



AGENCY
BENEFITS
— GROUP —

Frequently Asked Questions

Healthcare for Independent Agents
2026

Eligibility & Requirements

Q. Am I eligible for the Small Employer Program?

A. To establish your plan, you must be an independent, self-employed agency owner with no more than 10 agents/participants. Your agency must have its own federal Tax ID; All agents must complete a short health questionnaire and be accepted. A federal tax ID can be from an LLC, S-corp, or other business structure.

Q. What is the structure?

A. Vault Health Captive, a captive insurance company domiciled and regulated by the North Carolina Department of Insurance. You will establish a self-funded plan, which means you are an owner of the captive and are represented by its Advisory Board.

Q. What plan design options are there?

A. There are three model plan designs for the business. Those plan levels offer deductibles of \$2,500, \$5,000, and \$10,000 – and, unlike the ACA, the deductibles are also the out-of-pocket maximums, with the exception of co-pays for tier 2 and above pharmacy benefits (once the annual deductible is satisfied). As the owner of your self-funded plan, you have the right to request changes to your selected plan design; however, Vault, as administrator, must approve. Plan design change will result in re-rating and change to monthly payment.

Q. Network and Claims:

A. You also have access to a nationwide PPO network, PHCS. Check their doctor list for in-network physicians. Be sure to compare your explanation of benefits to the provider bill and contact Vault Admin Services, our claims administrator, if they do not match.

Q. What are some of the benefits of the plan designs?

A. The structure, plan designs and application of a health questionnaire are all components designed to allow the captive to remain healthy now and in the long run. As the cost of healthcare continues to increase, the captive will choose how to control costs by adjusting participation requirements or plan benefits. Other benefits may include:

- Potential savings vs. the ACA Exchange
- Access to a national physician PPO network or go to any doctor of your choice
- Two HSA eligible plan design options with business tax deductible premiums (*always confirm with tax professional*)
- Three major medical plan design options

IMPORTANT NOTE:

1. **You must be an independent, self-employed agency owner with no more than 10 plan participants.**
2. **You must have a Federal Tax ID Number.**
3. **All agents must fill out the Health Questionnaire.**

Eligibility & Requirements

(continued...)



Q. Are dental and vision offered?

A. Dental/vision are offered separately. Check your specific website and your plan design options for details.

Q. How do I establish my plan?

A. Creating your plan is simple and secure via an online portal. Review the plan design options and monthly fees, complete and pass a medical questionnaire, select your plan design, sign final contracts, enter bank information, and you're done. All participants will also go through the same process.

Q. What are the requirements for me to participate?

A. You must meet the following requirements to establish your health plan:

- Individual agency owners with no more than 10 agents/participants.
- A federal Tax ID (the policy is issued to the business).
- Complete a health questionnaire on behalf of primary and dependents and be accepted based on the answers.
- Join and/or maintain your annual group membership if it is required by the sponsoring organization.
- Your federal tax ID can represent an LLC, S-Corp or other legal business structure.

If you or your agents do not pass the medical questionnaire, your business will not be allowed to establish your plan within the captive (information on the next page). You may not be admitted based on the results of your health questionnaire or if you do not meet other eligibility requirements.

Q. Information on Monthly Fees

A. Regardless of when you establish your plan and participate in the captive, any changes to monthly fees, details or plan designs will occur January 1 each year. In early November, each plan will have the opportunity to renew for the next calendar year, and all plans must be renewed. Monthly fees are guaranteed through the end of the calendar year. The 2026 plan year begins on January 1, 2026, through December 31, 2026.

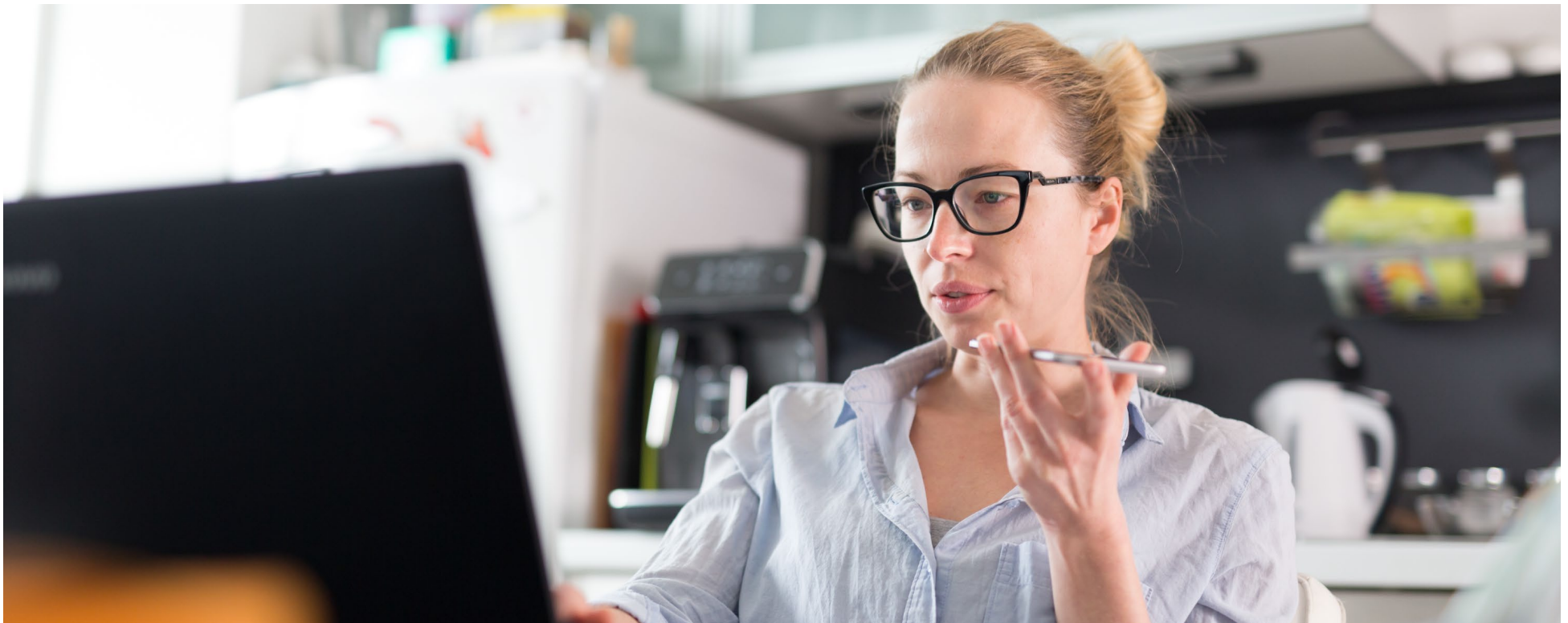
Health Questionnaire

Q. What is the health questionnaire and is it mandatory?

A. There is no individual medical underwriting, but applicants must complete a short health questionnaire. The client support team will not request nor view your medical history. Your health questionnaire will not be used for any purpose other than determining your eligibility. It will not be shared with or released to any other entity.

Q. What are the health questions?

A. If you believe you or your dependents have conditions that would result in an adverse response, the Vault Captive may not be right for you at this time.



Health Questionnaire

(continued...)

- 1 Within the last five years, has any person listed on this application been prescribed or is currently taking any of the following medications: Cosentyx, Humira, Soliris, Otezla, Dupixent, Remicade Solr, Ozempic, Aimovig, Reyvow, Zokinvy, Myalept, Mavenclad, Ravicti, Actimmune, Oxervate, Takhzyro, Juxtapid, Gattex, Chenodal, Acthar Gel, Orladeyo, Tegsedi, Ayvakit, Qinlock, Korlym, Vitrakvi, Recorlev, Cortrophin Gel, Wegovy, Tibsovo, Skyrizi, Teriparatide, Emgality, Mounjaro, Desmopressin (DDVAP), Trulicity, Jardiance, Invokana, Otezla, Enbrel, Stelara, Taltz, Renflexis, Tremfya, Erelzi, Siliq, Odefsey.
- 2 Are you or is any immediate family member pregnant, an expectant parent, in the process of adopting a child, or undergoing fertility treatment?
- 3 Within the last five years, has any person listed on this application received any medical or surgical advice, consultation or treatment, including medication, for or in the last 180 days, has any person listed on this application completed any diagnostic testing by a medical professional that may require additional diagnostic testing, consultation or have yet to discuss the diagnostic test results with a medical professional that may lead to any condition/diagnosis listed:
 - Heart disorder or heart disease, including but not limited to heart attack, coronary artery disease, circulatory system disorder, by-pass surgery, stent surgery or carotid artery disease/surgery.
 - Stroke, seizures disorder or other neurological disorder with the exception of ADHD
 - Cancer or tumor including taking medication to prevent recurrence of cancer or tumorous growth with the exception of Basal Cell Carcinoma or Squamous Cell Carcinoma
 - Emphysema, chronic bronchitis or COPD (chronic obstructive pulmonary disease)
 - Kidney disorder (other than stones) and/or liver disease
 - Degenerative arthritis (including but not limited to degenerative disc disease, herniated disc, osteo, rheumatoid or psoriatic arthritis or degenerative joint disease)
 - Alcohol or drug abuse or dependency or chemical dependency (treated or untreated)
 - Stem cell treatment or transplant
 - Paraplegia, quadriplegia or multiple sclerosis
 - Type I or Type II Diabetes with any insulin treatment
 - Plaque Psoriasis with any injectable treatment
 - Alzheimer's
 - Any auto-immune disorders or diseases including but not limited to: Autism, Lupus, Multiple Sclerosis, Addison's Disease, Celiac Disease or Graves Disease
- 4 Have you or any person proposed for coverage been diagnosed or treated by a medical professional or medically diagnosed for Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related complex (including HIV)?

Process FAQs

Q. How long does it take to join?

A. You can proceed from viewing your estimate to signing documents in a matter of minutes.

Q. Do I have to wait for the results of the medical questionnaire?

A. No. You and your agents will get an instant pass or fail.

Q. Which of the plan designs are HSA eligible?

A. The \$2,500 and \$5,000 deductible plan designs are HSA qualified (always confirm with tax professional).

Q. How do I pay my monthly fees?

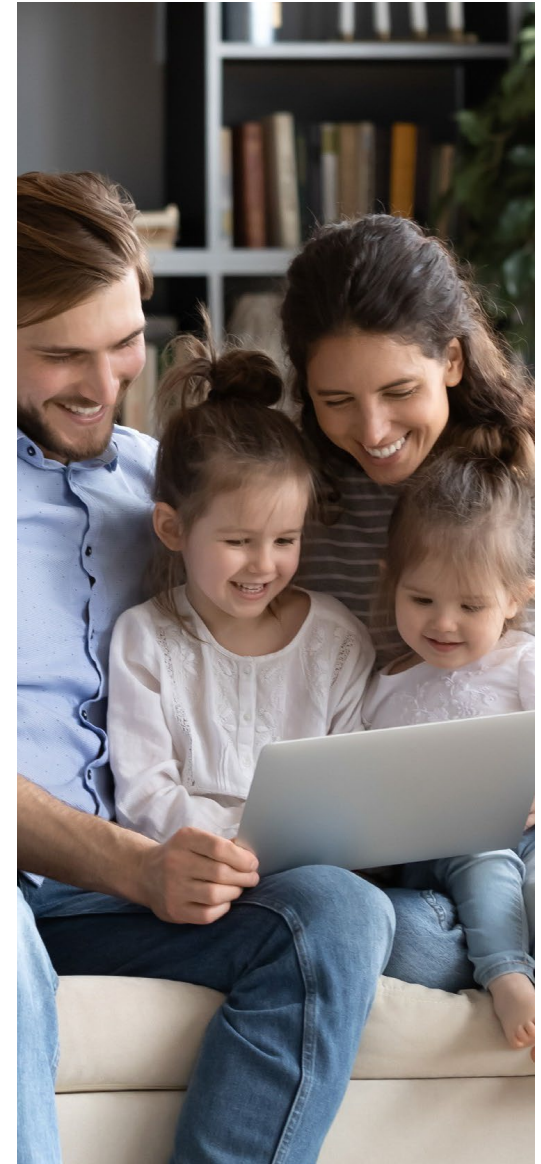
A. When you join you will be asked for your checking account number and bank routing number. All monthly premiums are paid via ACH deduction, generally between the 25th day and last day of the month before each next covered month. The monthly draft date is the same for all members- the first month you join your payment will be earlier, likely between the 15th and the last day of the month.

Q. When will I receive my medical ID cards?

A. If you establish and confirm your plan at least two weeks prior to your effective date, the goal is to have your physical cards to you by your effective date. You will receive an introduction email from support@allthingsvault.com after your first payment is drawn. This email is important, as it contains a link and instructions on how to create your member account within the Vault Admin Services member portal. Within your account you will be able to access your virtual ID card(s), eligibility record, claims, documents, and other important information regarding your healthcare. To setup your account, visit <https://www.mediconnx.com/MediCIm/Login.aspx?clientid=2489>.

Q. What carrier or network will be listed on my ID cards?

A. The administrator information is on the card so claims can be managed and processed. Your card will provide Vault Admin Services information. You can reach Vault Admin Services at 888.211.5706. In addition, your card will display PHCS PPO information.



Program FAQs

Q. How does this medical plan differ from other insurance programs?

A. Your agency is establishing a self-funded health plan, and your agency is joining the Captive as a class member. All participating companies combine funds into a larger pool, from which all participants draw to fund their health services. Each owner is key to keeping the plan healthy. Owners should take an active role in seeking out friendly providers, providers in the PHCS network, or others who are open to reference-based pricing, reviewing their claim reimbursements and working with claims advocates when necessary. Members stand to benefit from the performance of the plan in the form of more affordable premiums and healthcare each year if the group spends wisely. Plan designs are simple. Your deductible and out-of-pocket maximums are the same – once you hit your deductible, claims are paid at 100% with the exception of Pharmacy Tier 2 and above.

Q. What medical provider network do I use?

A. Start by searching the PHCS network. If your preferred provider does not appear you can use any doctor you choose with the exception of HMO providers. Simply provide your card to your physician's office and have them contact the claims team to coordinate payment. Contact information will be on the back of the card, just like other insurance cards you are used to using. It's important you do not pay for your healthcare services up front; if your provider doesn't want to call the number on the back to verify the plan, you should insist.

Q. Is preventative care covered?

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

Q. How many plan designs are there, and can I change mid-year?

A. There are three plan designs to choose from when you enroll. Once contracts are signed, you must wait until renewal to select a different plan design.

Q. May I alter the specifics of my plan design?

A. As the owner of your self-funded plan for your agency, you may request a change to your plan design. However, the plan designs are rated inclusive of all their services and features; prices reflect these ratings. To request a change, you must submit a request to Vault Health Captive. The plan will be re-rated based on its new features, and you will be provided with a new monthly fee total subject to approval.

Q. Are there caps on coverage?

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

Q. Are there HSA eligible options?

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

Program FAQs

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Q. How much do I pay before I meet my deductibles?

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

Q. Can you show me if my prescriptions are on the list, and if not, how will it be covered or discounted?

A. Prescription coverage is detailed in the plan summaries; formulary can be found upon sign up. Please read the formulary carefully.

Q. What is reference based pricing?

A. Reference-Based Pricing is a healthcare cost containment model provided by FairOS that reviews claims, adjusts for errors, and provides fair pricing recommendations based on several benchmarks, including Medicare, cost of care, and regional cost data. This model is used to eliminate the fraud, waste, and abuse that is prevalent in the healthcare billing system today. The reference-based pricing company, FairOS, starts its work when Vault Admin Services receives the first bill from your medical provider. FairOS will reprice the bill based on the above factors.

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

A. We recommend Members contact the FairOS Care Navigation Team to find the best facilities based on quality and cost metrics. This team, in collaboration with the Member, uses the Provider Finder to locate a “friendly” provider for medical care, based on cost, quality, location, and prior utilization. You can reach the FairOS Care Navigation Team at 855.426.1100.

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

A. The Vault Admin Services team can facilitate access to Members’ healthcare resources by ensuring personalized services that support their healthcare needs. In addition, Members have access to Vault Cares Network for high-cost or complex conditions. Members can access second opinions and concierge medicine.

Q. Do any services require pre-authorization?

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

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

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

Understanding the Captive



Q. What is a Captive?

A. A Captive insurance company is a privately owned insurance company whose owners come together to pool risk and form their own licensed insurance company. In this case, members who are independent agents who create self-funded plans for their own agency. This group approach provides members with the scale to cover the medical risks of participant members and potentially provide cost savings compared to the ACA marketplace and other private individual plans.

A captive insurance company is a company that shares in the insured risk of its owners and is controlled by its participants, in this case, the owner/members. Participating agents both technically own the majority of the company through B-shares (shares do not come with actual value attached to them) and reap the rewards of any annual profits (generally, future savings). Distribution of any annual profits is determined by a Captive Advisory Board. Typically, an Advisory Board decides to lower prices or keep prices stable by directing reserve funds to benefit the owner/members.

A captive harnesses the size and scale of its membership to create an innovative structure that locks in savings for its members and their families in good health. The first step is to screen for healthy applicants. About 5% of people drive 95% of healthcare costs. By allowing the remaining 95% of applicants to participate, the chance of larger claims is reduced. The second step is to ensure each captive member maintains its responsibility to other participants, including seeking friendly providers via PPO, Care Navigation or other means, reviewing claims reimbursements and provider bills, as well as working with claims advocates when needed.

Q. How does the the Agency Benefits Group Captive work?

A. The Health Captive is owned by participating member agencies. Each member participant has its own self-funded plan. Vault Health Holdings is the captive manager and Vault Admin Services is the plan Administrator. The captive secures a reinsurance contract to cover claims exceeding the target loss ratio (if the captive does exceed the loss ratio. Re-insurance provided by OdysseyRE does not have a "specific" or "aggregate" paid claim limit, meaning that there is no coverage limit, or reinsurance cap.

Understanding the Captive

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Q. Who is the Captive reinsured by?

A. The captive is reinsured by OdysseyRE, an A rated reinsurer. If claims exceed expected levels, they are paid by the re-insurer and Vault. There is NO maximum coverage limit. In addition, the captive structure is filed with, and meets all requirements set forth by, the North Carolina Department of Insurance.

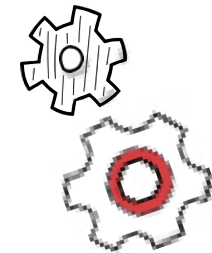


Q. How do I participate in the ownership of the Captive?

A. Participating agencies sign the Joinder Agreement of the Captive to become an owner.

Q. What documents are executed at the time of plan establishment?

A. The documents executed at the time of plan establishment are the Joinder Agreement, your company's self-funded Plan Document, the Medical Reimbursement Contract, and Attestations.



Q. What is the Joinder to the Captive Operating Agreement?

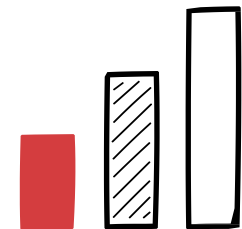
A. This document describes, among other things, how the captive will operate and communicate with members as well as to the Administrative Services and Managed Care Agreement.

Q. What is the role of the Advisory Board?

A. The role of the Advisory Board is to be the voice of the owner/members and to represent their interests. The Advisory Board will review annual audits and have access into captive financials. The Advisory Board will also make decisions on how to manage annual profits of the captive, such as allowing them to build and grow in a reserve fund, or to apply them to reduce or stabilize monthly costs.

Q. What is a reserve fund?

A. A reserve fund is money that accumulates from any profits realized. Funds grow when medical costs are lower than the amount taken in from members/owners. The monthly payments collected from each member should cover 100% of anticipated claims. Therefore, if claims are only 80% for the year, the captive would keep the remaining 20% for a reserve fund, or other purposes, as decided by the Advisory Board.



Vault Cares Network



Q. What is the Vault Cares Network?

A. Our healthcare network offers a meticulously vetted system of top-tier facilities and providers, ensuring access to a comprehensive range of medical specialties. Members benefit from the highest quality treatments and services, resulting in optimized health outcomes and satisfaction. We provide peace of mind and confidence throughout the healthcare journey.

Q. Why was the Vault Cares Network founded?

A. 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.

- 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.

Q. What does the Vault Cares Network help with?

A. 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 including, but not limited to, cancer care, heart, joints and spine, bariatric, regenerative medicine, neurology, pediatrics, substance abuse, mental health, and more!

Q. Who do I contact if I need help from the Vault Cares Network?

A. Help is here. You can contact us at 888.211.5760 or cares@allthingsvault.com, and someone will be in touch with you as quickly as possible.



What You Need to Know



Q. Can anyone change from their current insurance now, when they're not up for renewal?

A. Eligible members can establish their self-funded plan at any time throughout the calendar year with effective dates on the 1st of each month. In most instances, you can change from your existing plan any time during the year.

Q. How should I decide whether it's worth establishing my self-funded plan now, or waiting for the end of my insurance plan year?

A. The decision as to when to establish your plan can only be made by you. Considerations are the cost of a self-funded plan offers versus your current plan, and where you are regarding your current plan year deductible.

Q. I have established my self-funded plan. When should I cancel my current coverage?

A. You should wait to cancel your current plan until after the 1st of the month during which your coverage is effective. You are responsible for proactively canceling your current plan.



Contact & Support

Q. May I talk to someone about my options and which plan I should choose?

A. Yes! Simply email sales@allthingsvault.com and someone will contact you to walk you through your options. Should you have questions on the requirements or if you are eligible, we're happy to help you with that as well.

Q. May I get advice on tax deductibility?

A. You will need to ask your own tax professional to verify tax deductibility of your healthcare fees.

Q. Once I join, who do I call with claims, eligibility, benefits questions, or payment information changes?

A. You will contact Vault Admin Services, your claims administrator, at 888.211.5706 or via email at support@allthingsvault.com. Vault Admin Services support hours are Monday–Friday, 8:00am to 5:00pm CST.

Q. How do I sign up for the member portal?

A. Simply sign up at <https://www.mediconnx.com/MediCIm/Login.aspx?clientid=2489>. Once you set up your access to the member portal, you will be able to access your virtual ID card(s), eligibility record, claims, documents, and other important information regarding your healthcare.

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

A. You will contact Vault Admin Services, your claims administrator, at 888.211.5706 or via email at support@allthingsvault.com. This contact information will also be available on your Member Service page.





Thank You for Establishing Your Plan!



Agency Benefits Group
www.agencybenefitsgroup.com