# MEMBER WELCOME PACKET
## 2026
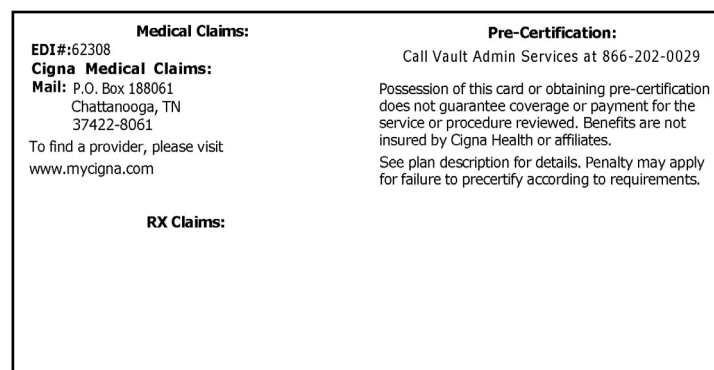
# WELCOME TO VAULT ADMIN SERVICES

Vault Admin Services ensures you receive fair pricing for your health services and prompt payment to your healthcare providers. We are glad to have you as member this year! Please review the following information, as we hope it will assist you as you begin the program.

**Q.** **What do I need to do when I go to the doctor?**
**A.** Present your Medical ID card just like any other health insurance plan you've used.



**Front**



**Back**

**Q.** **Can I still go to my preferred provider?**
**A.** You now have access to the largest national provider network, Cigna. Visit Cigna's website to check if your doctor is in network (or to find a doctor). If your doctor is not in the Cigna network, please call your doctor ahead of your next visit and give them the number or have them call Vault Admin Services at **866.202.0029** (located on the back of your ID card). This ensures your doctor knows how to bill us before you arrive.

**Q. What if my provider doesn't recognize the carrier?**
**A.** Your healthcare provider should call **866.202.0029** (located on the back of your ID card) to validate and file claims using the information on the back of the card. A few weeks after your health service, you will receive an Explanation of Benefits (EOB). You are only responsible for the amount designated as 'patient responsibility' on the EOB.

**Q. What if the "Patient Responsibility" and the amount my provider says I owe are different?**
**A.** If the provider bill states you owe more than the balance shown as 'patient responsibility' on the EOB, this is a 'balance bill.' Call Vault Admin Services immediately at **866.202.0029**. or email claims@allthingsvault.com. They will answer your questions and determine whether a dispute should be filed. Be sure to do this within 60 days of receiving the provider's statement!

**Q. Can you help me find a provider?**
**A.** Vault Admin Services is here to help you find well-respected providers close to you to meet your needs. Mammograms, colonoscopies, MRIs, orthopedic procedures are all great examples of where Care Navigation can help you find the right provider. Call your Vault Admin Services team at **866.202.0029** or you can email claims@allthingsvault.com.

**Q. What about pharmacy claims?**
**A.** Your pharmacy benefits information is on your Medical ID card. If you have specific questions about a particular prescription, call the Member and Pharmacy Help Line at 800.325.1404. This number is also on the back of your ID card. Have your card on-hand with your Bin and Group number. You can review your Rx Formulary to see which drugs are covered.

**Q. What do I do next?**
**A.** Go to the Member Portal website at **https://www.mediconnx.com/MediClm/Login.aspx?clientid=2489** and register with them. Once you're registered, you can go online and see your EOBs, check your deductible status, change their billing accounts, and more.

**Q. What if my question isn't answered here?**
**A.** Vault Admin Services can still help! Your plan administrators are here to provide you with claims information, direct you to healthcare providers if needed, advocate for you with billing issues, and answer any questions you may have.

# ABOUT CIGNA NETWORK

**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.

**Cigna provides a provider lookup tool at: www.cigna.com**

If you would like to explore a more aggressive cost containment strategy of Value Based Pricing (commonly referred to as Reference Based Pricing – RBP) we would be happy to provide repricing vendor recommendations and additional information. These programs can provide additional cost savings but are not without issues that are important to understand.

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

**Q. Is this Cigna insurance?**
**A.** No, we utilize the Cigna network for the contracts with physicians and facilities to allow you to access its broad network.

**Q. Will I get an insurance card?**
**A.** Yes, you will receive an ID card with the Cigna logo on it signifying that you have access to the Cigna network, not Cigna insurance.
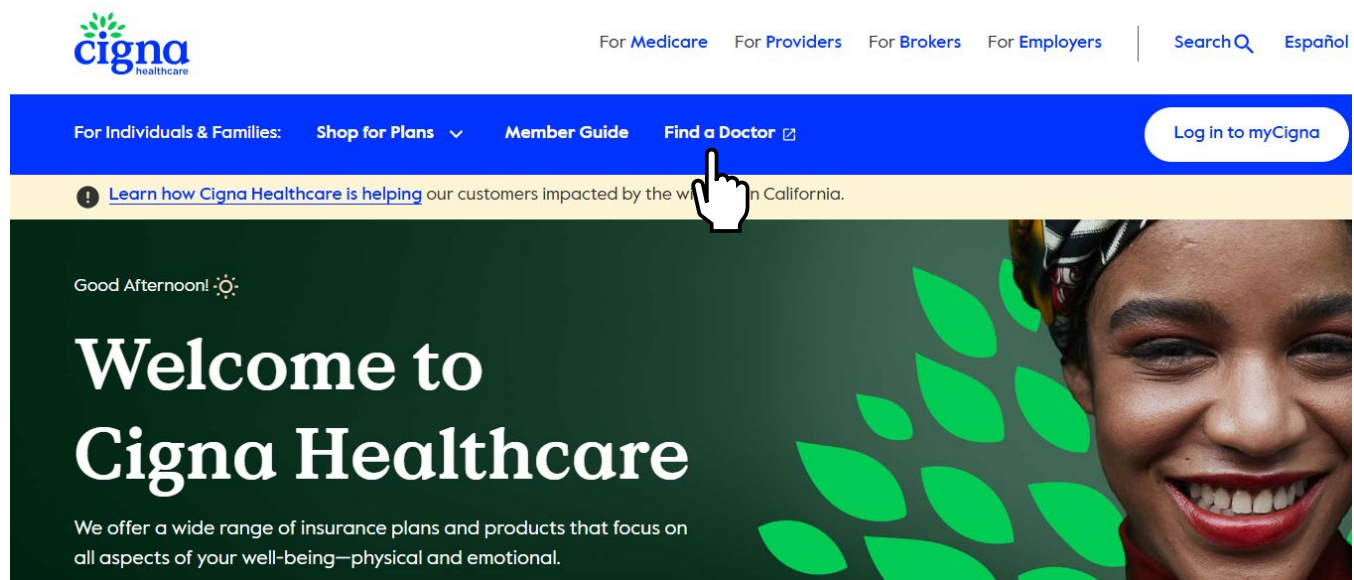
# FINDING A CIGNA PROVIDER

**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.

Find a Doctor, Dentist, or Facility in

Enter Address, City, or Zip

Doctor by Type    Doctor by Name    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."

## Login/Register

Log In to myCigna

Register

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.

Please Select a Plan

I Live in    Enter City, State or Zip

Search Again    Continue

PPO

PPO, Choice Fund PPO

# CIGNA PHARMACY BENEFITS MANAGER (PBM)



## Cigna Pharmacy Management®
Together, we'll help you get the most from your pharmacy benefits.

We'll help make sure you have access to affordable medications – when you need them – from a pharmacy you trust. The Cigna Prescription Drug List divides covered generic and brand-name medications into tiers, or cost-share levels. Typically, the higher the tier, the higher the price you'll pay to fill the prescription. Brand name medications are costly, and the price of a brand name medication will sometimes increase more than similar medications. To help keep your costs down, we encourage you to talk to your provider about using a lower-cost generic (if available), or a preferred brand-name medication that can be used to treat the same condition.

**Convenient Pharmacy Options**
• Home Delivery with Express Scripts® Pharmacy
• Thousands of retail pharmacies in our network
• 24/7 Access to Your Pharmacy Coverage with myCigna

**Avoid Surprises at the Pharmacy**
• Price a medication and search for lower-cost alternatives
• See which medications your plan covers
• See which pharmacies are in your plan's network
• Ask a pharmacist a question
• CIGNA Medication Coaching Programs
• Support for Specialty Medications

**Stay Organized**
• See your pharmacy claims
• Update your personal profile
• Set up your communication preferences

**Manage Your Home Delivery Prescription Orders**
• Order prescriptions from your phone, tablet, or computer
• Track and/or check the status of your order
• Get emails/texts from Express Scripts about your medication(s)

**Helping you stay healthy – and get the best value from your medications**

# Prescription Drug Claim Form

**Cigna**

## REASON FOR REIMBURSEMENT

**This claim form can be used to request reimbursement of covered expenses. Please check which reason applies *(at least one must be checked)*:**

- [ ] Emergency
- [ ] Primary coverage is with another insurance carrier. Please provide explanation of benefits (EOB) or denial letter from the primary insurance carrier.
- [ ] Eligibility *(Please explain)*

- [ ] Non-Participating Pharmacy
- [ ] Compound Prescription  (Pharmacist: Please list ALL the VALID 11-digit NDC numbers, ingredients and quantities on the receipt.
- [ ] Other  *(Please explain)*

## PARTICIPANT/PATIENT INFORMATION

Participant Name:

Employer:

Cigna ID Number or Participant Social Security Number:  *(on the front of your Cigna ID card)*

Account Number:  *(on the front of your Cigna ID card)*

Patient Name  *(use a separate form for each family member)*:

Patient Birth Date:  *(Mo., Day, Year)*

Patient Relationship to Participant:
- [ ] Self  (Participant)
- [ ] Spouse
- [ ] Dependent

Patient Sex:
- [ ] Male
- [ ] Female

I represent that the patient information entered on this form is correct, that the patient named is eligible for the benefits and that the patient has received the medication described. I also represent that the medication received is not for treatment of an on-the-job injury. I also authorize release of all information pertaining to this claim to the plan administrator or its designees.

Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime. For residents in the following states, please see the last page of this form: Alaska, Arizona, California, Colorado, District of Columbia, Florida, Kentucky, Maryland, Minnesota, New Jersey, New York, Oregon, Pennsylvania, Tennessee, Texas and Virginia.

**Patient Signature:**

Date:

Daytime Phone Number:

## PRESCRIPTION INFORMATION

*For Health Care Reform related Over-the-Counter reimbursement requests, include your Doctor's prescription.*

1)

_____ / _____ / _____    _____    _____    _____
DATE FILLED         RX NUMBER        QTY        DAY SUPPLY

_____  _ _ _ _ _ _ _ _ _ _ _   $_____
DRUG NAME & STRENGTH              NDC          AMT. PAID

_____                    _ _ _ _ _ _ _
PHARMACY NAME                              PHARMACY NABP

_____
PHARMACY ADDRESS

2)

_____ / _____ / _____    _____    _____    _____
DATE FILLED         RX NUMBER        QTY        DAY SUPPLY

_____  _ _ _ _ _ _ _ _ _ _ _   $_____
DRUG NAME & STRENGTH              NDC          AMT. PAID

_____                    _ _ _ _ _ _ _
PHARMACY NAME                              PHARMACY NABP

_____
PHARMACY ADDRESS

### *Multi-Ingredient Compound Prescription Information - To be Completed by Dispensing Pharmacy.*

**Pharmacist:** Please fill out one form for each multi-ingredient compound prescription.  If submitting more than one compound prescription, please copy the form and submit one for each.  Thank you.

Information below is required to process multi-ingredient claim submissions.  For each NDC number, indicate the "metric quantity" expressed in the number of tablets, grams, milliliters, injectables, etc. and the cost.  Receipt(s) must be attached to claim form showing prescribing Physician's Name, Address, and DEA #.

| # | Quantity | NDC | Drug Name | Charge |
|---|----------|-----|-----------|--------|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# INSTRUCTIONS

| PARTICIPANT/PATIENT INFORMATION  *(To be completed by the Participant)* |
|---|

1. Complete ALL information on the front side.  Claims missing information may be denied, delayed or returned.

2. Sign and date the Certification Statement in the area provided.

3. Complete the RETURN ADDRESS section below.

4. Submit a separate form for each family member.

5. The Prescription Information section must be completed for each prescription for which you are seeking reimbursement.  If you need help completing this form, contact your pharmacist.  For Health Care Reform related Over-the-Counter reimbursement requests, include your Doctor's prescription.  Please retain a copy of the prescription for your records.

6. **Keep a copy for your records.**

7. Mail the claim form within 12 months of the prescription fill date, along with original receipts (cash register receipts are not acceptable), to:       Cigna Pharmacy Service Center
   P.O. Box 188053
   Chattanooga, TN  37422-8053

8. Questions?  Please call the Cigna number located on your ID card.

*Fold*                                                                                                                    *Fold*

## RETURN ADDRESS

<u>IMPORTANT</u>: **PLEASE PRINT. THIS WILL APPEAR IN A WINDOW ENVELOPE FOR RETURNS.
PLEASE PROVIDE CURRENT ADDRESS INFORMATION BELOW:**

_____         **PATIENT NAME**

_____         **PATIENT STREET ADDRESS**

_____         **PATIENT CITY, STATE, ZIP**

**Caution:** Any person who, knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act.

<p style="text-align:center">**IMPORTANT CLAIM NOTICE**</p>

**Alaska Residents:** A person who knowingly and with intent to injure, defraud or deceive an insurance company or files a claim containing false, incomplete or misleading information may be prosecuted under state law.

**Arizona Residents:** For your protection, Arizona law requires the following statement to appear on/with this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**California Residents:** For your protection, California law requires the following to appear on/with this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado Residents:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia Residents:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**Kentucky Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maryland Residents:** Any person who knowingly OR willfully presents false or fraudulent claim for payment of a loss or benefit or who knowingly OR willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Minnesota Residents:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Jersey Residents:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New Mexico Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed $5000 and the stated value of the claim for each such violation.

**Oregon Residents:** Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or, (2) conceals for the purpose of misleading, information concerning any material fact, may have committed a fraudulent insurance act.

**Pennsylvania Residents:** Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Rhode Island Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Tennessee Residents:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Texas Residents:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Virginia Residents:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

# VAULT
## CARES NETWORK

# 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!**
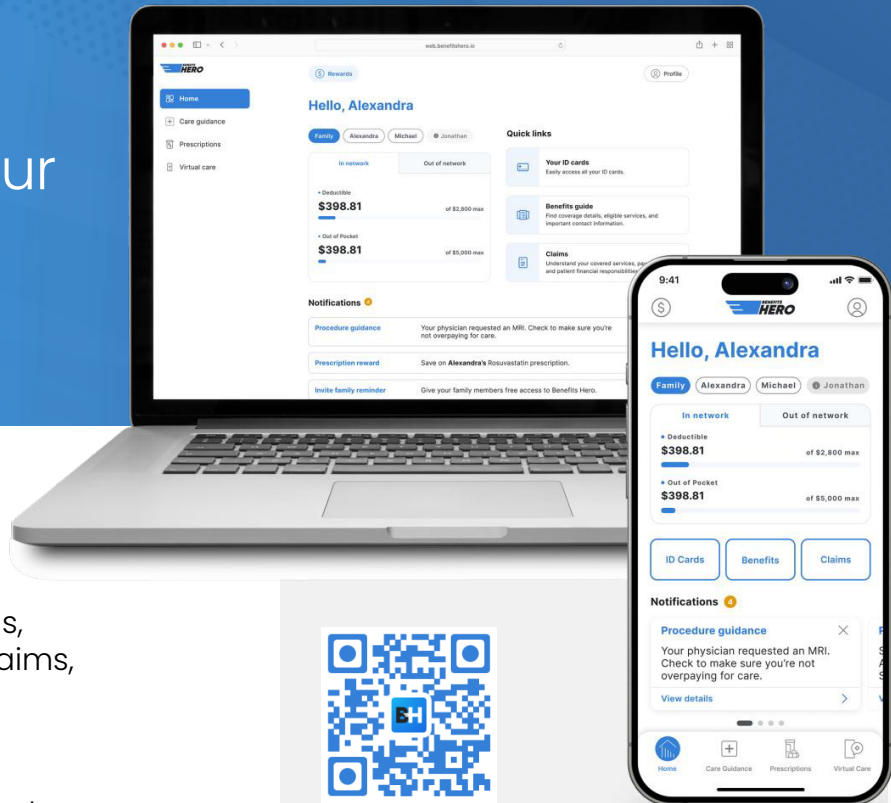
# WEB PLATFORM & MOBILE APP

**BENEFITS HERO**

## Unlock the Full Potential of Your Health Plan



✔ Access your ID cards, plan information, claims, & more!

✔ Engage with preferred care, pharmacy, and virtual care solutions.

✔ Receive guidance and resources for upcoming care.

✔ Review prices and quality to select the best care options.

Questions or Need Help Registering?
Care@BenefitsHero.io.

Download the app today:
download.benefitshero.io

Or login on the website:
web.benefitshero.io

Download on the App Store

GET IT ON Google Play

# clever health

## introducing
# Clever Health

**partnering with** VAULT STRATEGIES

## telehealth done **better**, faster, easier

**Smart Virtual Care**

**Virtual Primary Care**

**Mental Health & Counseling**

**Discounts on Prescriptions**

**Virtual Vet**

## Did You Know?

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

**smart virtual care™**
your connection to a provider – easier, faster, better

**clever rx™**
your ability to save BIG on you & your pets' prescription meds

**mental health**
your path to support

**virtual vet**
your pet expert who is always in

**share it forward**
your way to change a life

# VAULT WEB PORTAL: MEMBER 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.).
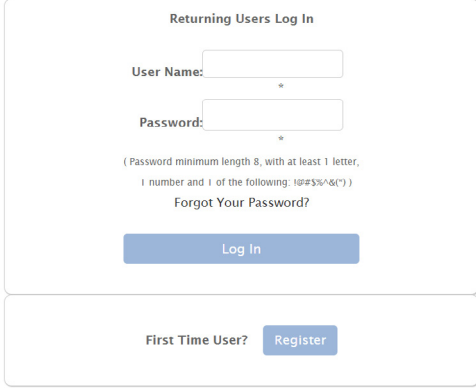
### Returning Users

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.

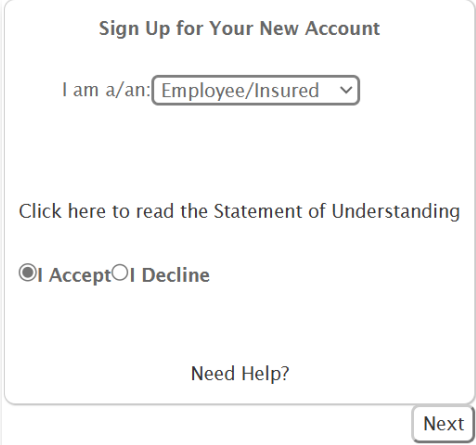# VAULT WEB PORTAL: MEMBER USER GUIDE (continued...)

## 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)*.
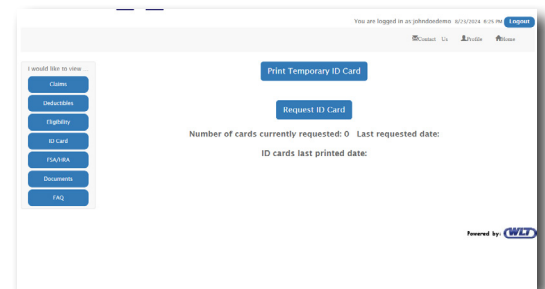
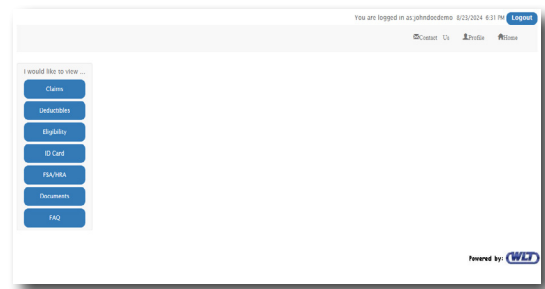# VAULT WEB PORTAL: MEMBER USER GUIDE (continued...)

## 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.
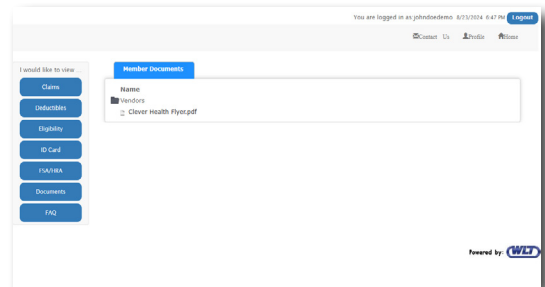
## FSA/HRA

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!