mobile app or by calling the automated mail order phone system at 877-216-2482.

Specialty Pharmacy

Specialty medications are typically high-cost medications prescribed for complex medical conditions and may require additional patient education and special handling.

Certain specialty medications must be filled through **Walmart Specialty pharmacy** or other specialty pharmacies as designated by FairosRx based on the lowest cost channel for the medication.

To identify medications on the Specialty Medication List, please use the FairosRx Member Portal and select *Benefit Documents* or call FairosRx Member Services.

Specialty drugs listed on the formulary will have a maximum benefit paid of $1000/Rx (after deductible is met).

Contact Us

Please contact **FairosRx Member Services** for any questions related to your FairosRx prescription benefits. Our team is available 24/7 to answer your questions and to deliver personalized, expert service.

FairosRx Website www.FairosRx.com
FairosRx Email ContactUs@FairosRx.com
FairosRx Member Services 833-464-9600

Prescription Copays

Vault Small Employer Plans

Drug Classification	Retail Pharmacy 30-Day Supply	Mail Order 90-Day Supply
Tier 1 – ACA Preventive	$0	$0
Tier 2 – Preferred Generics	$15 (after deductible)	$30 (after deductible
Tier 3 – Non-Preferred Generics & Preferred Brands*	$50 (after deductible)	$100 (after deductible)
Tier 4 – Non-Preferred Brands*	$100 (after deductible)	$200 (after deductible)
Tier 5 – Specialty Drugs	$0 (after deductible) up to a max benefit of $1000/Rx.	$0 (after deductible) up to a max benefit of $1000/Rx

*A brand/generic copay differential will apply when a brand name drug has a generic equivalent, and the doctor allows for substitution of a generic, but the member requests the brand name drug be dispensed. For these claims, the brand/generic cost difference is added to the applicable brand copay and the cost difference does not apply to the out-of-pocket maximums.

Deductible**	Medical/Rx Combined	Medical/Rx Combined
V2500 Plan	$2,500/individual	$5,000/family
V5000 Plan	$5,000/individual	$10,000/family
V10000 Plan	$10,000/individual	$20,000/family

**The deductible is the amount you pay for covered health care services before your plan starts to pay. A combined medical/pharmacy calendar year deductible met be met before the prescription copays apply. The individual deductible amount is embedded.

FairosRx PBM FAQs

Who do I contact with questions about my prescription benefits?

The Member Services team at FairosRx is here to assist you by answering questions related to your prescription benefits such as drug coverage, copays and out of pocket amounts, prior authorizations, network pharmacies, mail order and more! You can reach us by phone at 833.464.9600 or email us at contactus@fairosrx.com.

How do I create a FairosRx member portal account?

Creating a FairosRx member portal account is easy! Please have your prescription/medical ID card available as you will need information from your card for account registration. Please follow these simple steps:

1. Go to www.fairosrx.com and select Member Login.
2. Enter the subscriber's last name, date of birth and member ID number. The subscriber is the employee who carries the benefits.
3. Select the member for whom you are creating the account and verify their date of birth.
4. Enter a username, email address and password.
5. You're done!

How do I find pharmacies in my network?

FairosRx has over 67,000 pharmacies in our nationwide network. Members can view a listing of participating pharmacies by going to the Pharmacy Lookup tool on the FairosRx Member Portal or by calling member services at 833.464.9600. Pharmacies can be filtered by zip code and 24-hour locations.

How do I determine my copay or out of pocket amount?

To determine your copay or out of pocket amount, please refer to your benefit documents, use the Medication Lookup tool on the FairosRx member portal or call member services at 833.464.9600.

How do I know if my drug is covered?

To determine if a drug is covered under your prescription benefits, please refer to your benefit documents, use the Medication Lookup tool on the FairosRx member portal or call member services at 833.464.9600.

FairosRx PBM FAQs (continued...)

What if my medication is not listed on the formulary?

Depending on your benefits, if a brand medication is not listed on the formulary, the brand is considered non-preferred or may be excluded. For lower cost and formulary alternatives, please contact member services at 833.464.9600.

What is a prior authorization ?

Certain medications require an approval before they are covered. To determine if a medication requires prior authorization, please go to Benefit Documents on the FairosRx member portal or contact member services at 833.464.9600.

How do I know if my medication has quantity limits?

To determine if a medication has quantity limits, please go to Benefit Documents on the FairosRx member portal or contact member services at 833.464.9600.

How do I sign up for Mail Order?

Members can register for mail order by completing one of the following:

• Go to www.fairosrx.com to create a member portal account. Select the My Prescriptions feature and then click on Visit Mail Order under the Mail Order Prescriptions tab.

• Print, complete and mail your Mail Order Registration Form. The form can be found at www.fairosrx.com under the Member section.

How can I order refills?

Mail order refills can be ordered through the FairosRx member portal or automated phone system at 833.464.9600.

How do I file for reimbursement if I paid out of pocket for my prescription?

If you paid out of pocket for your prescription(s) and need to file for reimbursement, please complete a Prescription Reimbursement Request Form. The form can be found at www.fairosrx.com under the Member Resources section. Please note that your original pharmacy receipt must be submitted with your reimbursement request.

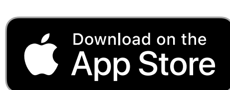
Care Navigation

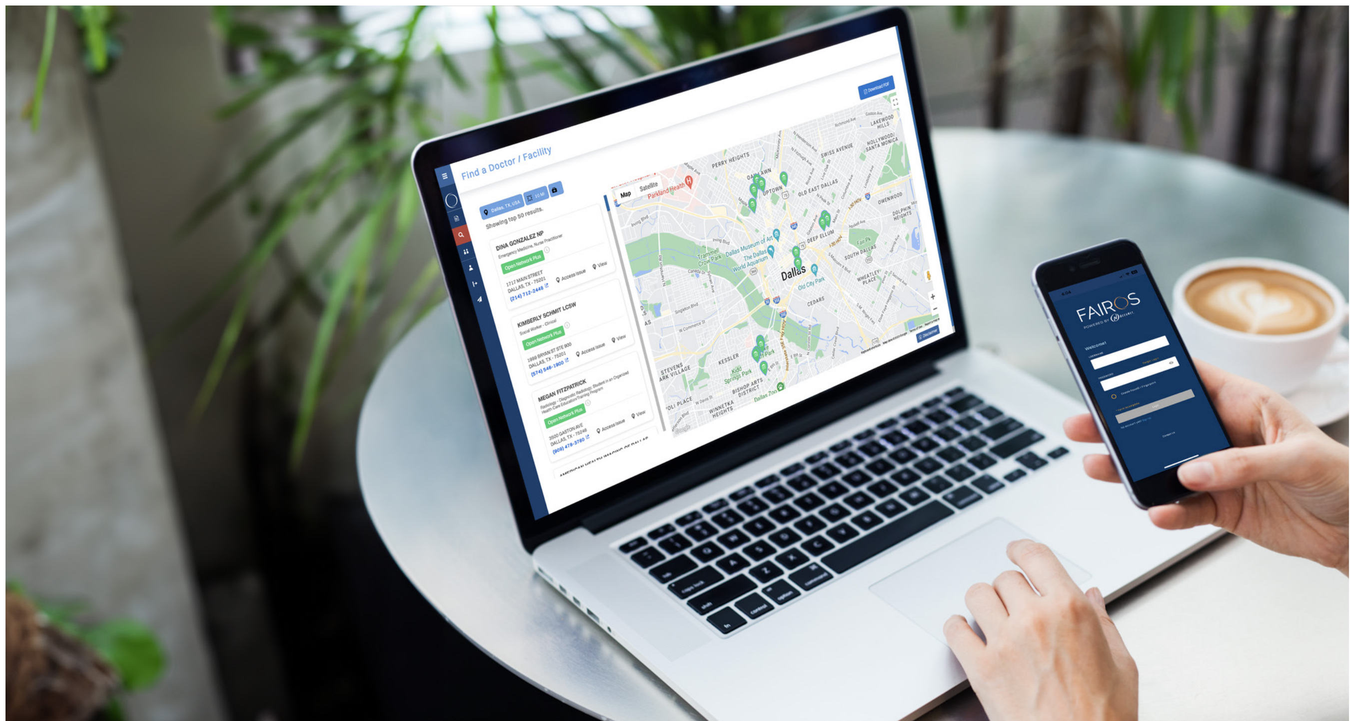
The Fairos Care Navigation team can help you find providers in your local market that are accepting of your health plan. These providers are ranked based on historical data which accounts for cost, quality, location, and prior utilization.

When you're in need of care and assistance in finding a provider, contact Vault Admin Services first at **888.211.5706** and we can assist in helping you work with a Fairos Care Navigator. Please keep in mind, using a Fairos Care Navigator to locate a provider is completely optional.

Make sure you have access to hands on provider tools, by signing up for the Fairos Member Portal.

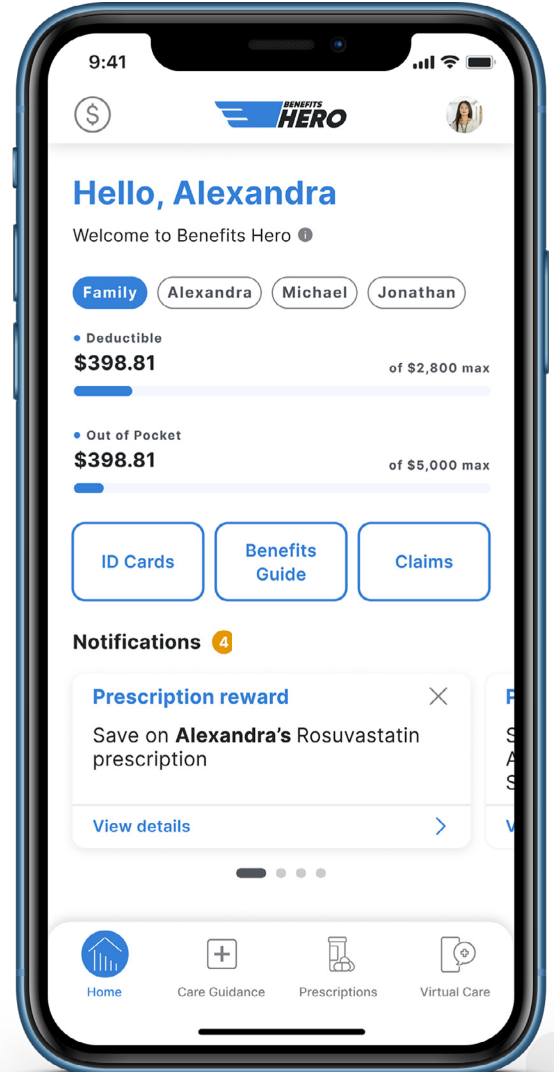
Through the Member Portal, you can:
- Easily find a doctor/facility/specialist that accepts your health plan
- View the ratings of providers in your area, making sure you get the best possible care
- View member details and benefit information
- Message a Fairos Care Navigator





Vault Member App

Your Ultimate Companion in Unlocking the Full Potential of Your Health Plan



With **Benefits Hero™**, you have a powerful ally that transforms the often complex world of benefits into a personalized, user-friendly experience. It goes beyond mere guidance; it's your partner in navigating the intricacies of your health plan, benefits, prescriptions, claims, telemedicine, ID cards, and more!

So, buckle up and let Benefits Hero lead the way to a world where your benefits work harder for you, elevating your overall well-being. Just see for yourself! Download the Benefits Hero app for a full view into your VAULT Health Plan!

Rewards
Earn rewards for activating your account and making smart health choices.

Centralized Benefits Access
View ID cards, deductibles, claims, plan guidance, access your virtual care benefits, and more.

Personalized and Proactive Engagement
Save on healthcare costs and ensure high quality care with automated guidance from your health plan.

Integrated Guidance
Easily access valuable plan components like medical carve-outs, specialty solutions, and preferred pharmacies.

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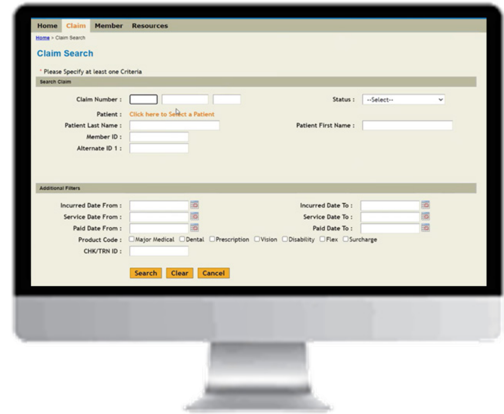
If you have questions about Benefits Hero or need help registering, please contact Care@BenefitsHero.io.

Vault Member Portal



The Vault Strategies Web Portal allows you to login and access your eligibility record, claims, benefit documents and other important information regarding your health care.

If you have any questions regarding portal registration, login issues, system lock-out, or demographic changes, please feel free to reach out to us at claims@allthingsvault.com.

To sign up for the portal, visit:
https://amps-pbg-mesa.javelinaweb.com/

VAULT Admin Services
501 S. Towanda Barnes Rd., Ste 3
Bloomington, IL 61705
www.allthingsvault.com