



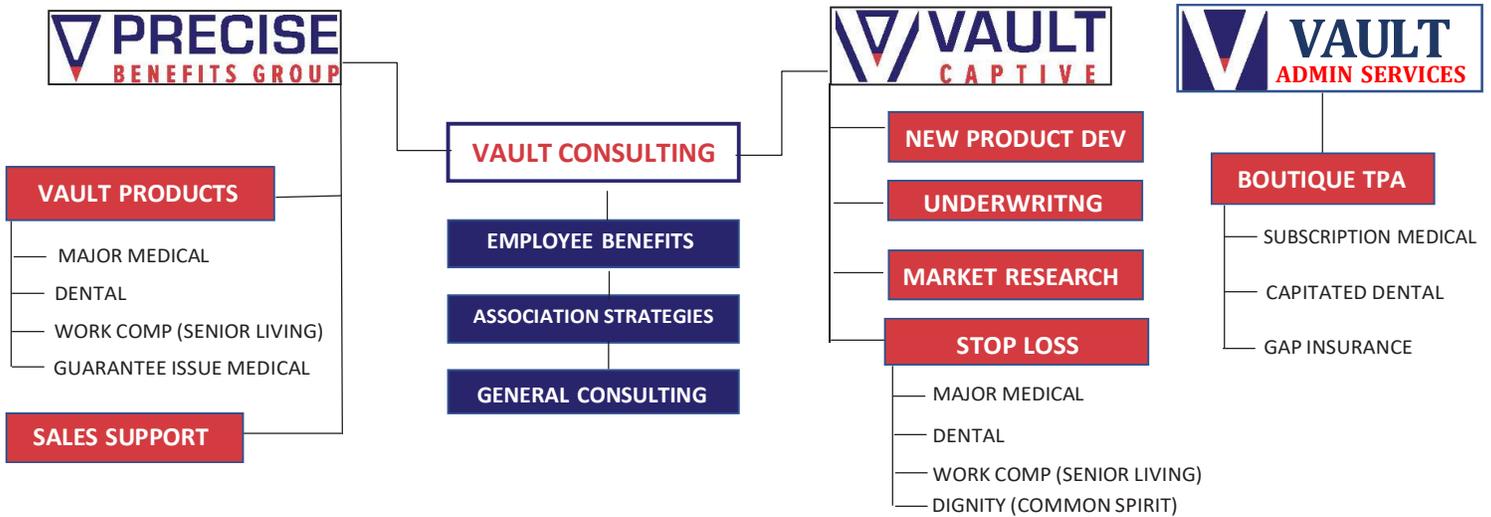
**GUIDE FOR CASE SUBMISSIONS &
REQUESTS FOR PROPOSALS**

Distributed By: Precise Benefits Group, LLC



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- Guarantee Issue Health Products
- Level Funded Health Plans
- Traditional Self-Funded Health Plans
- Level Funded Dental
- Captive Services

Major Medical

Dental

Workers Compensation

- Risk Management & Cost Containment Strategies
- Consulting & Problem Solving (i.e. Associations)
- Coming in 2020 – Boutique TPA Services

One thing is certain.... Successful products in our industry have to continue to evolve. We constantly work on product enhancements, currently we are working on:

- Dual Network: Members get to choose PPO network or RBP
- No Health Surveys/Experience Requirements for groups (50-200)
- Direct Member Communication and Education
- Online videos, and help documents
- Video Conferences on a variety of topics

VAULT Contact List

For all VAULT programs

Sales, Underwriting, Proposals & Broker Support

Ted Ryan

Executive Vice President of Business Development

email: ted@allthingsvault.com

direct: 309-807-1078

Jesse Baxter

Director National Programs

email: jesse@allthingsvault.com

direct: 309-433-0027

Valerie Spencer

Broker Sales Support and Case Processing

email: valerie@allthingsvault.com

direct: 309-322-1325

RFP Requests – quotes@allthingsvault.com

Implementation & Client/Member Services

Morgan Berreth

Executive Vice President of Relationship Management
and Risk Strategies

email: morgan@allthingsvault.com

direct: 720-699-8360

Cayla Bredbenner

Executive Vice President of Business Retention

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Client Services Manager

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VAULT Small Group Level-Funded Plans (2-75 Lives)

for groups with 2 – 75 covered employees

The VAULT Level-Funded Health Plan is a unique answer for employers trying to save money on the cost of group health insurance. A level-funded plan allows you to save money by paying for the cost of small claims with employer money, while providing you absolute financial protection from larger claims with stop-loss insurance.

Where to Submit Quotes

- Submit all data, quote requests, and correspondence to quotes@allthingsvault.com

Material Library

- Download any materials, documents, or templates referenced throughout this document at www.AllThingsVault.com/materiallibrary

General Plan Info & Parameters

- This plan is not available nation-wide, some states have regulations that prevent us from writing this plan all the way down to two lives. Please refer to the heatmap on page 7 when exploring this plan as an option for your client to make sure it is an option.
- Groups with two to nine employees will be age-rated. Groups with six+ employees will be four-tier composite rated (EE, ES, EC, EF).
- All groups subject to underwriting using individual health statements. No experience underwriting or shadow pricing is permitted.
- All groups must choose from pre-configured plan designs. These plan designs can be found on our 'Vault Level-Funded Plan Designs' PDFs in our document library.
- Network options are limited to PPO or Reference-Based Pricing (RBP). In certain markets, we also have narrow network options available with partnered health systems (see pages 11-12).
- PPO network is generally Cigna PPO. In areas where the Cigna PPO network isn't as prevalent, First Health or PHCS is substituted.
- RBP is a naked plan with no contracted network. Claims are repriced and paid at 140% of Medicare pricing. Please refer to the RBP flyers in the document library for more information on RBP and the pros and cons for your client.
- Multi-choice plans are limited to groups of 6 or more. Groups of 6 to 15 may only offer two plans. Groups of 16 or more may offer three plans. No group may offer more than three plans.
- The Third-Party Administrator (TPA) is Allied National and the Pharmacy Benefit Manager (PBM) is either Southern Scripts or Express Scripts depending on the client's location.
- Stop-loss policies are written by Companion Life Insurance, a subsidiary of BlueCross BlueShield of South Carolina.



VAULT Small Group Level-Funded Plans (continued)

for groups with 2 – 75 covered employees

Sales, Underwriting, & Implementation Steps

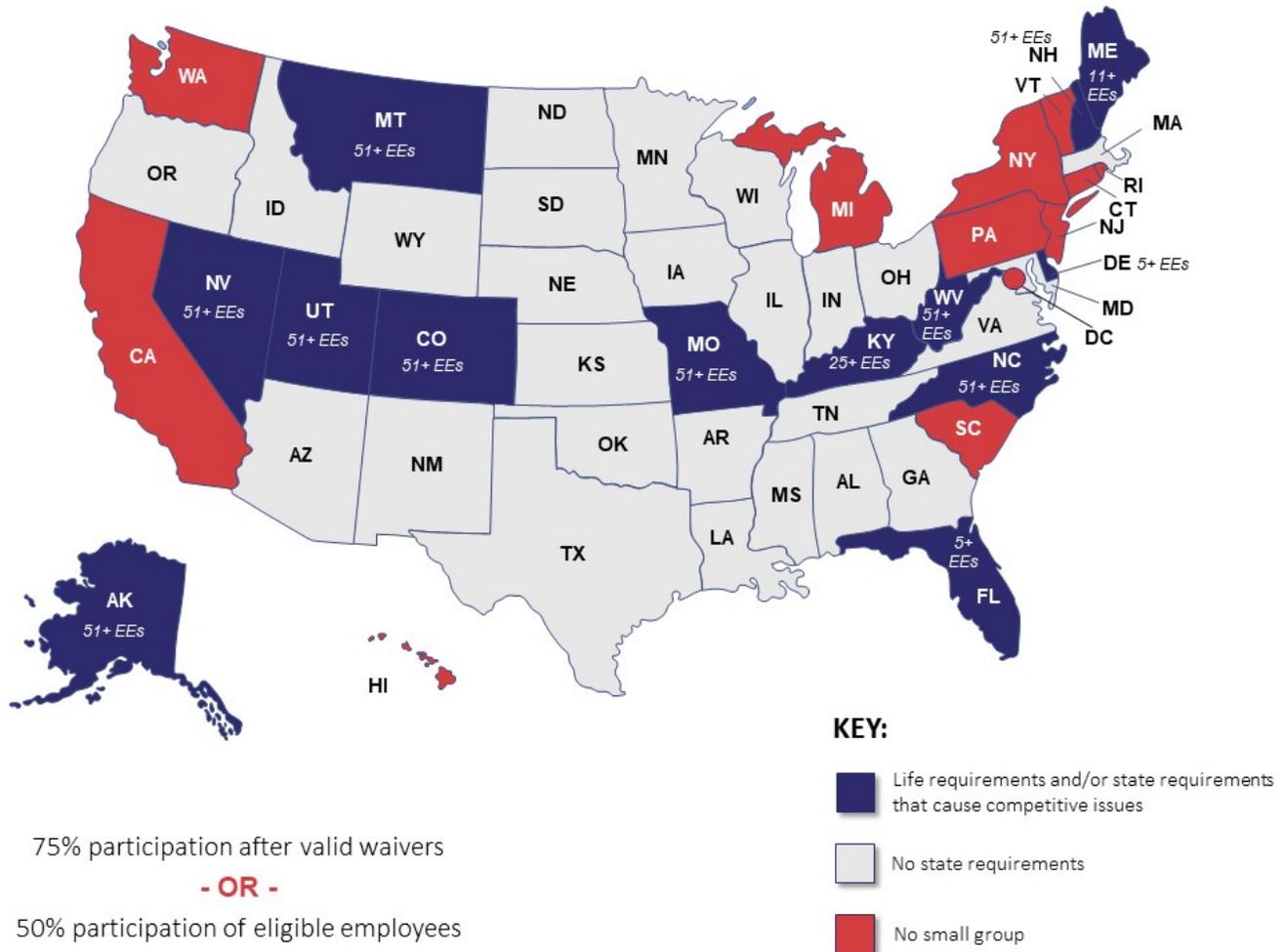
1. Preliminary Quote – The sales process starts here. For a preliminary quote, please send a completed ‘*Small Group_Info and Census Template*’ and desired plan selection. This will give us the information we need on both the group and its covered members to produce a street quote with base-line rates. Preliminary quotes generally have a turnaround time of 1-2 business days.
2. PHQ/Application Completion – Personal Health Questionnaire’s (PHQs) can be completed in one of two ways – online or paper. VAULT accepts online PHQs exported from FormFire (export the ‘Allied National EE Self-Funded Enroll’ apps and waivers). Alternatively, VAULT can set up a custom portal for employers. To request this, simply send an email with the client name to quotes@allthingsvault.com. Many small groups elect to complete these forms by hand. Download the ‘*Allied_Employee Level-Funded Enrollment Form*’ and “Allied Wavier Form” PDFs in our document library. These PHQs are only valid for 60 days before rates must be bound. Otherwise the forms will be considered stale-dated and will need to be re-done.
3. Underwriting Review – After PHQs and waiver cards are reviewed by the underwriting department, new proposals will be released that display rates with medical information loaded. Although rare, medical follow-up phone calls will need to be conducted on occasion. Barring any changes in enrollment leading up to the effective date, these will your client’s final rates.
4. Binding Rates – In order to bind rates after PHQ underwriting review, the following three items will need to be submitted (all forms can be downloaded in our document library):
 - I. ‘*New Group Transmittal Form*’ (for agents’ completion)
 - II. Most recent quarter’s (or prior quarter’s) *Wage & Tax Report* for eligibility verification (only required for groups 25 lives or smaller)
5. Implementation – Implementation is conducted in three phases after rates are bound and enrollment is determined:
 - I. PHASE 1 – A final proposal will be issued for signature and first month’s premium collection.
 - II. PHASE 2 – After first month’s premium has been collected, a welcome letter will be generated and electronically issued including group number and customer service instructions. The Stop-Loss Application and Admin Services Agreement will also be issued for signatures.
 - III. PHASE 3 – After the application and agreement has been signed and returned, the group will be officially implemented and member ID cards will be created and mailed.

VAULT Small Group Level-Funded Plans (continued)

for groups with 2 – 75 covered employees

Every state regulates self-funded health plans differently, which limits our ability to offer our VAULT Small Group Level-Funded Health Plan nationwide. This state-by-state heatmap shows what we're able to do (or not do) in each state.

// State/Life Requirements



VAULT Small Group Level-Funded Plans (continued)

for groups with 2 – 75 covered employees

Eligibility & Participation

- 1099 independent contractors are not eligible.
- Retirees are not normally eligible. Underwriting approval required for exceptions such as a former owner with contractual rights to continued coverage. Only current retirees on the existing plan are eligible, future retirees are not eligible.
- Multi-choice plans are limited to groups of 6 or more. Groups of 6 or less may have dual choice plans only if one of the plans is an HSA. Groups of 6 to 15 may only offer two plans. Groups of 16 or more may offer three plans. No group may offer more than three plans.
- Minimum Participation Requirements – 75% of eligible, full-time employees after deducting valid waivers of other coverage. Eligible employees can be limited by class definition. The 75% participation level is determined by taking the number of eligible employees after valid waivers times 0.75 then truncating to the whole number. However, a minimum of 50% of the total eligible population must enroll for the employer to qualify. The following chart should be used to determine the 50% minimum.

Level-Funded Plan Options

v3.0

PPO Plans

Name	Platinum 120 (110 RBP)		Gold 220 (210 RBP)		Gold 221 (211 RBP)		Gold 222 (212 RBP)	
In/Out Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Type	Traditional	Traditional	Traditional	Traditional	H.S.A.	H.S.A.	Traditional	Traditional
Deductible (Ind/Fam)	\$500/\$1,000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000	\$6,000/\$12,000	\$3,000/\$6,000	\$6,000/\$12,000
Deductible Type	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Coins. (Member Paid)	20%	50%	20%	50%	0%	30%	0%	30%
Total OOP (Ind/Fam)	\$3,500/\$7,000	\$7,000/\$14,000	\$3,500/\$7,000	\$7,000/\$14,000	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000
PCP Copay	\$20	Deduct + Coins	\$20	Deduct + Coins	Deduct + Coins	Deduct + Coins	\$30	Deduct + Coins
Urgent Care Copay	\$40	Deduct + Coins	\$40	Deduct + Coins	Deduct + Coins	Deduct + Coins	\$50	Deduct + Coins
Prescription Drugs	\$0/\$35/\$75/\$150		\$0/\$35/\$75/\$150		Deduct then \$35 Formulary		\$0/\$35/\$75/\$150	

Name	Silver 320 (310 RBP)		Silver 321 (311 RBP)		Silver 322 (312 RBP)		Silver 323 (313 RBP)	
In/Out Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Type	Traditional	Traditional	Traditional	Traditional	Traditional	Traditional	Traditional	Traditional
Deductible (Ind/Fam)	\$2,000/\$4,000	\$4,000/\$8,000	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,000	\$6,000/\$12,000	\$4,000/\$8,000	\$8,000/\$16,000
Deductible Type	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Coins. (Member Paid)	20%	50%	30%	50%	20%	50%	20%	50%
Total OOP (Ind/Fam)	\$6,000/\$12,000	\$12,000/\$24,000	\$6,000/\$12,000	\$12,000/\$24,000	\$7,000/\$14,000	\$14,000/\$28,000	\$7,900/\$15,800	\$15,800/\$31,600
PCP Copay	\$40	Deduct + Coins	\$40	Deduct + Coins	\$35	Deduct + Coins	\$35	Deduct + Coins
Urgent Care Copay	\$60	Deduct + Coins	\$60	Deduct + Coins	\$55	Deduct + Coins	\$55	Deduct + Coins
Prescription Drugs	\$0/\$50/\$100/\$150		\$0/\$50/\$100/\$150		\$0/\$50/\$100/\$150		\$0/\$50/\$100/\$150	

Name	Bronze 420 (410 RBP)		Bronze 421 (411 RBP)		Bronze 422 (412 RBP)		Bronze MVP 423 (413 RBP)	
In/Out Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Type	H.S.A.	H.S.A.	H.S.A.	H.S.A.	H.S.A.	H.S.A.	Traditional	Traditional
Deductible (Ind/Fam)	\$4,000/\$8,000	\$8,000/\$16,000	\$5,000/\$10,000	\$10,000/\$20,000	\$6,000/\$12,000	\$12,000/\$24,000	\$5,000/\$10,000	\$10,000/\$20,000
Deductible Type	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Coins. (Member Paid)	20%	50%	20%	50%	0%	30%	30%	50%
Total OOP (Ind/Fam)	\$6,750/\$13,500	\$13,500/\$27,000	\$6,750/\$13,500	\$13,500/\$27,000	\$6,750/\$13,500	\$13,500/\$27,000	\$6,750/\$13,500	\$13,500/\$27,000
PCP Copay	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	\$40	Deduct + Coins
Urgent Care Copay	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	Deduct + Coins	\$60	Deduct + Coins
Prescription Drugs	Deduct then \$35 Formulary							

Name	Vault 1000-20		Vault 3000		Vault 3500		Vault 5000-0	
In/Out Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Type	Traditional	Traditional	H.S.A.	H.S.A.	Traditional	Traditional	Traditional	Traditional
Deductible (Ind/Fam)	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000	\$6,000/\$12,000	\$3,500/\$7,000	\$7,000/\$14,000	\$5,000/\$10,000	\$10,000/\$20,000
Deductible Type	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Coins. (Member Paid)	20%	50%	0%	50%	0%	50%	0%	50%
Total OOP (Ind/Fam)	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000	\$6,750/\$13,500	\$13,500/\$27,000
PCP Copay	\$30	Deduct + Coins	Deduct + Coins	Deduct + Coins	\$30	Deduct + Coins	\$30	Deduct + Coins
Urgent Care Copay	\$50 w/\$250 limit	Deduct + Coins	Deduct + Coins	Deduct + Coins	\$50 w/\$250 limit	Deduct + Coins	\$50 w/\$250 limit	Deduct + Coins
Prescription Drugs	\$0/\$50/\$100/\$150		Deduct then \$35 Formulary		\$0/\$50/\$100/\$150		\$0/\$50/\$100/\$150	

Name	Vault 6500-0		Vault 7500-40	
In/Out Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Type	H.S.A.	H.S.A.	Traditional	Traditional
Deductible (Ind/Fam)	\$6,500/\$13,000	\$13,000/\$26,000	\$7,500/\$15,000	\$15,000/\$30,000
Deductible Type	Embedded	Embedded	Embedded	Embedded
Coins. (Member Paid)	0%	50%	40%	50%
Total OOP (Ind/Fam)	\$6,750/\$13,500	\$13,500/\$27,000	\$8,150/\$16,300	\$16,300/\$32,600
PCP Copay	Deduct + Coins	Deduct + Coins	\$30	Deduct + Coins
Urgent Care Copay	Deduct + Coins	Deduct + Coins	\$50 w/\$250 limit	Deduct + Coins
Prescription Drugs	Deduct then \$35 Formulary		\$0/\$50/\$100/\$150	

All Plans	
Other Pro. Services	Deduct + Coins
Wellness/Prev*	Covered 100%
X-Ray/Lab**	Deduct + Coins
Emergency Room	Deduct + Coins
In-Patient Facility	Deduct + Coins
Out-Patient Facility	Deduct + Coins

*In-Network

**When not covered under the office visit benefit

All plan designs are available as both a PPO plan with in and out of network benefits as illustrated on this page, and as a Reference Based Pricing plan with only "In-Network" benefits. Reference Based Pricing plans pay claims based on a Medicare 125% model and negotiate claims as needed. This plan design illustration is for reference only. The Summary of Benefits Coverage documents can be found at www.AllThingsVault.com/vaultsbc

VAULT Captive Health Plans (75+ Lives)

for groups with 75+ covered employees

The VAULT Captive Health Plan is not simply another insurance product, although insurance products are used. It is a interdisciplinary, comprehensive, and integrated health care strategy that provides employees and employers with improved health care coverage and benefits. By understand insurance companies and how they price risks, the innovative design of the VAULT Captive Health Plan typically reduces health care benefit costs by 15-40% and helps keep those costs low year after year.

Where to Submit Quotes

- Submit all data, quote requests, and correspondence to quotes@allthingsvault.com

Material Library

- Download any materials, documents, or templates referenced throughout this document at www.AllThingsVault.com/materiallibrary

General Plan Info & Parameters

- This plan is available nation-wide. The only exception is California, which requires 100+ employees for self-funded plans.
- All groups subject to underwriting using current plan claim data or individual health statements. Only groups under 150 can be underwritten using individual health statements. VAULT offers free, online individual health statement platform that groups can utilize. Please send a request via email to quotes@allthingsvault.com if you'd like an individualized portal be set up for one of your groups.
- Our typical network design is PHCS Practitioner & Ancillary with Reference-Based Pricing (RBP) at 140% of Medicare. Plans using that network design have no out of network penalties. Alternatively, we have access to several PPO networks (we generally recommend Cigna). In certain markets, we can also utilize narrow networks with health systems that have partnered with VAULT (see pages 11-12).
- Benefit plan designs can be customized however the client prefers, with a maximum of five plan offerings.
- Stop-loss policies are written by Greenwich Insurance Company, a subsidiary of AXA.
- We have preferred and recommended Third-Party Administrators (TPA) and Pharmacy Benefit Managers (PBM), but exceptions can be made depending on the client.

Eligibility & Participation

- 1099 independent contractors are not eligible.
- Retirees are not normally eligible. Underwriting approval required for exceptions such as a former owner with contractual rights to continued coverage. Only current retirees on the existing plan are eligible, future retirees are not eligible.
- With valid waivers, the participation requirement is at least 50% of eligible employees.

VAULT Captive Health Plans (continued)

for groups with 75+ covered employees

Sales, Underwriting, & Implementation Steps

1. Data Gathering and (if necessary) PHQ/Application Completion – Please refer to the Data Requirements Checklists on the following page for a list of what is required for VAULT to rate a group and issue a proposal. If individual health statements are necessary: VAULT accepts online PHQs exported from applications such as FormFire. Alternatively, VAULT can set up a custom portal for employers. To request this, simply send an email with the client’s name to quotes@allthingsvault.com.
2. Underwriting Review – After it has been determined that the data gathering is complete and in good order, VAULT will have a team of professional underwriters review the case. Although rare, medical follow-up phone calls will need to be conducted on occasion – we would typically only require these on large claimants to gather additional, necessary info to better determine that claimant’s risk to their employer’s new plan. This entire underwriting review process can sometimes take up to two weeks.
3. Stop-loss Quote & Cost Comparison – When the underwriting review has finished, a formal stop-loss proposal will be issued. VAULT will take those rates and place them into a formal cost comparison sheet so the group can compare our proposed rates to their current/renewal rates. These proposals will also highlight the required Captive collateral and maximum, potential year-end dividend figures.
4. Implementation – There are a few things need to happen simultaneously during the implementation process:
 - I. OPEN ENROLLMENT – the broker and assigned account manager will need to work with the client to conduct an open enrollment period tailored to fit the client’s needs – that can sometimes include employee meetings, email notices, paper election/enrollment forms, etc. Some TPAs also offer online benefit election services at no additional cost.
 - II. TPA & PBM SETUP & INTEGRATION. This typically entails client kickoff phone-conferences, new client data checklists, etc. This step finalizes minor details to ensure that the group is set up with the vendor partners correctly.
 - III. PAPERWORK – There are several forms and agreements that will be issued for completion and signatures such as the Stop-loss Application, TPA/PBM Agreements, Captive Joinder Agreement, Program Manager Agreement, etc.

VAULT Captive Health Plans (continued)

for groups with 75+ covered employees

Data & Document Requirements for Underwriting

- Below are the requirements for underwriting checklists for both fully-insured or self-funded cases.
- Currently Fully-Insured Cases
 - My group is currently fully-insured
 - Current and Renewal Rates or Current and Prior year rates
 - Current and Prior year 50% report (large claimant report)
 - At least 18 months of:
 - Claims data with corresponding enrollment totals
 - Large claimant info with as much detail as available
 - If above claim data not available and under 150 lives, health statements will be required
 - Current Summary of Benefits (SBC) for each plan
 - Current Summary Plan Document (SPD) also referred to as Plan Certificate
 - Completed New Group Proposal Data & Census (template in material library)
 - Report of Top Providers & Top Facilities utilized
- Currently Self-Funded Cases
 - My group is currently self-funded
 - Current Stop-Loss terms, rates, factors etc.
 - Current and Prior year 50% report (large claimant report)
 - At least 18 months of
 - Aggregate report
 - Pending claims
 - Monthly claims with corresponding enrollment (at least 18 months of data)
 - List of open case management cases and pre-certs, if available
 - Current Summary of Benefits (SBC) for each plan
 - Current Summary Plan Document (SPD)
 - Copy of Stop-Loss Policy and any TPA or PBM contracts
 - Completed New Group Proposal Data & Census (template in material library)
 - Report of Top Providers & Top Facilities utilized

Guaranteed Issue Products

Virtual VAULT

- It is not insurance, it is a subscription health services product
- This product has both Telephonic and Video capabilities.
- Monthly subscription fee provides access to services with fixed fee structure with the option of \$17 or \$27
- Services must be accessed through triage call center

VAULT Direct

- It is not insurance, it is a subscription health services product
- Can be implemented with or without a major medical plan
- Monthly subscription fee provides access to services with fixed fee structure
- Can be sold to individuals or groups starting at \$79 per month per individual/EE
- Services must be accessed through triage call center

VAULT Plus

- Guarantee Issue – No Underwriting Requirements
- Currently requires 50 plus employees (VAULT is working to eliminate minimums, expected by 4/1)
- Age banded pricing starting at \$204.44 per month per EE
- \$10,000 annual maximum benefit for services
 - **Outpatient/Emergency Plans**
 - **Direct Plus**
 - The foundation of this product is Vault Direct
 - **Choice Plus**
 - Your choice of in-network providers
 - Specialists and Lab Services Included
 - **Inpatient/Outpatient and Emergency**
 - **Direct Max**
 - Everything included in Direct Plus
 - **Choice Max**
 - Everything included in Choice Plus

VAULT Enhanced

- Major Medical with maximum annual limits (\$100k, \$250k, \$500k)
- Restrictions on pre-existing conditions
- Guarantee Issue – No Underwriting or Participation Requirements
- ACA compliant
- Age banded pricing starting at \$381.30 per month per individual/EE
- * Note: Complicated structure requires addition broker training

Virtual VAULT, VAULT Direct, & VAULT Plus Products

	Virtual VAULT	VAULT Direct	VAULT Plus			
			Direct Plus	Choice Plus	Direct Max	Choice Max
Virtual Office Visit	Unlimited Use - No Visit Fees					
Primary Care Office Visit	N/A	\$10 visit fee (plan choice of provider)	\$10 office visit fee (via VAULT Direct)*	See Below	\$10 office visit fee (via VAULT Direct)*	See Below
Urgent Care Office Visit	N/A	\$25 visit fee (plan choice of provider)	\$25 Office visit fee (via VAULT Direct)*	\$0 copay (4 visits per calendar year)	\$25 Office visit fee (via VAULT Direct)*	\$40 copay (6 visits per calendar year)
Prescriptions Generic/Preferred Brand/Non-Preferred Brand Drugs**	RxMarket discounts or Preferred formulary with over 200 at no cost / Non-preferred drugs at discount (\$10 per month buy up)		Preferred formulary with over 200 drugs at no cost / Non-preferred drugs at discount			
Preventative & Wellness Office Visit	\$0 copay					
Mobile App			\$0 copay	\$0 copay	Included	\$0 copay
Primary Care visit			See Above	\$20 copay (4 visits per calendar year)	See Above	\$40 copay (6 visits per calendar year)
Specialist Office Visit			Not Covered	\$40 copay (2 visits per calendar year)	Not Covered	\$80 copay (6 visits per calendar year)
Laboratory Service			Discount Program	\$50 (1 service per calendar year)	Discount Program	\$50 (2 service per calendar year)
Radiology			Discount Program	\$50 (1 service per calendar year)	Discount Program	\$50 (2 service per calendar year)
CT/MRI/MRA/PET Scans			Discount Program	\$350 (1 service per calendar year)	Discount Program	\$350 (2 service per calendar year)
Preventive Prescriptions - Generic Drugs	\$0 copay (limited preventative only)					
Max out-of-pocket(ind/fam) - Scans/ Lab & Radiology Services	Not Applicable					
Individual Deductible (medical services)	No Deductible					
Annual individual Maximum	\$10,000		\$20,000			
Lifetime individual Maximum	N/A					
Inpatient Hospitalization	Not Covered		\$500 copay per admit (3 days max per calendar year, \$10,000 benefit limit)			
Other Inpatient Surgery	Not Covered		\$500 copay per admit (3 days max per calendar year, \$10,000 benefit limit)			
Outpatient Surgery	\$350 (1 surgery per calendar year, \$10,000 benefit limit)		\$350 (1 surgery per calendar year, \$10,000 benefit limit)			
Emergency Room	\$350 copay (1 visit per calendar year)	\$500 copay (1 visit per calendar year)	\$350 copay (1 visit per calendar year)	\$500 copay (1 visit per calendar year)	\$350 copay (1 visit per calendar year)	\$500 copay (1 visit per calendar year)
Chemotherapy, Radiation and other Non-Experimental Cancer Treatments	Not Covered					
Dialysis	Not Covered					

Virtual VAULT, VAULT Direct, & Enhanced Products

	Virtual VAULT	VAULT Direct	VAULT Enhanced		
			Enhanced 10.0	Enhanced 5.0	Enhanced 2.5
Virtual Office Visit	Unlimited Use - No Visit Fees		Unlimited Use - No Visit Fees		
Primary Care Office Visit	N/A	\$10 visit fee (plan choice of provider)	\$10 office visit fee (via VAULT Direct)*		
Urgent Care Office Visit	N/A	\$25 visit fee (plan choice of provider)	\$25 Office visit fee (via VAULT Direct)*		
Prescriptions Generic/Preferred Brand/Non-Preferred Brand Drugs**	RxMarket discounts or Preferred formulary with over 200 at no cost / Non-preferred drugs at discount (\$10 per month buy up)				
Preventative & Wellness Office Visit			\$0 copay		
Mobile App			Included		
Primary Care visit			\$35/\$70 copay (existing/new doctor In-Network)**		
Specialist Office Visit			\$75/\$150 copay (existing/new doctor In-Network)**		
Laboratory Service			\$50 copay per panel		
Radiology			\$50 copay per image		
CT/MRI/MRA/PET Scans			\$500 copay per image		
Preventive Prescriptions - Generic Drugs			\$0 copay (limited preventative only)		
Max out-of-pocket(ind/fam) - Scans/ Lab & Radiology Services			\$7,900/\$15,800***		
Individual Deductible (medical services)			\$10,000**	\$5,000**	\$2,500**
Annual individual Maximum			\$100,000**	\$250,000**	\$500,000**
Lifetime individual Maximum			\$1,000,000**		
Inpatient Hospitalization			20% coinsurance after deductible***		
Other Inpatient Surgery			20% coinsurance after deductible***		
Outpatient Surgery			20% coinsurance after deductible***		
Emergency Room			20% coinsurance after deductible***		
Chemotherapy, Radiation and other Non-Experimental Cancer Treatments			20% coinsurance after deductible***		
Dialysis			20% coinsurance after deductible***		

Association Opportunities

- **We work with Associations to reach critical mass (life count) within our programs:**
 - VAULT Direct
 - VAULT Plus
 - VAULT Enhanced
 - Level Funded
 - Traditional Self Funded
- **Once critical mass is achieved (1,000 – 2,000 lives) we use aggregated data to evaluate options:**
 - True Association Health Plan (AHP)
 - Experience based discount programs
 - Join association members together to share risk in a captive structure

Example Program: Visit www.PSIHealthcareInitiative.com or www.NRCAHealth.com

Featured Stop Loss/Captive Programs

- **Dignity Health**
 - VAULT is the exclusive Stop Loss Carrier for Dignity Health's (now Common Spirit) Direct to Employer Program. Common Spirit is the largest provider system in the United States
 - Currently the program is available in Ventura, Bakersfield, and Sacramento California market areas
 - Planned expansion to Arizona, Nevada and Kentucky in 2020.
- **AMPS (Advanced Medical Pricing Solutions)**
 - VAULT is the exclusive Stop Loss referral partner for AMPS
 - Proprietary, data driven, pricing model
 - Program cost warranty when using AMPS services
 - Currently developing a dormant claim liability deflection product
- **Traditional Self Funded Plans**
 - Stop Loss/Captive services
 - Program management
 - Risk management services

Cost Containment Philosophy

- **Focus on the big stuff – Medical Claims**
 - Medical Claims make up about 60% of program costs
 - 6% of plan participants account for over 80% of claims costs
 - Focus on containing the costs for the 6% to achieve meaningful financial and outcomes improvements

- **Focus on the big stuff – Pharmacy Claims**
 - Rx claims make up about 20% of program costs
 - Opportunities for specialty drug carve outs
 - Opportunities for interceptor programs
 - Beware of PBM rebate programs (offset to admin fees, rebates to employers/brokers/others) – Know where every dollar is going

Example – Medical Cost Containment

Our Enhanced Medical and Second Opinion network will ensure that the original diagnosis is correct, and the treatment plan is appropriate. And if surgery is needed, our team will determine which Enhanced Medical Center will best serve the patient and provide successful surgical outcomes at a case rate that provides savings to the employer.

		Misdiagnosed	Correctly Diagnosed
Second Opinions Matter	Spine Surgery	60%	40%
	Cancer Treatment	30%	70%
	Stents	40%	60%
	Transplant Surgery	40%	60%
	Bypass Surgery	60%	40%
	Knee Surgery	30%	70%

**Currently available to all Traditional VAULT/Stop Loss Clients, may be available to level funded clients upon request. No charge to clients to implement/access the program.

Underwriting Philosophy

When it comes to underwriting, more is more! Understanding underwriting might sound like sticking needles in your eyes but it is also the key to getting the absolute best possible health pricing for your clients. When an underwriter looks at all the health data provided for an employer, the more granular the detail, the more comprehensive the data, and the clearer the total story on a population translates into the absolute best rates you can receive. When there is data missing or it is incomplete, that's a huge red flag to an underwriter who is now guessing about how large a risk this is and when will it come back to bite me? Underwriters price for that or in other words, it is a black hole of increased rates quoted for the worst possible scenario. Obviously, bad risk equals higher rates. Not so obvious, is that unknown risk has the exact same affect. Essentially the underwriter assumes the worst and prices it accordingly. The reality is that most of the time the unknown is not nearly as bad as what is assumed by the underwriter and therefore the rates quoted, don't reflect the actual situation and are not the best rates for the client. The moral of the story is help us help you! Please work to help us get the best, most granular, up to date and complete picture so we can tell the clearest most accurate story to the underwriter. This allows us to do the best job possible and get your clients the very best rates. Most brokers don't want to be a burden on their clients and bother them with the onerous task of retrieving data. That is an enormous dis-service to your clients. Understanding the underwriting philosophy is the sign of a true health professional!

Carriers Like to Hold Data Back

Every carrier or incumbent knows that data is king. He (or she) who holds and controls the data has the most power. Not surprisingly, this is why it is next to impossible to get accurate client data. Those that have the data, know they have an advantage. They have the granular detail, the clear story, and all of the power. With that data they know exactly what the risk is and how to competitively price that risk. If a competitor is missing any part of the data, they are now at a significant disadvantage. Trying to be aggressive and competitive with missing data (unknown risk) can be a very costly move and not one many underwriters or carriers will make. The result is a game of cat and mouse. How long can they hold on to that renewal and large claimant data making it nearly impossible for others to be competitive while the employers are frantically trying to make decisions in a timely manner for their employees. In the end, agents will partially disclose incomplete data. Thus, giving themselves room to reduce their rates even more, appearing to swoop in as the hero incumbent saving the day, beating their chest as the savior. Sadly, in the end the client is left with the same overpriced risk and rates. Even more tragically, employees are yet again given an expensive plan with benefits they don't perceive as valuable.

Key Pieces of Data, Hardest to Get

Prior 18 months of claim data by month: This is important because it shows trend and consistency. If a client has 1 million in claims but \$900,000 happened in the first 3 months and there has only been \$100,000 of claims in the last 9 months, that makes a difference. We require the most up to date/recent data. If six people were diagnosed with cancer the month before the renewal, we need to know. A lot can be determined by monthly claims data. How much is medical? How much is RX? Was it a one-time claim or an ongoing claim? Data is king!

Renewal: The almighty elusive renewal! Held tightly until the last possible moment as it may be the light switch that determines what an employer does. It is also a good indication of what the current carrier is looking at in terms of next year's claims risk. Remember, they have all the granular data. Insurance companies are not in the business to lose money and realistically the carrier is issuing rates that accurately reflect their view of the future risk. A big increase typically means there's a storm coming in terms of bad claims in the near future. A small increase could mean your loss ratio was 50% and they made a ton of money on you last year. Either way it's an important piece to get as soon as possible to allow for a competitive fair bid.

Large Claimant Data: This is possibly the most important data item. What hurts an employer's rates and a carrier most is not the nickel and dime charges of doctor office visits. In other words we don't care if someone goes to their PCP 24 times. What matters is the high cost claimants that hit the plan for hundreds of thousands and potentially millions of dollars. Typically, 80% of a population use the plan for cold, cough and flu appointments only. 15% hit the plan for smaller predictable issues like knee operations and pregnancy. It's the 5% of the population that cause the most havoc on a plan and its rates. Knowing everything possible about high cost claimants and potential high cost claimants is critical to not just the underwriter but the employer. Managing this risk is the key to managing a self-funded plan for the long-term strategy. Missing information in this area could cause a plan rating to be off by hundreds of thousands of dollars.



Frequently Asked Questions

Q: What is the typical turnaround time for quotes after submitting an RFP?

A: VAULT Level Funded Plans: 1-2 business days for preliminary quotes. 1-2 weeks for bind-able, underwritten quotes.

VAULT Captive Health Plans: Including the entire underwriting process, it can take up to 3 weeks.

Q: What is broker compensation for each plan?

A: VAULT Level Funded Plans: Negotiable, so long as built-in compensation retains the quote's competitiveness.

VAULT Captive Health Plans: Negotiable, so long as built-in compensation retains the quote's competitiveness.

Q: What information do I need to secure a quote?

A: VAULT Level Funded Plans: For preliminary quotes, we only require a completed 'Small Group_Info and Census Template'. For underwritten bindable quotes, please refer to the steps and requirements outlined on page 5.

VAULT Captive Health Plans: Refer to Page 10 for the Data & Document Requirement Checklist.

Q: What are the network options on VAULT plans?

A: VAULT generally uses RBP for cost savings wrapped with PHCS Physician & Ancillary Network. However, we also offer traditional PPO network options – in most areas of the United States, Cigna PPO is the most competitive PPO network. In addition, we also have hospital partners and narrow network options in certain markets (additional details on pages 11-12).

Q: Do you have any marketing material?

A: Any and all available Marketing Material can be downloaded at www.AllThingsVault.com/materiallibrary.

Q: Will VAULT assist with sales support and/or closing support?

A: Yes, VAULT will do anything we can to assist brokers with sales support. In addition, we will assist with closing support on a case-by-case basis. If require any of that support, please don't hesitate to reach out to us at quotes@allthingsvault.com or (877) 424-2366.

Q: Who do I contact for additional support or questions?

A: You can email questions to quotes@allthingsvault.com or call our home office at (877) 424-2366.