



Healthcare that works for everyone!

Save 40% or More on Nationwide Healthcare Plans

EverydayCARE® plan highlights



24-Hour Concierge
Always available via App, text, or call



National Direct Primary Care
Virtual & in-office visits – always scheduled for you



Labs & Immunizations
Low-cost routine care
Expanded



Prescription Benefits
\$10, \$25, \$50, \$100
Expanded



Chiropractic
12 free visits per year



Mental Health
Unlimited \$0 copay
tele-counseling included



Virtual Primary Care
Always at no cost to you – 24/7/365



Redirect Health Network
Use your doctor or one of over 700,000 nationwide

Low Out-of-Pocket Costs for Employees

**\$0 COPAYS
on Routine Care**

Low Deductibles and Out-of-Pocket Maximums for Hospitalization

Individual - \$2,000 Deductible 20% coinsurance \$4,000 out-of-pocket max
Family - \$4,000 Deductible 20% coinsurance \$6,000 out-of-pocket max


Households with at least one member who uses tobacco products are NOT eligible for the inclusive \$75 discount as reflected in the Hospitalization prices.

CALL 1-888-688-4734

TO LEARN MORE ABOUT THESE EXCITING BENEFITS TODAY!

Multiplan  PHCS Practitioner Network (or add a doctor 48 Hours prior to visit)†	✓	✓	✓
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Routine Care¹ - Use the App

<p>\$0 copay Virtual Visit (Use the App or call 24/7/365)</p> <p>\$20 copay* Office Visit with Pre-authorization </p> <p>\$50 copay² without 48 Hour Pre-authorization (PHCS Network - Practitioner Only)</p> <ul style="list-style-type: none"> • In-Office Primary • Urgent Care • Annual Adult Physical¹ & Well Child¹ (\$0 Copay with Pre-Authorization Use the App) • Chiropractic (12 visits per year) • X-rays 	✓	✓	✓
<p>\$0 copay Labs RedirectHealth.com/labs Pre-authorization REQUIRED - Labcorp Only</p>	✓ (Expanded)	✓	✓ (Basic)
<p>\$0 copay Mental Health Tele-Counseling Pre-authorization REQUIRED</p>	✓	✓	✓
<p>Rx & Immunizations (\$10, \$25, \$50, \$100) RedirectHealth.com/rxformulary Copays may vary depending on pharmacy location, quantity, and dosage.</p>	✓ (Expanded)	✓	✓ (Generic)
<p>\$0 copay Virtual Specialist Curbside Consult⁵</p>	✓	✓	✓

Specialist/Hospital/Advanced Imaging - Use the App

<p>Specialist Consults & Care</p> <p>\$50 copay with 48 Hour Pre-authorization</p> <p>\$100 copay² without 48 Hour Pre-authorization (PHCS Network - Practitioner Only)</p>	✓	✓	<p>Care Navigation Only</p> <p>Appointment preparation, coordination, navigation, alternative funding management, and pre-negotiations</p>
<p>\$50 copay MRI, PET, CT Scans, Ultrasound and other imaging 48 Hour Pre-authorization</p>	✓	✓	
<p>Hospital Care - Inpatient & Outpatient NO COVERAGE without Pre-authorization except in an Emergency</p> <p>Individual - plan year \$2,000 Deductible 20% coinsurance \$4,000 out-of-pocket max[^]</p> <p>Family - plan year \$4,000 Deductible 20% coinsurance \$6,000 out-of-pocket max[^]</p> <p>Emergency Room \$500 Copay + 20% Coinsurance</p>	✓ (Embedded Deductible)	✓ (Non-Embedded Deductible)	
<p>Excluded Services³ Organ transplants, dialysis, skilled nursing, advanced psychiatric care and specialty & non-formulary medications</p>	Dialysis & Skilled Nursing Included	Care Navigation Only - Appointment preparation, coordination, navigation, alternative funding management, and pre-negotiations	

Guidelines

<p>ACA Compliance Satisfies Penalty A (MEC) & Penalty B (MVP)</p>	✓	✓	Satisfies Penalty A
<p>Minimum Employer Contribution</p>	50% of Employee Only⁴		100% of Employee Only⁴
<p>Minimum Employee Participation</p>	50% of Eligible Employees		

This program is an ERISA self-funded insurance plan managed by Redirect Health exclusively for members of the risk pool underwritten by Statesman Insurance Company. See program guide for details. **Routine care can always be \$0 when Redirect Health prepares your appointment.** **1** Routine physical/exam; gynecological exam; mammogram; pap smear; prostate testing (PSA); other routine lab and immunizations. In-network routine endoscopy, colonoscopy, sigmoidoscopy, vision or hearing screening for children, and x-ray will also be included at no cost (with authorization) when required by provisions of the Affordable Care Act. Visit www.hrsa.gov for all Minimum Essential Coverage as outlined by the Affordable Care Act. **2** Maximum allowable is 140% of Medicare allowable. **3** See Summary Plan Document (SPD). **4** ALE Minimum contribution is the greater of 50% of employee only or 9.12% (2023) **5** A Redirect Health medical professional will interact with specialist on the members behalf. **†** Any doctor who accepts the Redirect Health Usual, Customary & Reasonable (UCR) Agreement can be in-network. **^** Deductible, coinsurance and copay counts toward max out-of-pocket on eligible benefits only. * Waived as group meets Success Metrics. This overview is intended only as an illustration of the benefit plan design. Please refer to your Plan Document for actual coverage, limitation, and exclusion provisions.

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