



















Pricing*		iEverydayCARE® <sup>1</sup> Routine Care		iEverydayCARE <sup>1</sup> Hospital		iEverydayCARE <sup>1</sup> Hospital PLUS		
		Any Age	Age 18-44	Age 45-59	Age 60-64	Age 18-44	Age 45-59	Age 60-64
Primary Member:								
Primary Only		\$145	\$299	\$349	\$449	\$379	\$429	\$529
Primary + Spouse		\$260	\$599	\$699	\$899	\$679	\$779	\$979
Primary + Child(ren)		\$260	\$629	\$729	\$929	\$709	\$809	\$1,009
Primary + Family		\$385	\$899	\$1,049	\$1,199	\$979	\$1,129	\$1,279
Multiplan  PHCS Practitioner Network (or add a doctor 48 Hours prior to visit) <sup>2</sup>								
Routine Care								
 Virtual Primary Care (24/7/365)  In-Office Primary & Urgent Care  Pediatric Care  Annual Adult Physical <sup>3</sup> & Well Child <sup>3</sup>  Chiropractic (12 free visits per year)  X-rays & Mammograms								
<b>\$0 responsibility</b> Virtual and In-Network Office Visit with Pre-Authorization								
<b>\$20 responsibility</b> Out-of-Network Office Visit with Pre-Authorization								
<b>\$50 responsibility<sup>4</sup></b> In-Network or Out-of-Network Visit without 48 Hour Preparation/Pre-Authorization								
<b>\$0 responsibility</b> Labs <a href="#">RedirectHealth.com/labs</a>		 (Basic)	 (Standard)			 (Expanded)		
<b>\$0 responsibility</b> Mental Health Tele-Counseling Pre-Authorization Required								
<b>Rx &amp; Immunizations</b> <a href="#">RedirectHealth.com/rxformulary</a> Discount program - prices may vary depending on pharmacy location, quantity & dosage		 (Basic)	 (Standard)			 (Expanded)		
Specialist / Advanced Imaging / Hospital								
<b>Specialist Consults &amp; Care</b> <b>\$50 responsibility<sup>4</sup></b> with 48 Hour Pre-Authorization		Care Navigation Only  Appointment preparation, coordination, navigation, alternative funding management, and pre-negotiations  100% Member Responsibility	 (After Initial Responsibility)		 (After Initial Responsibility)			
<b>\$50 responsibility<sup>4</sup></b> MRI, PET, CT scans, ultrasound and other imaging			 (After Initial Responsibility)		 (After Initial Responsibility)			
<b>Hospital Care - Inpatient &amp; Outpatient<sup>5</sup></b> <b>Individual</b> \$4,000 initial responsibility 20% co-share   \$8,000 out-of-pocket max <sup>6</sup> <b>Family</b> \$6,000 initial responsibility 20% co-share   \$10,000 out-of-pocket max <sup>6</sup> <b>Emergency Room</b> \$500 initial responsibility + 20% co-share			 (After Initial Responsibility)		 (After Initial Responsibility)			
<b>Excluded Services<sup>7</sup></b> Pre-existing conditions, organ transplants, dialysis, skilled nursing, advanced psychiatric care and specialty & non-formulary medications		Care Navigation Only  Appointment preparation, coordination, navigation, alternative funding management, and pre-negotiations  100% Member Responsibility				 Additional chemotherapy \$30,000 sharing limit <sup>8</sup> Dialysis \$10,000 sharing limit <sup>8</sup> Skilled nursing \$5,000 sharing limit <sup>8</sup> Air ambulance \$5,000 sharing limit <sup>8</sup> Pre-existing exclusions apply 12 month look back		

**1** This program is NOT insurance. iEverydayCARE is managed by Redirect Health exclusively for members of the Reimagined Society. The Medical Cost Share risk pool is managed by Newpath Medical Inc., a Wyoming Medical Cost Share organized pursuant to Wyo. Stat. Ann. 26-1-104. See program guide for details. Redirect Health and Newpath Medical Inc. are not insurance companies. This program does NOT meet the minimum requirements for MEC (Minimal Essential Coverage) or the ACA (Affordable Care Act). New Jersey, Massachusetts, Vermont, California, Rhode Island and the District of Columbia have passed their own state-level individual mandate laws that mirror the Federal Affordable Care Act. Redirect Health and Medical Cost Share memberships do not satisfy the new individual mandate requirements of these states. It should be expected that state enforced penalties may apply in these states. [See State Specific Disclosures](#) for more information regarding program limitations. **2** Any doctor who accepts the Redirect Health Usual, Customary & Reasonable (UCR) Agreement can be in-network This overview is intended only as an illustration of the benefit plan design. Please refer to Membership Guidelines for actual coverage, limitation, and exclusion provisions. **3** Routine physical/exam; gynecological exam; screening mammogram; pap smear; prostate testing(PSA); other routine lab and immunizations. **4** Maximum allowable is 140% of Medicare allowable. **5** Pre-authorization REQUIRED for ALL NON-EMERGENCY Care. **6** Eligible benefits subject to initial member responsibility and member co-shares counts toward max out-of-pocket. Excludes prescription drug benefits, pre-existing conditions, and subject to program sub-limits. **7** See Membership Guidelines for coverage limitations and details. **8** Maximum sharing after initial responsibility.

\*Prices are monthly with annual contract. Add 25% for month to month contract.

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