

# **iEverydayCARE**®

**Benefit Summary** 

Simple and Truly Affordable Healthcare



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	iEverydayCARE   iEverydayCARE   Hospital			iEverydayCARE <sup>1</sup> Hospital PLUS			
Pricing* Primary Member:	Any Age	Age 18-44	Age 45-59	Age 60-64	Age 18-44	Age 45-59	Age 60-64
Primary Member Only	\$ <b>162</b>	\$ <b>397</b>	\$ <b>469</b>	\$ <b>570</b>	\$ <b>475</b>	\$ <b>582</b>	\$ <b>710</b>
Primary Member + Spouse	<sup>\$</sup> 291	\$783	\$917	\$1,063	\$951	\$1,142	\$1,343
Primary Member + Child(ren)	<sup>\$</sup> 291	\$817	\$951	\$1,097	\$985	\$1,175	\$1,377
Primary Member + Family	\$431	\$1,220	\$1,343	\$1,388	\$1,472	\$1,679	\$1,808
Multiplan . PHCS Practitioner Only Network (or add a doctor 48 Hours prior to visit)2	<b>⊘</b>	<b>⊘</b>					
Routine Care							
<ul> <li>Virtual Primary Care (24/7/365)</li> <li>In-Office Primary &amp; Urgent Care</li> <li>Pediatric Care</li> <li>Annual Adult Physical<sup>3</sup> &amp; Well Child<sup>3</sup></li> <li>Chiropractic (12 free visits per year)</li> <li>X-rays</li> <li>member responsibility</li> <li>Virtual and In-Network Office Visit with 48 Hour Pre-Authorization</li> <li>member responsibility</li> </ul>	<b>⊘</b>			<			
Out-of-Network Office Visit with 48 Hour Pre-Authorization  50 member responsibility In-Network or Out-of- Network Visit without 48 Hour Pre-Authorization							
\$0 member responsibility Labs RedirectHealth.com/labs	(Basic)	(Standard)		(Expanded)			
*O member responsibility Mental Health Tele-Counseling with 48 Hour Pre-Authorization	<b>⊘</b>	<b>⊘</b>		<b>⊘</b>			
Rx & Immunizations RedirectHealth.com/rxformulary Discount program - prices may vary depending on pharmacy location, quantity & dosage with 48 Hour Pre-Authorization	(Basic)	(Standard)		(Expanded)			
Specialist / Advanced Imaging / Hospital							
Specialist Consults & Care							
\$50 member responsibility 4 with 48 Hour Pre-Authorization							
\$50 member responsibility 4 MRI, PET, CT scans, ultrasound, mammogram and other imaging with 48 Hour Pre-Authorization	Care Navigation Only	<b>⊘</b>			<b>Ø</b>		
Hospital Care - Inpatient & Outpatient <sup>5</sup> Individual	Appointment preparation, coordination, navigation, alternative funding						
\$2,000 initial member responsibility 20% co-share   \$4,000 out-of-pocket max <sup>6</sup>	management, and pre-negotiations 100% Member						
Family  \$4,000 initial member responsibility  20% co-share   \$6,000 out-of-pocket max <sup>6</sup>	Responsibility						
Emergency Room \$500 initial member responsibility + 20% co-share							
Excluded Services <sup>7</sup> Pre-existing conditions, organ transplants, dialysis, skilled nursing, advanced psychiatric care and specialty and 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® Dialysis \$10,000 sharing limit® Skilled nursing \$5,000 sharing limit® Air ambulance \$5,000 sharing limit® Pre-existing exclusions apply 12 month look back		

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 Heath 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 Island and the Island 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-EMERCENCY Care. 6 Eligible benefits subject to initial primary responsibility and primary 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.



# **We Put People First! Care Navigation Works for Everyone.**

Finally! Healthcare on your terms – access care anytime, from anywhere, 24/7/365.



## **Everything You Want in a Healthcare App – and More**



Access Your ID Card(s)



Speak with a Medical Provider



Access Plan Details



Renew Prescriptions



**Update Your** Information



Submit receipts or billing questions

## **Start with the Redirect Health Member App**

- Available to answer any questions 24/7/365 in English and Spanish
- If you have a medical need simply use the Member App, call or text
- Our Care Team is made up of healthcare experts and medical providers



### We Navigate and Coordinate Your Care

- We'll help you determine if virtual, in-person, urgent, or emergency care is needed
- Connect to a virtual medical provider at a convenient time for you who will determine if further in-office care is needed
- We'll assist with any next steps, such as in-office visit scheduling or filling prescriptions at a nearby pharmacy so you never waste any time



- We find you the right level of care to address your medical needs, so you never pay more than you should
- Whether you had a virtual or in-person visit, we follow-up after your visit to make sure your care plan is staying on track
- Ever have a question? The Care Team is available 24/7/365





## **How Your Membership Works**

Get the most out of your healthcare by following these simple steps

#### What if I need care?

Always use the Member App to schedule care and prepare for your appointments. Many times you'll get everything you need over the phone. Your Care Team will make sure you always get the right care. Never spend more than you should.

## What if I get a bill?

Submit doctor's bills through the SECURE Member App (but most times we'll pay your doctor before you get a bill)

#### What if I have extra questions?

Expedite any request or obstacle on the Member App or use RedirectHealth.com/ExtraHelp

Please visit RedirectHealth.com/app to download the App



# **How Needs are Shared with the Community**

Your Redirect Health membership protects you and your family from high-dollar medical expenses

#### **Contact us FIRST**

Always contact Redirect Health FIRST to initiate any medical need 24/7/365 the Member App is the best way.



#### **Choose a doctor**

A medical provider will be recommended or you can choose your own from a large network. You can even add a doctor.

Members can expedite any request RedirectHealth.com/ExtraHelp

#### Claims payment

Redirect Health assembles and reviews claims and submits them to the Plan Administrator for payment.\*



#### **Advocacy**

Redirect Health will arrange and coordinate qualifying financial assistance programs, manage alternative funding options, and pre-negotiate costs of services.



#### Physician-to-Physician case management

A Redirect Health clinician coordinates with your doctor to facilitate care and prevent unnecessary missed work and spending. Streamlined coordination, navigation & pre-negotiation is our goal.

# How Pre-Existing Conditions are Shared (iEverydayCARE® Hospital & Hospital PLUS Only)

A condition is considered pre-existing for a member or dependent if symptoms or treatment have occurred within the 12 months prior to joining the Medical Cost Share. See the Membership Guidelines for detailed description of what will be considered a pre-existing condition. Controlled diabetes, hypertension, high cholesterol, seasonal allergies and intermittent asthma will not be considered pre-existing when reported prior to membership effective date.

Conditions beginning after a member's effective date will be shared after paying a \$2,000 initial member responsibility then 20% with a maximum out-of-pocket of \$4,000^ per year. See the Membership Guidelines for sharing rules.

**Additional Sharing Restrictions and Limitations** See Member Guidelines

Pre-existing conditions become eligible for sharing based on members' tenure with the plan, as indicated by the following graduated sharing schedule:

Time After Membership Effective Date	Shareable
First 12 months	Not shareable
Months 13-24	Shareable to \$25,000
Months 25-36	Shareable to \$50,000
Month 37 and after	Shareable to \$125,000

<sup>\*</sup>Specialist, advanced imaging, and hospital claims must be pre-authorized and coordinated by Redirect Health to be eligible for payment.

<sup>^</sup>Subject to program sub-limits. Prescription drug benefits are not included in out-of-pocket max calculation.