VAULT
ADMIN SERVICES

Benefits Guide

EVERYTHING YOU NEED FOR A SUCCESSFUL PLAN YEAR

Presented to:
Ascent Senior Living Communities

AscentLivingCommunities
elevating senior living

2025

Contact List

Type	Vendor	Contact Information
HR Administrator	Ascent Senior Living Communities	Laura Gasperik, SHRM-CP 303.226.1249 www.ascentlc.com
Third-Party Administrator (TPA)	Vault Admin Services	866.202.0029 support@allthingsvault.com www.allthingsvault.com
Customer Support	Vault Admin Services	866.202.0029 support@allthingsvault.com
Vault Client Portal / Claims	Vault Admin Services / WLT	claims@allthingsvault.com Vault Client Portal: www.mediconnx.com/MediClm/Login.aspx?clientid=2489
Eligibility	Vault Admin Services	eligibility@allthingsvault.com
Medical Health Plan (Network)	Cigna	800.997.1654 (Cigna) www.cigna.com
Pharmacy Benefits Manager	FairosRx	833.464.9600 (FairosRx) www.fairosrx.com
Second Opinions & Specialty Care	Vault Cares Network	888.211.5760 cares@allthingsvault.com www.vaultcaresnetwork.com
Dental & Vision	Principal (Policy 1069581)	800.247.4695 www.principal.com
Telemedicine	Clever Health	www.cleverhealth.ai
Member Advocacy	Highlight Health	800.399.0180 www.highlight.health
Supplemental Insurance (Life, AD&D, Disability)	Principal (Policy 1069581)	800.843.1371 www.principal.com
Voluntary Supplemental Benefits	Aflac	Lindsay Lijewski 303.350.5186 www.aflac.com/agents/lindsay_hansen.aspx
Employee Assistance Program (EAP)	Magellan Healthcare)	800.450.1327 www.magellanhealth.com/member
Mobile App	Benefits Hero™	Care@BenefitsHero.io

NOTES:

- Employers should always contact their Vault Account Manager with any issues that may arise.
- Should members have an issue, please refer them to Vault Admin Services using the Customer Support contact information above.
- Numbers can change over time, so make sure to refer members to use the numbers on the back of their Medical ID cards.

Plan Inclusions

Get to Know Your Third-Party Administrator

We're proud to serve as your benefits administrator for the 2024-2025 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. We are dedicated to working closely with Ascent Living Communities to deliver the benefits outlined within this booklet.

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 866.202.0099 or by emailing 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 and data privacy to protect your personal health information.

Summary of Medical Benefits

Minimum Essential Coverage (MEC) Plan

MEC Plan	In-Network	Out-of-Network
Plan Year Deductible Employee-Only Family	 $0 $0	 N/A N/A
Coinsurance	0%	N/A
Out-of-Pocket Maximum Employee Only Family	 $0 $0	 N/A N/A
Preventative Care	100% Covered	No Coverage
Office Visits Primary Services (4 visit limit per year) Specialist Services (4 visit limit per year)	 $25 Copay $25 Copay	 No Coverage No Coverage
Hospital Services	No Coverage	No Coverage
Emergency Services ** Emergency Room Emergency Medical Transportation	 No Coverage No Coverage	 No Coverage No Coverage
Urgent Care Services (4 visit limit per year)	$25 Copay	No Coverage
Chiropractic Services (4 visit limit per year)	$25 Copay	No Coverage
Mental Health/Chemical Dependency Inpatient Outpatient	 No Coverage No Coverage	 No Coverage No Coverage
Prescription Drug Coverage	**Retail 30-Day Supply**	**Mail Order 90-Day Supply**
Generic Preferred Brand Non-Preferred Brand Specialty	100% Covered Not Available Not Available Not Available	100% Covered Not Available Not Available Not Available

MEC Plan Rates

Amounts shown reflect the member's bi-weekly contributions.

Employee	$24.08
Employee + Spouse	$35.69
Employee + Child(ren)	$35.58
Family	$49.55

This serves as a summary of your benefit plan only. Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.
* After deductible
** Covered as in-network in true-emergency

Summary of Medical Benefits

Gold PPO Plan

Gold PPO Plan	In-Network	Out-of-Network
Plan Year Deductible Employee-Only Family	 $1,500 $3,000	 $5,000 $10,000
Coinsurance	20%	50%
Out-of-Pocket Maximum Employee Only Family	 $5,500 $11,000	 $10,000 $20,000
Preventative Care	100% Covered	50%*
Office Visits Primary Services Specialist Services	 $25 Copay $50 Copay	 50%* 50%*
Hospital Services	20%*	50%*
Emergency Services ** Emergency Room Emergency Medical Transportation	 20%* 20%*	 50%* 50%*
Urgent Care Services	$25 Copay	50%*
Chiropractic Services	$25 Copay	50%*
Mental Health/Chemical Dependency Inpatient Outpatient	 20%* $25 Copay	 50%* 50%*
Prescription Drug Coverage	**Retail 30-Day Supply**	**Mail Order 90-Day Supply**
Generic Preferred Brand Non-Preferred Brand Specialty	100% Covered $35 Copay $70 Copay $250 Copay	100% Covered $87.50 Copay $175 Copay Not Available

Gold PPO Plan Rates

Amounts shown reflect the member's bi-weekly contributions.

Employee	$69.23
Employee + Spouse	$581.54
Employee + Child(ren)	$346.15
Family	$761.54

This serves as a summary of your benefit plan only. Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.
* After deductible
** Covered as in-network in true-emergency

Summary of Medical Benefits

HDHP

HDHP	In-Network	Out-of-Network
Plan Year Deductible Employee-Only Family	 $2,800 $5,600	 $5,000 $10,000
Coinsurance	20%	50%
Out-of-Pocket Maximum Employee Only Family	 $5,000 $10,000	 $10,000 $20,000
Preventative Care	100% Covered	50%*
Office Visits Primary Services Specialist Services	 20%* 20%*	 50%* 50%*
Hospital Services	20%*	50%*
Emergency Services ** Emergency Room Emergency Medical Transportation	 20%* 20%*	 50%* 50%*
Urgent Care Services	20%*	50%*
Chiropractic Services	20%*	50%*
Mental Health/Chemical Dependency Inpatient Outpatient	 20%* 20%*	 50%* 50%*
Prescription Drug Coverage	**Retail 30-Day Supply**	**Mail Order 90-Day Supply**
Generic Preferred Brand Non-Preferred Brand Specialty	100% Covered $45 Copay* $90 Copay* $250 Copay*	100% Covered $112.50 Copay* $225 Copay* Not Available

HDHP Rates

Amounts shown reflect the member's bi-weekly contributions.

Employee	$47.30
Employee + Spouse	$377.52
Employee + Child(ren)	$316.87
Family	$497.88

This serves as a summary of your benefit plan only. Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.
* After deductible
** Covered as in-network in true-emergency

Your Network: Cigna

Helping Patients and Doctors Get Together

For more than 125 years, Cigna has been committed to building a trusted network of health care providers so we can connect customers with truly personal care. Cigna has several network options available in most market areas, we suggest using their PPO network for the most comprehensive network options.

Let's transform how your employees experience health care. With the Cigna Healthcare person-centered approach, and plans and pricing built around you, we can. By addressing the challenges of today's health care system, Cigna Healthcare is creating a more personalized and more affordable health care experience for you and your employees.

Cigna Provider Lookup: www.cigna.com/

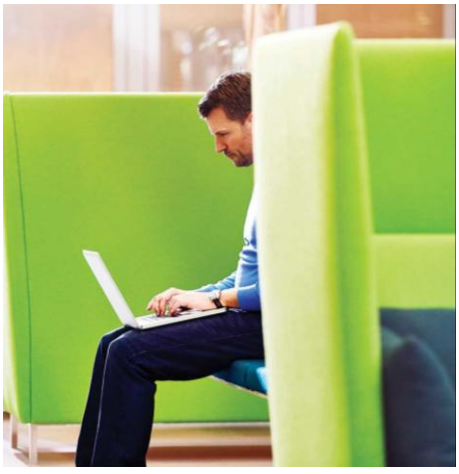
Cigna for Employer Online Portal: https://cignaforemployers.cigna.com/public/app/signin

Cigna FAQs

You have questions, we have answers. Here are a couple common questions asked about the Cigna Network:

Q. Is this Cigna insurance?
A. No. Vault utilizes the Cigna network for the contracts with physicians and facilities to allow you and your employees access to its broad network.

Q. Will we receive an insurance card?
A. Yes. You/your employees will receive an ID card with the Cigna logo on it signifying that you have access to the Cigna network.



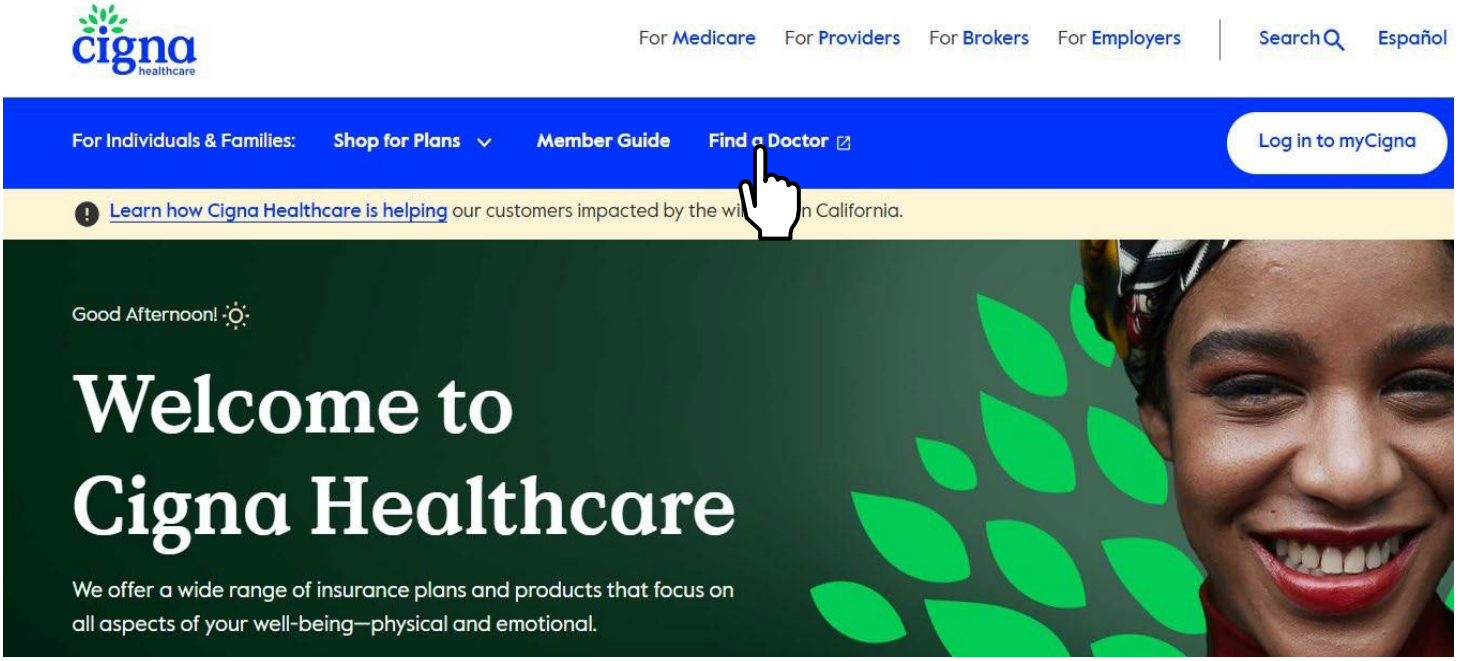
Finding a Cigna Provider

Welcome to your VAULT Health Plan!

With your plan, you have access to the Cigna network. To locate an in-network Cigna provider, please follow the instructions below.

STEP 1: Visit www.cigna.com.

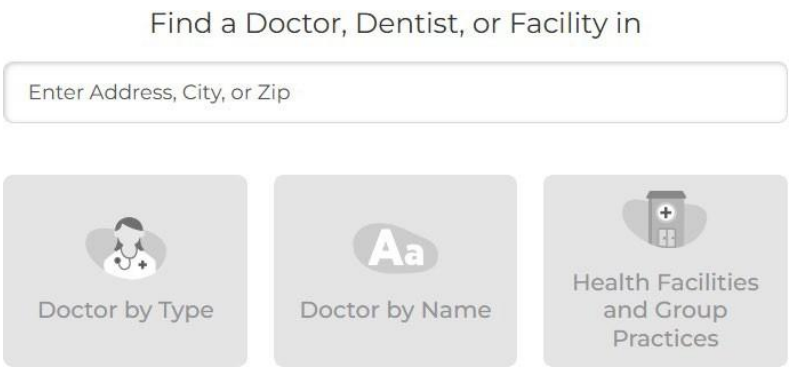
STEP 2: Click on the "Find a Doctor" button.



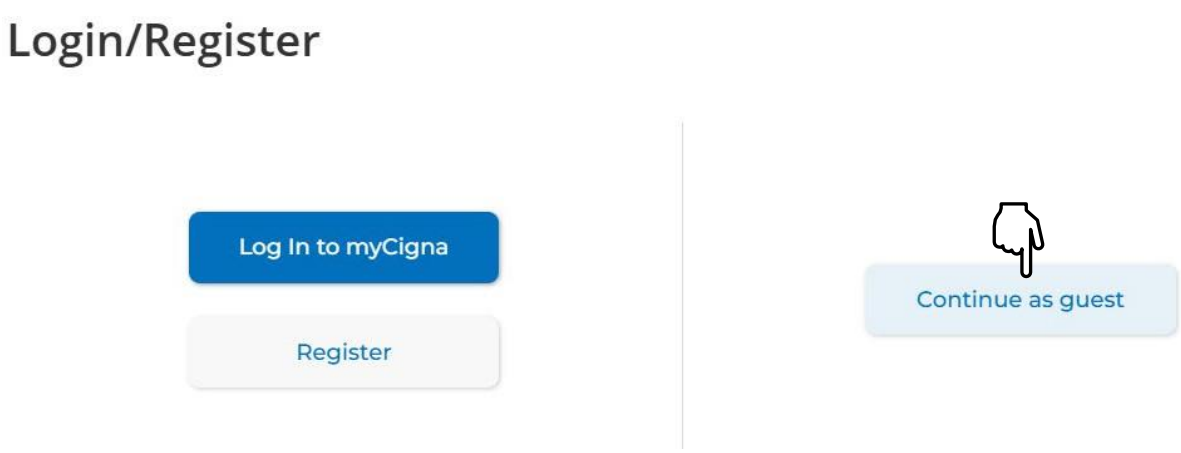
STEP 3: The next screen will ask you how you are covered. Please select "Employer or School."

Finding a Cigna Provider (continued…)

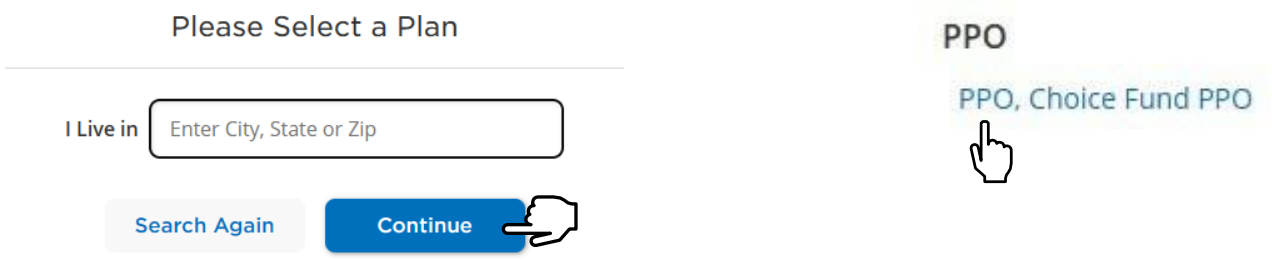
STEP 4: On the next screen, please enter your address, city, state, or zip code. Then, select one of the options to search for your provider: Doctor by Type, Doctor by Name, or Health Facilities and Group Practices.



STEP 5: It will ask you if you want to login/register at Cigna or to continue as a guest. Please select whichever option fits you best. If you do not have a login and want to provider quickly, select "Continue as guest."



STEP 6: The next screen will ask you to select a plan. Put in your location and click "Continue." Then, from the list of networks, always select the network that states "PPO" (as shown). A list of in-network providers will populate for you to choose from.



Health Savings Account (HSA)

The HSA is a tax-advantaged bank account which can be opened if you are enrolled in a qualified CDHP: HDHP/HSA medical plan and meet all other IRS-regulated eligibility criteria. Deposits can be made on a tax-free basis and the money you deposit has a tax advantaged growth opportunity (triple federal tax benefits).

HSA funds can be used to pay for qualified out-of-pocket medical expenses and qualified dental and vision expenses. You can even pay some insurance premiums, such as long-term care and COBRA premiums with HSA funds. If you do not use the funds in your HSA, the money is yours to keep and rolls forward from year to year. HSAs are not subject to the 'use it or lose it' rule.

Tax Benefits and Flexibility

- HSA contributions are tax-free
- Interest and investment earnings accrued not taxable
- Amounts withdrawn for qualified expenses are tax-free
- Open the HSA account at any time
- Start or stop contributions at anytime
- Increase or decrease the amount you contribute

Eligibility Requirements

- Must be enrolled in a qualified HDHP/HSA plan
- Not be enrolled in any other medical insurance
- Not be enrolled in Medicare or Tricare
- Not claimed as dependent on another tax return
- Not eligible for a disqualifying HRA
- You and spouse may not be enrolled in a Flexible Spending Account

2024 HSA AMOUNTS
Annual maximums as follows:

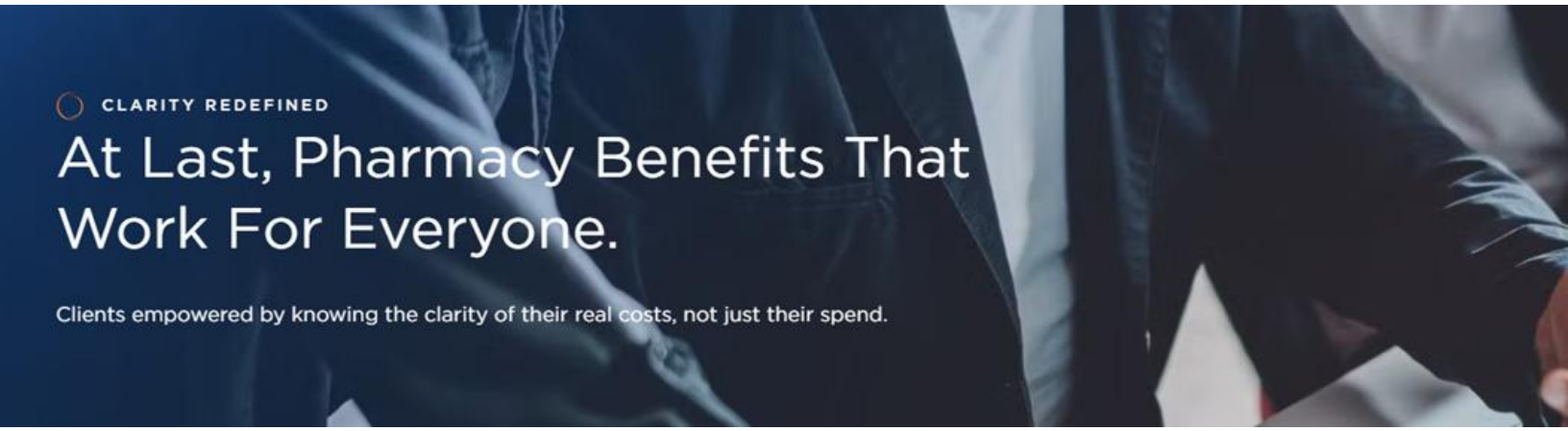
Individual	**$4,150**
Family	**$8,300**

2025 HSA AMOUNTS
Annual maximums as follows:

Individual	**$4,300**
Family	**$8,550**

**Individuals age 55 or older are eligible to contribute an additional $1,000 per year.*

Your Pharmacy Benefits Manager



Simple Tools. Powerful Solutions.

FairosRx is committed to delivering flexible specialty and clinical pharmacy programs designed to reduce prescription drug spend while maximizing our member's healthcare experience and meeting the unique needs of our clients and members.

FairosRx makes it easy for members to manage their pharmacy benefits. We know it's important for members to get answers, understand their benefits, save money, and fill their prescriptions quickly. FairosRx is here to help! Contact one of our expert member specialists at 833-464-9600 or register now to see the difference.

It's never been easier and more convenient to manage your pharmacy benefits. Access the FairosRx Member Portal online or on your mobile device. With these powerful tools, you may be able to save money on your prescriptions.

Features Available to FairosRx Members:

- My Account
- Benefit Documents
- FAQs
- Medication Lookup
- Pharmacy Locator
- Prescriptions
- Member ID Cards
- Financial Information

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

Welcome to FairosRx

The prescription benefits for the **Ascent Senior Living Communities** 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.

Pharmacy Network

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

- Costco
- CVS
- Duane Reade
- Fred Meyer
- HEB Grocery
- Kroger
- Medicine Shoppe
- Publix Super Markets
- Rite Aid
- Safeway
- Sams Club
- Stop and Shop
- Walgreens
- Winn Dixie

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

Formulary

The **FairosRx Select Formulary** will be used for your pharmacy benefits. The formulary is a list of generic and preferred brand name medications used to help determine your copay based on the drug classification.

Some medications listed on the formulary may not be covered under your pharmacy benefits or may have certain restrictions that apply such as prior authorization requirements, step therapy criteria, or quantity limits.

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.

High-cost drugs and specialty medications over $1,000 in cost per Rx are excluded from coverage.

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.

High-cost drugs and specialty medications over $1,000 in cost per Rx are excluded from coverage.

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 for two Retail copays. 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, member app, or by calling the automated mail order phone system at 877-216-2482.

Member Portal

Registering for a FairosRx member portal account at www.FairosRx.com or downloading our mobile app is a simple and easy way to obtain information about your pharmacy benefits. The portal will give you 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.

GET IT ON Google Play

Download on the App Store

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

Frequently Asked Questions

1. Who is FairosRx?
FairosRx is a Pharmacy Benefit Manager (PBM) located in Amarillo, TX. We partner with employers to administer prescription benefits for their covered enrollees and dependents.

2. 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.

3. 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:

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

4. 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.

5. 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.

6. 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.

7. What is a formulary?
The formulary is a list of generic and brand name medications used to help you determine your copay. A group of doctors and other experts choose the drugs on formulary based on their effectiveness, safety and cost. The formulary can be accessed by logging into your FairosRx member portal account and selecting Benefit Documents.

8. 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.

Frequently Asked Questions

9. 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.

10. 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.

11. 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.

12. How can I order refills?
Mail order refills can be ordered through the FairosRx member portal or automated phone system at 833-464-9600.

13. 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

GETTING TO QUALITY CARE QUICKER.

"When you need us the most, we will give you our very best."

About Vault Cares Network

- Heavily vetted system of top-tier facilities and providers.
- Comprehensive range of medical specialties.
- Access to the highest quality treatments and services.
- Optimized member outcomes and satisfaction.
- Peace of mind and confidence in the healthcare journey.




Why We Were Founded

Vault Cares Network was founded to address the epidemic of misdiagnosis, over-utilization, and inappropriate care. These issues translate to significant errors in member treatment and outcomes, which are prevalent in every local market.

Errors happen more often than you think. Second opinions matter.

Did you know...

- 6%-9% of members are spending 80%-90% of plan dollars.
- 60% of all spine surgeries should never happen.
- 35% of all cancer is misdiagnosed.
- 33% of all solid organ transplants should never happen.
- 20% of all knees and hips do not require surgery.
- 40% of all cardiac bypasses are inappropriate.

Help is Here.

We offer comprehensive care solutions designed for minimal visits, prioritizing the comfort and convenience of our members. Our services include a wide range of treatments and surgical procedures.

- Cancer
- Heart
- Joints and Spine
- Bariatric
- Regenerative Medicine
- Brain/Neurology
- Pediatrics
- Substance Abuse
- Mental Health
- and More!

Ready to learn more about Vault Cares Network and the member journey? Contact us today!

BENEFITS HERO™ MOBILE APP

partnering with

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!

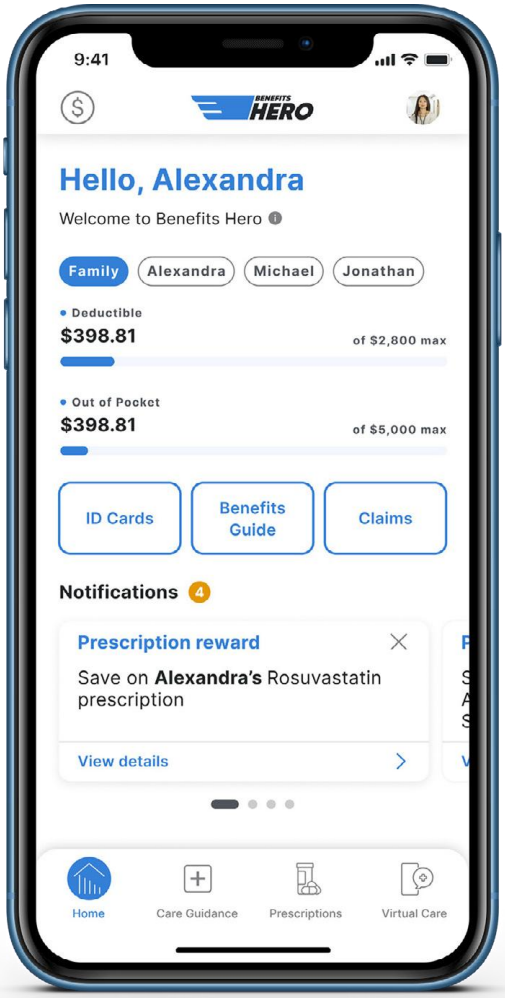
So, buckle up and let Benefits Hero lead the way to a world where your benefits work harder for you, elevating your overall well-being. Just see for yourself! Download the Benefits Hero app for a full view into your VAULT Health Plan!

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.



Download the Benefits Hero app for a full view into your VAULT Health Plan!

Download on the App Store

GET IT ON Google Play

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

www.membershq.com | care@benefitshero.io

Telemedicine

clever health

introducing clever health

smart virtual care™

better, faster, easier!

board certified doctors, licensed therapists, even licensed veterinarians!

virtual urgent care

- async start to finish avg 5 min 46 sec
- synchronous phone or video
- 8 out of 10 prefer async vs. synchronous
- available 24/7

virtual primary care

- schedule appts
- care coordination team
- specialist referrals
- order labs
- initial visit: $119
- follow up visits: $77

DOWNLOAD NOW!

enter last name, date of birth, zip code

$0 per visit

- cold, flu, sinus infections
- fever, cough, allergies, asthma
- skin conditions, pink eye
- UTI's, fatigue, migraines, and more!

quality care

- screenings and labs
- diabetes, high blood pressure
- routine health maintenance
- high cholesterol and more!

Clever Health Smart Virtual Care™ services are provided in accordance with local, state, and federal laws. Our providers may diagnose, treat and prescribe medication if medically necessary. Providers do not prescribe for substances controlled by any federal (DEA) or state agency or other drugs that may be harmful because of their potential for abuse. v0924 | CH5.2
Vault Basic Plan

Telemedicine (continued...)

clever health

mental health support + virtual veterinary

bella chatbot

- interactive chatbot
- on demand 24/7
- ai technology built by psychologists specializing in anxiety and depression

$0 per visit

- 18% reduction of depression symptoms
- 28% reduction of anxiety symptoms
- as simple as a text
- anywhere, anytime

mental wellness

- licensed mental health professionals
- 7 days a week, 7am-10pm
- scheduled appointments

$95 per visit

- family counseling, PTSD, trauma
- anger, feeling overwhelmed
- depression anxiety
- and more!

virtual vet

- licensed veterinary professionals
- for cats and dogs
- advice and guidance every day of the year

$39 per visit

- guidance emergent situations
- preventive medicine guidance
- ongoing illness
- behavioral questions and more!

a better, more clever way...

GET THE APP NOW!

1. download the clever health app by scanning the qr code below:
2. enter last name, date of birth and zip code. onboard and create your story.
3. receive support from your care team... better days are on the way!

If you are in a crisis situation, please call or text the 988 Suicide & Crisis Lifeline or chat 988lifeline.org for help.

Your Advocates

When You Need Them, Your Advocate is There

Highlight Health

Are you tired of navigating complex healthcare documents, pre-approvals, undecipherable bills, and other roadblocks to care? Are you searching for needed care without coverage? In today's convoluted healthcare market, many people find themselves drowning in debt while simply trying to be healthy.

Highlight Health is there to help solve that dilemma by personalizing your healthcare experience with caring Advocates who want to be with you every step of the way. Our Advocates are highly trained multidisciplinary specialists. They will be there to help you find care at a fair price, and to help guard against excessive and illegal bills.

Who are Highlight Advocates?
Caring professionals who understand the financial and emotional challenges millions of patients experience each year after receiving costly hospital-based healthcare services.

What do Highlight Advocates do?
They educate, assist, empower, and lead the way in helping members access fair pricing for eligible hospital services.

What can I expect from a Highlight Advocate?
A trained, compassionate person who is motivated to reduce the financial fear of accessing medically necessary, hospital services.

How can I contact a Highlight Advocate?
Members can reach our Advocates by simply dialing **800.399.0180.** Our Advocacy line is open Monday through Friday, 9am – 6pm EST.

When should I contact a Highlight Advocate?
After receiving inpatient or outpatient services at a hospital facility.

FIND CARE

Advocates help you find inpatient and outpatient care at participating providers

CONNECT

Advocates connect members to community resources they qualify for.

BILLING

Advocates defend your right to fair, transparent pricing.

Dental & Vision Plans

Summary of Vision Benefits	In-Network	Out-of-Network
Exam: (Frequency: 12 months)	$20 Copay	Out-of-Network benefits are available; you must submit a claim for reimbursement
Lenses: Single/Bifocal/Trifocal (Frequency: 12 months)	$20 Copay	
Frames: (Frequency: 24 months)	$130 Allowance+ 30% discount on balance	
Contact Lenses in lieu of lenses (Frequency: 12 months)	Up to 4 boxes for Covered Selection Lenses or up to $130 Allowance for Non-Selection Lenses	

Summary of Dental Benefits	In-Network	Out-of-Network
Calendar Year Benefit Maximum	$1,000 per enrolled member + maximum accumulation	
Calendar Year Deductible	$50 per Individual to a maximum of $150 for a Family	
Type I: Preventative Care (Limits/Frequency may apply)	No Cost (Deductible Waived)	Deductible, then 20%
Type II: Basic Care (Includes Endodontics/Periodontics)	Deductible, then 20%	Deductible, then 40%
Type III: Major Care	Deductible then 50%	
Orthodontia (child(ren) to age 19)	Not Covered	

Amounts shown reflect the member's bi-weekly contributions.

2024-2025 Vision Rates

(Voluntary; 2 year effective 11/1/2023; 26 pay periods)

Employee	$2.38
Employee + Spouse	$4.51
Employee + Child(ren)	$5.29
Family	$7.45

2024-2025 Dental Rates

(Voluntary; 2 year effective 11/1/2023; 26 pay periods)

Employee	$15.32
Employee + Spouse	$30.60
Employee + Child(ren)	$32.72
Family	$50.21

Maximum Accumulation:

- The Maximum Accumulation feature allows for a portion of unused maximum benefit to carry over to next year›s maximum benefit amount.
- To qualify, you must have had a dental service performed within the Calendar year and used less than the maximum threshold.
- The threshold is 50% ($500) of the maximum benefit.
- If qualification is met, 50% ($250) of the threshold is carried over to next year›s maximum benefit.
- Individuals with fourth quarter effectives will start qualifying for rollover at the beginning of the next calendar year.
- You can accumulate no more than four times the carry over amount.
- The entire accumulation amount will be forfeited if no dental service is submitted within a calendar year.

Preventative Care

Your health plan covers preventive services and routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems. These are meant to prevent health problems and do not include tests or treatments. A list of Preventive and Wellness Services can be found at: **www.healthcare.gov/preventive-care-benefits**.

These are considered preventive and are covered by the Plan when services are rendered at an in-network provider. Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.

Preventative Care for Adults

Screenings:

- Abdominal aortic aneurysm screening.
- Alcohol misuse screening.
- Blood pressure screening.
- Cholesterol screening for adults at high risk.
- Colorectal cancer for adults over 50.
- Depression screening.
- Diabetes (Type 2) for adults at high risk.
- Hepatitis B for adults at high risk.
- Hepatitis C for adults at high risk.
- HIV screening for adults at high risk.
- Lung cancer for adults 55- 80 at high risk.
- Obesity screening.
- Syphilis screening for adults at high risk.
- Tobacco Use screening.

Counseling:

- Alcohol misuse counseling.
- Diet counseling for adults at high risk.
- Obesity counseling.
- Sexually transmitted infection (STI) prevention.
- Tobacco Use cessation interventions.

Immunizations:

- Diphtheria
- Hepatitis A & B
- Herpes Zoster
- Human Papillomavirus (HPV)
- Influenza (flu shot)
- Measles, Meningococcal & Mumps
- Pertussis, Pneumococcal & Rubella
- Tetanus & Varicella (Chickenpox)

Preventative Care (continued…)

Preventative Care for Women

Well-woman visits to get recommended services for women under 65.

Screenings:

- Anemia screening on a routine basis.
- Breast cancer mammography screenings.
- Cervical cancer screenings.
- Chlamydia infection screening.
- Domestic and interpersonal violence screening.
- Gestational diabetes screening
- Gonorrhea screenings.
- Hepatitis B screening for pregnant women.
- HIV screening for sexually active women.
- Human Papillomavirus (HPV) DNA test.
- Osteoporosis screening over age 60.
- Rh Incompatibility screening for all pregnant
- Syphilis for pregnant and high-risk women.
- Tobacco use screening and interventions.
- Urinary tract or other infection screening.

Folic Acid Supplements

For women who may become pregnant.

Contraception

Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers."

Counseling:

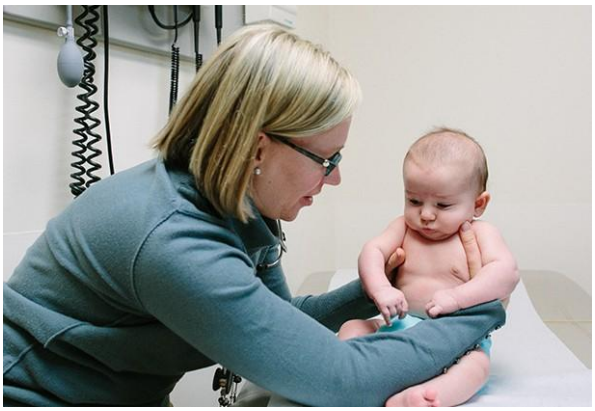
- Breast cancer genetic test counseling (BRCA) for women at high risk.
- Breast cancer chemoprevention counseling for women at high risk.
- Breastfeeding support and counseling
- Breastfeeding supplies for pregnant and nursing women
- Domestic and interpersonal violence counseling for all women.
- HIV counseling for sexually active women.
- Sexually transmitted infections counseling.

Preventative Care (continued…)

Preventative Care for Children

Assessments

- Alcohol and drug use assessments.
- Behavioral assessments for ages 0 to 17.
- Height, weight and body mass index (BMI)
- Oral health risk assessment for ages 0 to 10.



Screenings

- Autism screening for ages 18 & 24 months.
- Blood pressure screening for ages 0 to 17.
- Cervical dysplasia screening.
- Depression screening.
- Developmental screening under age 3.
- Dyslipidemia screening for high risk children for lipid disorders
- Hearing screening for all newborns.
- Hematocrit or hemoglobin screening.
- Hemoglobinopathies or sickle cell screening.
- Hepatitis B screening for high risk adolescents
- HIV screening for adolescents at high risk.
- Hypothyroidism screening for newborns.
- Lead screening for children at high risk.
- Obesity screening and counseling.
- Phenylketonuria (PKU) screening for newborns.
- Sexually transmitted infection (STI) prevention
- Tuberculin testing for children at high risk
- Vision screening for all children.

Immunizations

- Diphtheria
- Haemophilus influenza type b
- Hepatitis A & B
- Human Papillomavirus (PVU)
- Inactivated Poliovirus
- Influenza (flu shot) and Measles
- Meningococcal
- Pertussis
- Pneumococcal
- Rotavirus
- Tetanus
- Varicella (Chickenpox)

Supplements

- Fluoride chemoprevention supplements for children without fluoride in their water.
- Gonorrhea preventive medication
- Iron supplements for children ages 6-12 months at risk for anemia.

Preventative Care (continued…)

Bi-Weekly Rates Sheet (2024-2025)

Aflac

The rates shown on this insert page are for illustration purposes only; they do not imply coverage. For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.

ACCIDENT INDEMNITY ADVANTAGE 24-HOUR LEVEL TWO - Series A-35200

		Premium	Total
18-49	INDIVIDUAL	$13.32	$13.32
50-70		$13.32	$13.32
18-49	INSURED SPOUSE	$17.46	$17.46
50-70		$17.46	$17.46
18-49	ONE-PARENT FAMILY	$19.56	$19.56
50-70		$19.56	$19.56
18-49	TWO-PARENT FAMILY	$24.36	$24.36
50-70		$24.36	$24.36

CANCER PROTECTION ASSURANCE PLAN LEVEL 2 - Series B70200

		Premium	IDR* (5 units)	DCR*	SDR*	Total
18-75	INDIVIDUAL	$15.46	$2.75	$0.00	$0.42	$18.63
18-75	INSURED/SPOUSE	$26.60	$6.48	$0.00	$0.42	$33.51
18-75	ONE-PARENT FAMILY	$15.46	$2.75	$0.42	$0.42	$19.05
18-75	TWO-PARENT FAMILY	$26.60	$6.48	$0.42	$0.42	$33.93

IDR = Optional Initial Diagnosis Rider (Series B70050) premium 1-5 units*

DCR = Optional Dependent Child Rider (Series B70051) premium 1 unit*

SDR = Optional Specified Disease Rider (Series B70052) premium*

AFLAC PLUS RIDER

		Aflac Plus Rider
18-29	INDIVIDUAL	$1.44
30-39		$2.04
40-49		$3.48
50-70		$5.94
18-29	INSURED/SPOUSE	$2.70
30-39		$4.02
40-49		$6.60
50-70		$11.34
18-29	ONE-PARENT FAMILY	$2.88
30-39		$3.12
40-49		$4.20
50-70		$6.12
18-29	TWO-PARENT FAMILY	$3.48
30-39		$4.50
40-49		$6.78
50-70		$11.40

Preventative Care (continued…)

Bi-Weekly Rates Sheet (2024-2025)

The rates shown on this insert page are for illustration purposes only; they do not imply coverage. For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.

AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 1000 - Series B40100

	Premium	EBR	HSSCR	Total
18-49 INDIVIDUAL	$11.04	$7.14	$7.50	$25.68
50-59	$11.28	$8.10	$9.66	$29.04
60-75	$11.58	$8.16	$12.54	$32.28
18-49 INSURED/SPOUSE	$15.66	$15.00	$13.74	$44.40
50-59	$16.56	$16.86	$19.14	$52.56
60-75	$17.70	$16.98	$24.00	$58.68
18-49 ONE-PARENT FAMILY	$14.04	$14.22	$10.44	$38.70
50-59	$14.22	$14.58	$11.82	$40.62
60-75	$14.46	$14.88	$15.54	$44.88
18-49 TWO-PARENT FAMILY	$16.62	$18.18	$14.04	$48.84
50-59	$16.80	$18.54	$17.52	$52.86
60-75	$17.94	$19.32	$25.62	$62.88

EBR: Extended Benefit Rider Premium (Available for ages 18-75)*
HSSCR: Hospital Stay and Surgical Care Rider Premium (Available for ages 18-75)*
**Note – The Extended Benefit Rider and Hospital Stay and Surgical Care Rider are not available with Option H.*

CRITICAL CARE AND RECOVERY LEVEL TWO - Series A71200

Individual

Age	Premium	Total
18-35	$7.56	$7.56
36-45	$10.80	$10.80
46-55	$14.70	$14.70
56-70	$18.96	$18.96

One Parent Family

Age	Premium	Total
18-35	$12.96	$12.96
36-45	$15.24	$15.24
46-55	$19.62	$19.62
56-70	$25.80	$25.80

Insured/Spouse

Age	Premium	Total
18-35	$14.58	$14.58
36-45	$18.96	$18.96
46-55	$25.50	$25.50
56-70	$35.52	$35.52

Two Parent Family

Age	Premium	Total
18-35	$16.56	$16.56
36-45	$21.00	$21.00
46-55	$28.08	$28.08
56-70	$38.58	$38.58

Additional Employee Benefits

Life and AD&D: Principal

All eligible employees are provided basic life and accidental death and dismemberment (AD&D) insurance, and your employer pays the full cost of the premium. Please see Human Resources to update your beneficiary designation.

Employee Benefit:
1x Annual Salary to $75,000;
Guaranteed Issue: $75,000

Voluntary Life and AD&D: Principal

Eligible employees may purchase additional life and AD&D insurance on a voluntary basis. Employees must purchase voluntary life and AD&D for themselves in order to purchase for their spouse or child(ren).

Employee Benefit:
Increments of $10,000 up to $300,000
Guaranteed Issue: $70,000 (under age 70)

Spouse Benefit:
Increments of $5,000 up to $100,000
Guaranteed Issue: $30,000 (under age 70)

Children Benefit (life only):
$10,000 benefit for age 14 to age 26
$1,000 benefit for age 14 and under

Evidence of Insurability (EOI):

Any purchase or increase in benefits, which does not take place within 31 days of employee's or dependents original eligibility effective date is subject to EOI.

Coverage is subject to approval from the insurance carrier before benefits are effective.

Open Enrollment Provision:

If you and your enrolled dependents have existing coverage you may be able to increase coverage one increment per year during your open enrollment period without evidence of insurability.

Voluntary Short-Term Disability: Principal

All eligible employees are provided with the opportunity to enroll in the voluntary short term disability benefits.

Employee Benefit:
60% of salary to a maximum of $1,500 per week
Benefit Begins: On 15th day for Accident/Illness
Benefit Duration: Up to 11 weeks

Long Term Disability: Principal

All eligible employees are provided with long term disability benefits, and your employer pays the full cost of the premium. Pre-Existing Condition rule may apply.

Employee Benefit:
60% of salary to a maximum of $6,000/month
Benefit Begins: After 90 days
Benefit Duration: Up to 5 years

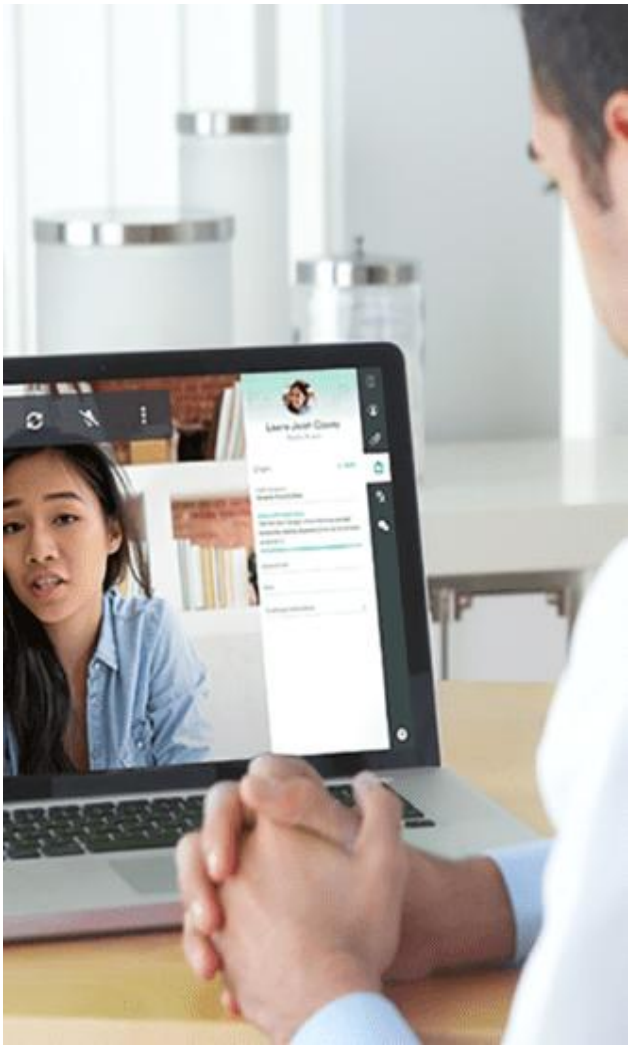
Additional Employee Benefits (continued…)

Employee Assistance Program (EAP): Principal/Magellan Healthcare

All eligible employees and their household members have access to 24/7 EAP Program, unlimited telephone counseling, and unlimited online tool.

Voluntary Supplemental Benefits: Aflac

Ascent Living Communities provides the option to buy voluntary worksite benefits to all eligible employees through AFLAC. Please refer to your enrollment materials for more detail regarding rates and benefits.



Eligibility

Full-time employees working 30 or more hours per week are eligible to participate in the benefit program. Due to IRS regulations, once you have made your benefit elections for this plan year, you may not change your elections until the next Open Enrollment period.

The only exception to this is if you have a qualified status change in your family or employment. Any such changes must be reported within 30 days of the event.

Eligible dependents may include:

- Your legally married spouse
- Your civil union partner
- Your same or opposite gender domestic partner
- Dependent child up to age 26 (contracts may vary)

Some qualified status changes are:

- Marriage or divorce
- Birth/Adoption of a child
- Loss of other coverage
- Change in work status

Other Services & Discounts

provided by Principal

Additional Services and Discounts	
Hearing Aid Program	Through American Hearing Benefits Inc. (AHB) and Ear Professionals Internations Corporation (EPIC), employees and their families are eligible for up to 60% off hearing aids.
Travel Assistance	Employees, their spouses and dependent children (whether traveling together or separately) have access to travel, medical, legal and financial assistance plus emergency medical evacuation benefits provided by AXA Assistance 1 when traveling domestically or internationally more than 100 miles from home for up to 120 consecutive days.
Will and Legal Document Center	Employees and their spouses have free access to resources and tools provided by ARAG2 to create a Will, Living Will, Healthcare Power of Attorney, Durable Power of Attorney and Medical Treatment Authorization for Minors. Estate Planning resources and a Personal Information Organizer are also included.
Identity Theft Kit	This valuable resource from ARAG provides employees with information on how to protect their identity and restore it if stolen.
Laser Vision Correction	Through the National Lasik Network, administered by LCA-Vision, Inc., employees, their spouses and dependent children receive savings on one of the most frequently performed elective surgeries in America. The discount includes 15% off standard pricing or 5% off promotional pricing.

2024-2025 Bi-Weekly Employee Contributions					
	MEC Plan	**Gold PPO Plan**	**HDHP**	**Dental**	**Vision**
Employee Only	$24.08	$69.23	$47.30	$15.32	$2.38
Employee + Spouse	$35.69	$581.54	$377.52	$30.60	$4.51
Employee + Child(ren)	$35.58	$346.15	$316.87	$32.72	$5.29
Family	$49.55	$761.54	$497.88	$50.21	$7.45

VAULT ADMIN SERVICES

Portal User Guides

Employer Portal User Guide

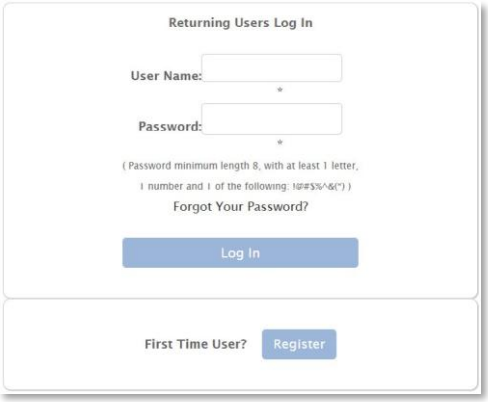
Thank you for choosing our Client Portal as your go-to resource for managing your health plan and members. This user guide is designed to assist you in navigating the portal effortlessly and making the most of its features.

Logging Into the Portal

Visit **www.mediconnx.com/MediClm/Login.aspx?clientid=2489**

Registering as a New User (Client)

STEP 1.
If this is your first time visiting the WLT client portal, you will need to create a new account. On the landing page, find 'First Time User?' and select the blue 'Register' button.



STEP 2.
On the next screen, you will select how you would like to register. As a client, you will select 'Employer' from the dropdown. Then, select 'Next.' When you click 'Next' it will ask you to read through the Statement of Understanding. Click 'I Accept' and click 'Next.'

STEP 3.
Then, follow the prompts on the next few screens (i.e., enter your first name, last name, company name, username, etc.). After you submit the form, we will need to activate your account. Please allow 24 to 48 hours for this to be completed before logging in.

Returning Users (Clients)

Should you already have a username and password, please enter your credentials using the fields provided. If you do not remember your password, please select 'Forgot Your Password?' and follow the necessary prompts.

Need Support?

If you have any issues creating an account or logging in, please don't hesitate to contact your account manager for support or call Vault Admin Services at 866.202.0029.

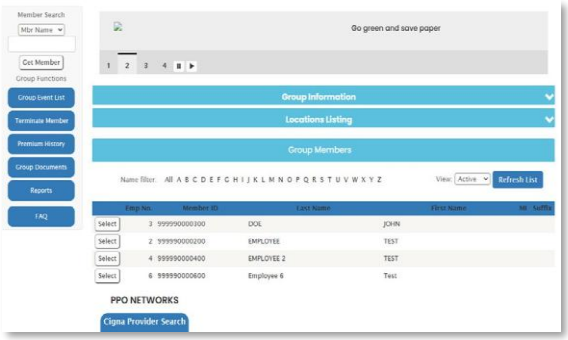
Portal Capabilities

Once you are logged into the portal, you will be brought to the home screen, where you will have full transparency into your plan. You should have access to the following tabs and capabilities.

Employer Portal User Guide (continued…)

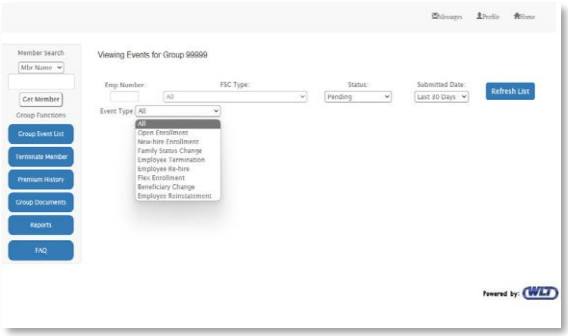
Home

Welcome to the Vault Admin Services Client Portal. The Home screen offers a concise overview of your health plan's key components. Here, you can access important messages, review group details, view all locations and participating members, and search for member-specific claims and amounts.



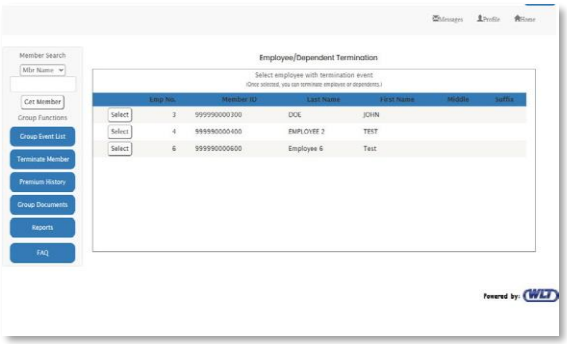
Group Event List

The 'Group Events List' tab categorizes all member-related activities within your plan, including open enrollments, new hires, family status changes, terminations, beneficiary updates, and more. You can filter activities by status, date, and member to maintain a proactive view of your plan's events.



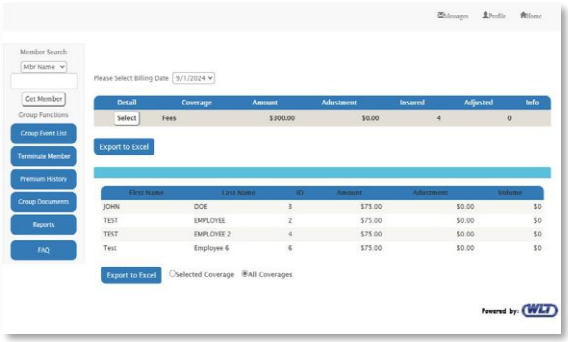
Terminate Member

Should you choose to terminate an employee/member and discontinue their health plan, you will need to go into this tab. Simply click the 'Select' button next to the member's name, and then select the member, dependents, termination reason, termination date, and last day of eligibility before submitting.



Premium History

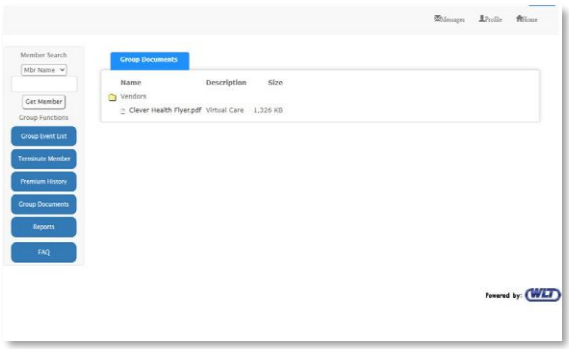
The 'Premium History' tab allows you to review your monthly health plan costs and premiums as a whole and by member. Select a billing date to view detailed charges. You can also export the data to Excel for accurate record-keeping. Should you have any questions about any charges or fees, please contact our support team for further review.



Employer Portal User Guide (continued…)

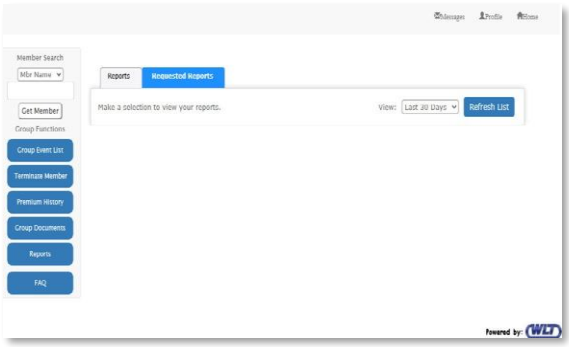
Group Documents

The ‘Documents’ tab will house all plan information you will need such as your Summary of Benefits, any prescription formularies, education guides for your members, telemedicine information, and more! If there is a document you need that is not housed here, simply reach out to your account manager for assistance.



Reports

This tab will house all reports that are submitted to you on the basis you have agreed upon with your account manager and will contain all claims, costs, members, etc., so you can keep an eye on plan trends and spend. You can also request specialized reports, should you need a particular dataset.



FAQ

By clicking on ‘FAQ,’ a new page will not open, but a pop-up document containing frequently asked question from our clients and members will appear. Make sure you allow pop-ups from this site in order to view.

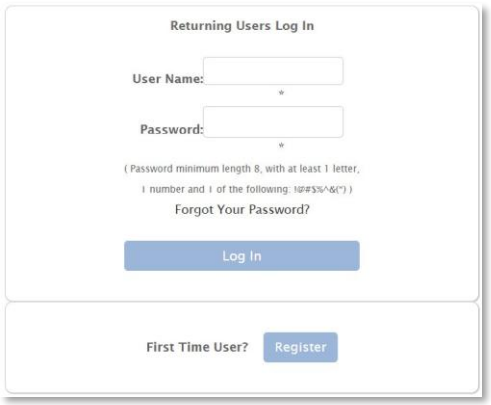
Your experience with the Member Portal is important to us. If you have suggestions for improvement, encounter any difficulties, or have questions along the way, please contact your account manager or Vault Admin Services at 866.202.0029.

Member Portal User Guide

Thank you for choosing our Member Portal as your go-to resource for managing your account and accessing valuable information. This user guide is designed to assist you in navigating the portal effortlessly and making the most of its features.

Logging Into the Portal

Visit www.mediconnx.com/MediClm/Login.aspx?clientid=2489



Registering a New User

STEP 1.
If this is your first time visiting the WLT member portal, you will need to create a new account. On the landing page, find 'First Time User?' and select the blue 'Register' button.

STEP 2.
On the next screen, you will select how you would like to register. In most cases you will select 'Employee/Insured' or 'Dependent' from the dropdown. Then, select 'Next.' When you click 'Next' it will ask you to read through the Statement of Understanding. Click 'I Accept' and click 'Next.'

STEP 3.
Then, follow the prompts on the next few screens (i.e., enter your first name, last name, date of birth, social security number associated with the plan, etc.).

Returning Users

Should you already have a username and password, please enter your credentials using the fields provided. If you do not remember your password, please select 'Forgot Your Password?' and follow the necessary prompts.

Need Support?

If you have any issues creating an account or logging in, please don't hesitate to contact Vault Admin Services for support at 866.202.0029 or support@allthingsvault.com.

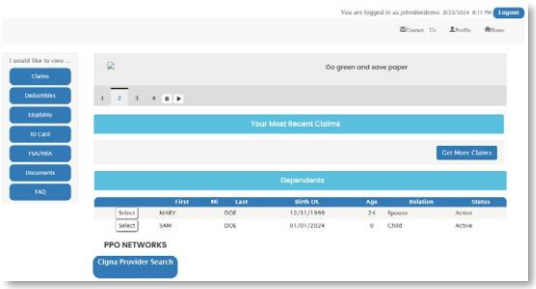
Portal Capabilities

Once you are logged into the portal, you will be brought to the home screen, where you will have full transparency into your health plan. You should have access to the following tabs and capabilities.

Member Portal User Guide (continued…)

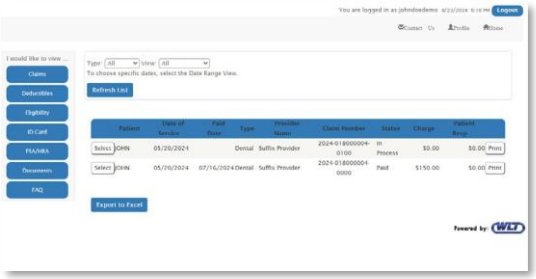
Home

Welcome to the Vault Admin Services Member Portal! The 'Home' screen provides an overview of key components of your health plan. From this screen, you can view important messages, recent claims, dependents, search for a provider, and even view all of the buttons and capabilities that we will outline below.



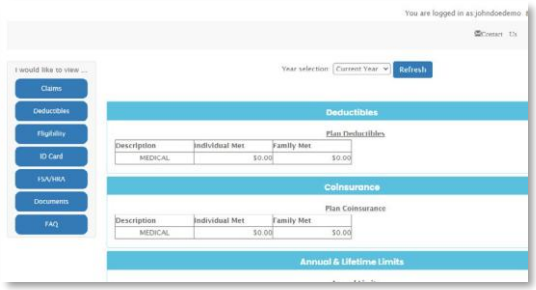
Claims

The 'Claims' tab contains all open and paid claims. You can search by member name, dates, or claim number to find specific claims. The claims history displays the status of each claim for every plan member, with direct access to the Explanation of Benefits (EOB) showing patient responsibility and plan coverage.



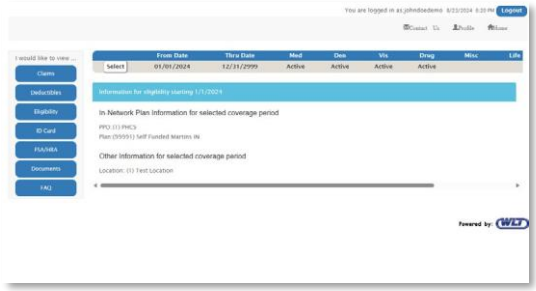
Deductibles

The great thing about this portal is that you have access to everything at your fingertips! Click to view your individual and family deductibles, copays, coinsurance, and annual maximums and limits across all aspects of your health plan. You can even narrow your search by plan year, so you can compare costs and savings.



Eligibility

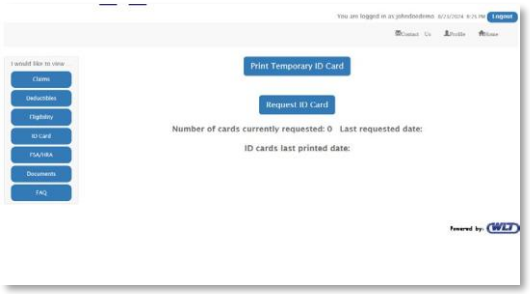
This tab provides a comprehensive chart displaying the member's coverage history. At the top, you'll find the current plan and network, followed by details on dental, vision, prescription/Rx plans, and more. If you've opted for additional ancillary insurance, such as life, AD&D, STD, or LTD, these will also be visible on this tab *(if the benefit is administered by Vault)*.



Member Portal User Guide (continued…)

ID Card

From this tab, you can easily print your temporary ID card, should your physical card not be available yet. You can also request a new ID card. It lists the number of cards you have currently requested and the date, so you can accurately gauge how long it has been for your records.

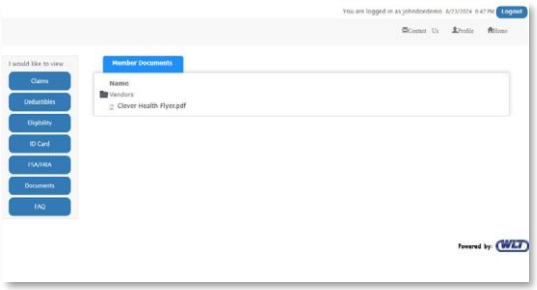


FSA/HRA

Should you have chosen to participate in a Flexible Spending Account (FSA) or Health Savings Account (HRA) through your health plan, the information will appear within this tab. As we build out this portal, you will see a number of features added that will help you become a more active participant in your health plan.

Documents

The 'Documents' tab will house all the plan information you will need such as your Summary of Benefits, any prescription formularies, guides on how to find an in-network provider, telemedicine information, and more! If there is a document you need that is not housed here, simply reach out to our support team for assistance.



FAQ

By clicking on 'FAQ,' a new page will not open, but a pop-up document containing frequently asked question from our members will appear. Make sure you allow pop-ups from this site in order to view.

Your experience with the Member Portal is important to us. If you have suggestions for improvement, encounter any difficulties, or have questions along the way, our support team is ready to assist you. Please contact Vault Admin Services at 866.202.0029 or **support@allthingsvault.com**.

Thank you for being a valued member!

Eligibility & Forms

Eligibility & Terminations

Employee Eligibility:

- Employees are eligible for benefits based on the criteria outlined in your plan, which typically includes factors such as full-time status, hours worked per week, and waiting periods.
- Be sure to enroll new hires within the designated timeframe to avoid delays or gaps in coverage.

Dependent Eligibility:

- Eligible dependents typically include spouses, domestic partners, and children up to age 26. Documentation may be required to verify dependent status.

Termination of Coverage:

- Coverage for employees and dependents will end on the last day of the month in which employment is terminated, unless otherwise specified in the plan.
- COBRA or state continuation options may be available to extend coverage.

Important Notes:

- Timely reporting of terminations is critical to avoid billing discrepancies.
- Employees who experience a qualifying life event (e.g., marriage, birth, divorce) must report the change within 30 days.
- Late terminations or failure to report eligibility changes can result in liability for unpaid premiums or claims.

Please use the following forms when adding any employees or dependents to your health plan. Make sure to send all completed forms to eligibility@allthingsvault.com in a timely manner.

Benefit Change Request Form

INSTRUCTIONS:
Complete this form to update benefit coverage. Submit completed form to: **eligibility@allthingsvault.com.**
NOTE: A blank field will mean there is no change required for that field.

EMPLOYER ONLY *(Plan/Location Change)* ☐ EE Add due to Loss of Coverage ☐ Update Address ☐ Name Change

☐ Marriage ☐ Divorce *Effective Date:* _____

☐ Termination of Employment ☐ Voluntary Drop Coverage

☐ Add Birth/Adoption or Drop Dependent *Date of Birth/Date of Adoption:* _____ *Effective Date:* _____

CONTACT INFORMATION *(Required)*

Employer: _____ **Group #:** _____

First Name: _____ **MI:** _____ **Last Name:** _____

Address: _____ **City:** _____ **State:** _____ **ZIP Code:** _____

SSN: _____ **Email:** _____

Work Phone: _____ **Home Phone:** _____

UPDATE CONTACT INFORMATION

First Name: _____ **MI:** _____ **Last Name:** _____

Address: _____ **City:** _____ **State:** _____ **ZIP Code:** _____

Add Due to Loss of Coverage: ☐ Yes (*If yes, provide group coverage details. Include copy of HIPAA/Certificate of Creditable Coverage Letter).*
☐ No

You must submit request to enroll within 30 days of the loss of other qualifying medical coverage and within 60 days of loss of Medicaid. This does not include voluntary cancellation of the other coverage.

ADD/DROP DEPENDENTS *(If there are additional dependents, use a separate paper to add/drop and include your signature.)*

First and Last Name	Gender (M/F)	Date of Birth	SSN	Add	Drop
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Reason for Change: _____

DEPENDENT INFORMATION *(If there are additional dependents, use a separate paper to add/drop and include your signature.)*

Dependent(s) reside with Employee on a Permanent Basis. ☐ Yes ☐ No
If no, dependent(s) name and address: _____

Dependent(s) disabled or handicapped. ☐ Yes ☐ No
If yes, dependent(s) name and disability/handicap: _____

Dependent(s) eligible/receiving Medicare. ☐ Yes ☐ No

Dependent(s) eligible for other group coverage. ☐ Yes ☐ No

EMPLOYER SIGNATURE: _____ **DATE:** _____

EMPLOYEE SIGNATURE: _____ **DATE:** _____

Employee Level-Funded Health Plan Enrollment Form

May be Photocopied or Duplicated for use. Please complete in ink and initial any alterations.

FUNDING ADVANTAGE
A Level-Funding Solution for Small Groups

SECTION 1 – EMPLOYEE INFORMATION

FULL NAME OF EMPLOYEE			SOCIAL SECURITY NUMBER	MARITAL STATUS	ADM. USE ONLY
RESIDENCE ADDRESS		EMAIL			CASE NO.
CITY	STATE	ZIP	TELEPHONE NUMBER	BEST TIME TO CALL	EMPLOYEE NO.
GENDER / DATE OF BIRTH		HEIGHT	WEIGHT	TOBACCO USE ☐ YES ☐ NO	CLASS
AVG. NO. HOURS WORKED WEEKLY	OCCUPATION AND DUTIES			DATE BEGAN FULL TIME	EFFECTIVE DATE
EMPLOYED BY	CITY	STATE	ZIP		OCC ☐ YES ☐ NO
☐ I AM ☐ I AM NOT AN OWNER, PARTNER OR CORPORATE OFFICER					MHX EMPLOYEE & DEPENDENTS ☐ YES ☐ NO

I Am Enrolling for (check one): ☐ SELF ONLY ☐ SELF AND SPOUSE ☐ SELF AND CHILD(REN) ☐ SELF, SPOUSE & CHILD(REN)

DEPENDENT WAIVER

If you have dependents (spouse and/or children) and are not enrolling **all** of them, please complete the following:

I AM NOT ENROLLING MY (check one or both): ☐ SPOUSE ☐ CHILD(REN)

BECAUSE (check one): ☐ Covered by another group/individual health plan ☐ Other (explain) _____

I understand I have the right to enroll my dependents at this time. I am voluntarily declining to enroll my dependents and have not been encouraged or pressured by anyone to decline such coverage. I understand that if I do not enroll my dependents at this time, and they do not have other qualifying coverage, their right to enroll in the future may be restricted, with a delayed effective date.

DEPENDENT INFORMATION

Complete for each dependent to be enrolled. (use additional sheet if necessary).

NAME OF DEPENDENTS	M/F	RELATIONSHIP	SSN	DATE OF BIRTH	HEIGHT	WEIGHT	TOBACCO USE	EMAIL & PHONE NUMBER (For Spouse & Dependents 18+)
	☐ M ☐ F						☐ YES ☐ NO	
	☐ M ☐ F						☐ YES ☐ NO	
	☐ M ☐ F						☐ YES ☐ NO	
	☐ M ☐ F						☐ YES ☐ NO	

Complete information on all pages online or use ink. Sign and date the bottom of Section 3.

3110s0421

SECTION 2 – MEDICAL INFORMATION

This information is required. Any material misrepresentation or omission may result in termination of your coverage and may constitute fraud. Please answer completely.

Please check "YES" or "NO" for each item and provide details for all "YES" answers in the space provided.

1. In the past 5 years, have you or anyone enrolling for coverage had a diagnosis of or consultation, treatment or medication for:

	YES	NO		YES	NO
Brain or Nervous System	☐	☐	Diabetes or Sugar in Urine	☐	☐
Endocrine or Adrenal Disorder	☐	☐	Digestive/Gastrointestinal Disorder	☐	☐
Liver, Pancreas or Kidney	☐	☐	Breast or Reproductive Organs	☐	☐
Abnormal Blood Pressure	☐	☐	Autoimmune Disorders	☐	☐
Heart or Circulatory System	☐	☐	Disorders of Back or Spine	☐	☐
Chest Pain or Stroke	☐	☐	Rheumatoid Arthritis	☐	☐
Cancer (excluding Basal Cell or Carcinoma)	☐	☐	Emphysema, Tuberculosis or Chronic	☐	☐
Disease of the Muscles	☐	☐	Obstructive Pulmonary Disease	☐	☐
Cirrhosis or Hepatitis	☐	☐	Multiple Sclerosis or Cystic Fibrosis	☐	☐
Leukemia or Hodgkin's Disease	☐	☐	HIV or AIDS	☐	☐
Hemophilia	☐	☐	Congenital Birth Defects	☐	☐

2. Is anyone enrolling for coverage disabled, in any way unable to perform the normal activities of daily living or self care or anticipating surgery or other medical treatment? ☐ YES ☐ NO

3. Are you or any dependent (whether enrolling for coverage or not) currently pregnant, experiencing any complications, or currently receiving infertility testing or treatment? ☐ YES ☐ NO

4. During the past 5 years, has anyone enrolling for coverage visited a doctor, had a medical consultation, had surgery, or been hospitalized for any condition not already indicated above? ☐ YES ☐ NO

Use this space to provide details to any "YES" answer to questions 1 through 4. If you have high blood pressure, please include your last 3 blood pressure readings.

Medical Conditions

Complete for each person's medical conditions (if you need additional space go to last page).

Person	List of Medical Conditions and/or specific treatments. Include any anticipated treatment or surgery.	Date(s) of Treatment	Medications & Dosages	Recovery Status

5. Is anyone enrolling for coverage currently taking medication? (If yes, enter details directly below) ☐ YES ☐ NO

Medical Information

Complete for each person's medication information (if you need additional space go to last page).

Person	Medication Name	Generic Rx (Yes or No)	Dosage & Frequency of Use	Reason for Prescription
		☐ YES ☐ NO		
		☐ YES ☐ NO		

Complete information on all pages online or use ink. Sign and date the bottom of Section 3.

SECTION 3 – EMPLOYEE STATEMENT AND SIGNATURE

I HEREBY: Request enrollment in the level-funded Group Health Plan (Plan) established and maintained by my employer (Employer) for its eligible employees and their eligible dependents; Represent that I am an eligible employee of the Employer; Represent that my statements and answers to the questions in this enrollment form are true and complete to the best of my knowledge and belief; and Authorize the Employer to deduct any required Plan contribution from my earnings.

I FURTHER ACKNOWLEDGE AND UNDERSTAND: This is not an insured benefit plan; All Plan benefits are self-funded (self-insured) by the Employer; The Employer is solely responsible for all benefit payments; Coverage is not effective until the Plan approves this enrollment form; Plan benefits are available only if a person is covered under, and all required contributions for such coverage have been received by, the Plan; If I have waived coverage for a dependent, I also waive all claims under the Plan for benefits for that dependent, and if I decide to enroll that person at a later date, the effective date for my dependent may be delayed. A full description of the medical expense benefits under the Plan appears in the Summary Plan Description, which summarizes the official Plan Document; The agent submitting this enrollment lacks authority to change the enrollment form, approve Plan coverage, alter Plan terms, or adjust claims; The Employer has delegated certain non-fiduciary, ministerial administrative acts, duties and responsibilities of the Plan to Allied National, LLC, a licensed third-party administrator (Allied); However, the Sponsoring Employer remains the Plan Sponsor, Plan Fiduciary, Plan Administrator and Plan Trustee and is responsible for all coverage determinations and benefit payments; Allied does not insure the Plan and is not responsible for funding benefit payments; My statements and answers in this enrollment form will be the basis for approving Plan coverage and any material misrepresentation or omission may result in an increase in Plan contribution rates or termination of my coverage; Any person who, knowingly and with intent to defraud, submits an enrollment form, or files a claim, containing a materially false statement, or omitting materially false information, may be found guilty of fraud in a court of law.

SPECIAL ENROLLMENT RIGHTS: If you acquire a new dependent by marriage, birth, adoption or placement for adoption, he/she may be able to enroll without delay or penalty, if you request enrollment within 31 days (of the marriage, birth, adoption or placement for adoption); If you decline enrollment for any dependent (including your spouse) because of other health plan or group insurance coverage, and that dependent subsequently becomes ineligible for the other coverage (or the employer stops contributing towards that coverage), he/she may be able to enroll without delay or penalty, if you request enrollment within 31 days of ineligibility or termination of employer contributions; If you decline enrollment for any dependent (including your spouse) because of coverage under Medicaid or a State child health plan, and that dependent's coverage is subsequently terminated due to ineligibility, he/she may be able to enroll without delay or penalty, if you request enrollment within 60 days of the termination of coverage; If you decline enrollment for any dependent (including your spouse) and that dependent subsequently becomes eligible for a premium assistance subsidy from Medicaid or a State child health plan, he/she may be able to enroll without delay or penalty, if you request enrollment within 60 days of eligibility for the subsidy. To request special enrollment, contact the Employer or Allied Client Services at 800-825-7531.

PERSONAL INFORMATION NOTICE: As required by law, this notice is intended to inform you that 1) Personal information may be collected from third parties; 2) Such information as well as other personal or privileged information collected by the health plan or its legal representative may be in certain instances, as prescribed by law, disclosed to other third parties without your prior authorization; 3) You have the right to access and correct the collected information; 4) Your right to access does not include any information which relates to and is collected in connection with, or in reasonable anticipation of, a claim or civil or criminal proceeding; 5) We will provide a more detailed notice of information practices upon request.

AUTHORIZATION FOR RELEASE OF INFORMATION: I authorize the disclosure of all nonpublic personal information and individually identifiable protected health information for me (and my dependent(s), if applicable), including but not limited to employment status, other health plan coverage, diagnosis, prognosis, medical treatment or care, and physical or mental conditions (including alcohol or drug dependency), by any physician, medical practitioner, hospital, other medical related facility, insurance company, employer or benefit plan having such information, to the health plan or its legal representative, agent or vendor, for the purpose of processing enrollment and claims. This medical or health information may include information on the diagnosis and treatment of mental illness, alcohol, and drug use. This also may include information on the diagnosis, treatment, and testing results related to HIV, AIDS, and sexually transmitted diseases, unless otherwise restricted by state law. I acknowledge and agree that this authorization shall be valid for two (2) years; that I may revoke it in writing at any time; that I may request a copy of this authorization; that enrollment, but not the processing of claims, is conditioned on my signing this authorization; that this authorization will be used as its own document, separate from the enrollment form; that a photocopy of this authorization shall be as valid as the original; that any documentation or information disclosed pursuant to this authorization may be re-disclosed and may no longer be covered by federal or state privacy laws; and that I have authority to act as the personal representative of my dependent(s) (if requesting dependent coverage).

Employee Name: _____ **Date:** _____
(Type Name as signature authorization)

Spouse: _____ **Date:** _____
(Type Name as signature authorization)

RETURN ENROLLMENT CARD TO ALLIED NATIONAL • UNDERWRITING • P.O. BOX 29187 • SHAWNEE MISSION, KS 66201-9187

Electronic copies of this enrollment card submitted via facsimile, email, or other electronic means shall be deemed an original.

Additional Dependent Information

NAME OF DEPENDENTS	M/F	RELATIONSHIP	SSN	DATE OF BIRTH	HEIGHT	WEIGHT	TOBACCO USE	EMAIL & PHONE NUMBER (For Spouse & Dependents 18+)
	☐ M ☐ F						☐ YES ☐ NO	
	☐ M ☐ F						☐ YES ☐ NO	
	☐ M ☐ F						☐ YES ☐ NO	
	☐ M ☐ F						☐ YES ☐ NO	
	☐ M ☐ F						☐ YES ☐ NO	

Additional Medical Conditions

Person	List of Medical Conditions and/or specific treatments. Include any anticipated treatment or surgery.	Date(s) of Treatment	Medications & Dosages	Recovery Status

Additional Medical Information

Person	Medication Name	Generic Rx (Yes or No)	Dosage & Frequency of Use	Reason for Prescription
		☐ YES ☐ NO		
		☐ YES ☐ NO		
		☐ YES ☐ NO		
		☐ YES ☐ NO		
		☐ YES ☐ NO		
		☐ YES ☐ NO		
		☐ YES ☐ NO		
		☐ YES ☐ NO		

Complete information on all pages online or use ink. Sign and date the bottom of Section 3.

Benefit Change Form

INSTRUCTIONS:
Complete this form to update benefit coverage. Submit completed form to: **eligibility@allthingsvault.com.**

Group Name: _____

Group Number: _____

SSN or Employee Number	Employee Name	Effective Date	Reason Code	Comments

Reason Codes	
T	Termination.
DE	Employee Voluntarily Drops Coverage.
DD	Employee Voluntarily Drops Dependent Coverage.
DV	Dropping Dependent Coverage Due to Divorce.
DC	Dropping Dependent Child(ren) No Longer Meeting Age Requirement.
DT	Death
FMLA	Family Leave of Absence (or Leave of Absence).
LC	Location Change *(Indicate New Location in Comment Section)*.

Authorized Signature: _____ **Date:** _____

Claims

Understanding the Lifecycle of a Claim

CLAIM SUBMISSION

Electronic claims are submitted. If we receive a paper claim, they are turned into an electronic claim by manually entering data into the claims system.

Turnaround Time:
5 to 7 Days

Clean Claim:

One that is submitted correctly and accurately the first time, without any errors or other issues, including incomplete documentation.

Unclean Claim:

A claim missing mandatory information, such as:

- Invalid Member ID
- Invalid Provider data
- Incorrect Claim Form
- Missing Provider Information
- Missing Member Information

CLEAN CLAIMS

If a claim is clean, it will go through the following lifecycle.

Turnaround Time:
30 Days.

Sent electronically to be priced by Fairos.

↓

Claim comes back with pricing and system applies plan benefits and any plan-specified system pends that require review.

↓

Pended claims route to a specific queue to be manually reviewed.

↓

If no pends, system auto-adjudicates the claim and waits to become batched in a weekly check run.

Understanding the Lifecycle of a Claim (continued…)

UNCLEAN CLAIMS

If a claim is unclean, it will go through the following lifecycle.

Turnaround Time: 45 Days.

- Claims will pend to a specified queue for review.
- Processor will review and see if claim information can be corrected and processed.
- If not, depending on the incomplete claim information, claim will be denied or pended longer until information is received.
- Letter will be sent to provider/member. Advocates will call the provider/member to obtain incomplete information.

Once all information is received/corrected, claim is then routed electronically to be priced by the network and follows the clean claims process.

BALANCE BILLS

If you receive a balance bill, follow these steps immediately.

Turnaround Time: 60-90 Days.

- First, compare your bill to your Explanation of Benefits (EOB) and pay your patient responsibility.
- Contact Vault Admin Services to verify if what you've received is a balance bill or not.
- Once the balance bill is confirmed, Vault Admin Services will work with all necessary parties until the balance bill is resolved.
- Vault will make sure you are setup in the Member Portal so that you can see real-time updates on the status of your balance bill.

AscentLivingCommunities
elevating senior living

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Centennial, CO 80111
www.ascentlc.com

VAULT
ADMIN SERVICES

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