



# iEverydayCARE<sup>®</sup>

## Benefits Summary

Managed by Redirect Health and  
**newpa**   
Medical

Routine Care can  
**Always be \$0**  
on Virtual Primary Care  
with Redirect Health

**24/7/365**  
In English & Spanish

Welcome to SIMPLE AND TRULY AFFORDABLE virtual-first healthcare on your terms. Your iEverydayCARE<sup>®</sup> membership provides real savings, 24/7/365 access to care, and a dedicated care team to ensure you always get the healthcare you need. Your membership includes primary care (virtual and in-office), mental health, free chiropractic, prescriptions, a large network of doctors, plus low costs for hospitalization and so much more.

# 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

### Follow-Up that Matters

- ✓ 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



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | iEverydayCARE <sup>1</sup>                                                                                                             | iEverydayCARE <sup>1</sup><br>Hospitalization |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>Multiplan  PHCS Practitioner Network</b><br>(or add a doctor 48 Hours prior to visit) <sup>†</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                      | ✓                                                                                                                                      | ✓                                             |
| <b>Routine Care – Use the App</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                        |                                               |
| <ul style="list-style-type: none"> <li>✓ Virtual Primary Care (24/7/365)</li> <li>✓ In-Office Primary</li> <li>✓ Urgent Care</li> <li>✓ Annual Adult Physical<sup>1</sup> &amp; Well Child<sup>1</sup></li> <li>✓ Chiropractic (12 free visits per year)</li> <li>✓ X-rays</li> </ul> <p><b>\$0 member responsibility</b> Virtual and In-Network Office Visit with Pre-Authorization</p> <p><b>\$20 member responsibility*</b> Out-of-Network Office Visit with Pre-Authorization</p> <p><b>\$50 member responsibility<sup>2</sup></b> In-Network or Out-of-Network Visit without 48 Hour Preparation/Pre-Authorization</p> | ✓                                                                                                                                      | ✓                                             |
| <b>\$0 member responsibility</b> Labs <a href="https://RedirectHealth.com/labs">RedirectHealth.com/labs</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ✓                                                                                                                                      | ✓                                             |
| <b>\$0 member responsibility</b> Mental Health Tele-Counseling<br>Pre-authorization REQUIRED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ✓                                                                                                                                      | ✓                                             |
| <b>Rx &amp; Immunizations</b><br><a href="https://RedirectHealth.com/rxformulary">RedirectHealth.com/rxformulary</a><br>Discount program - prices may vary depending on pharmacy location, quantity and dosage.                                                                                                                                                                                                                                                                                                                                                                                                             | ✓                                                                                                                                      | ✓                                             |
| <b>Specialist / Hospital / Advanced Imaging – Use the App</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                        |                                               |
| <b>Specialist Consults &amp; Care</b><br><b>\$50 member responsibility</b> with 48 Hour Pre-authorization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                        | ✓                                             |
| <b>\$50 member responsibility</b> MRI, PET, CT Scans, Ultrasound and other imaging (48 Hour Pre-authorization)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                        | ✓                                             |
| <b>Hospital Care - Inpatient &amp; Outpatient<sup>4</sup></b><br><b>Individual - (non-embedded) plan year</b><br><b>\$2,000</b> Initial Member Responsibility<br><b>20%</b> co-share   <b>\$4,000</b> out-of-pocket max*<br><b>Family - (non-embedded) plan year</b><br><b>\$4,000</b> Initial Member Responsibility<br><b>20%</b> co-share   <b>\$6,000</b> out-of-pocket max*<br><b>Emergency Room</b><br><b>\$500</b> Initial Member Responsibility + <b>20%</b> Co-share                                                                                                                                                | <b>Care Navigation Only</b><br>Appointment preparation, coordination, navigation, alternative funding management, and pre-negotiations | ✓                                             |
| <b>Excluded Service<sup>3</sup></b><br>Pre-existing conditions, organ transplants, dialysis, skilled nursing, advanced psychiatric care and specialty & non-formulary medications                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Care Navigation Only -</b> Appointment preparation, coordination, navigation, alternative funding management, and pre-negotiations  |                                               |

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 [www.RedirectHealth.com/state-disclosures](https://www.RedirectHealth.com/state-disclosures) for more information regarding program limitations. **1** Routine physical/exam; gynecological exam; mammogram; pap smear; prostate testing (PSA); other routine lab and immunizations. **2** Maximum allowable is 140% of Medicare allowable. **3** See Membership Guidelines for coverage limitations and details. **4** Pre-authorization REQUIRED for ALL NON-EMERGENCY Care \* 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. † 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.

# 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.

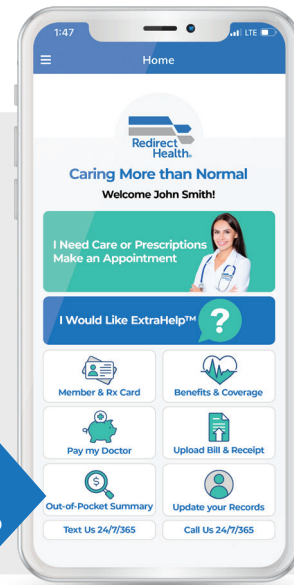
### What if I get a bill?

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?

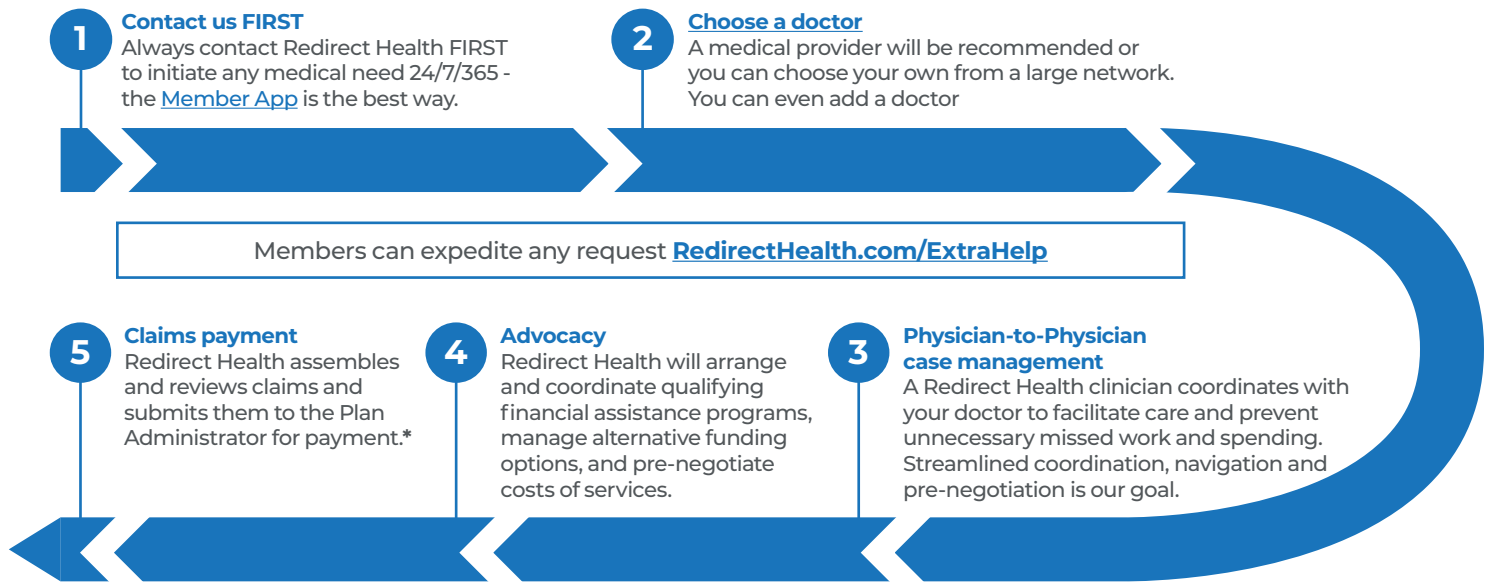
Expedite any request or obstacle on the [Member App](#) or use [RedirectHealth.com/ExtraHelp](https://RedirectHealth.com/ExtraHelp)

[Click here to download the App](#)  
[RedirectHealth.com/app](https://RedirectHealth.com/app)



# How Needs are Shared with the Community

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



# How Pre-Existing Conditions are shared

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 their \$2,000 initial member responsibility then 20% with a maximum out-of-pocket of \$4,000<sup>A</sup> per year. See the Membership Guidelines for sharing rules.

### Additional Sharing Restrictions

See Member Guidelines for detailed shareable restrictions.

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 |

\*Specialist, advanced imaging, and hospital claims must be pre-authorized and coordinated by Redirect Health to be eligible for payment. <sup>A</sup>Subject to program sub-limits. Prescription drug benefits are not included in out-of-pocket max calculation..

# Pricing Details


## iEverydayCARE® Individual and Family

Pricing is based off primary members age, the primary is the oldest member of the household.


Effective 10/01/23

**iEverydayCARE**  
Managed by  **newpath**  
Medical

### iEverydayCARE® Only

| Multiplan  PHCS Practitioner Only<br>(or add a doctor prior to visit)† | ✓           |             |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|
|                                                                                                                                                         | 18 - 44 yrs | 45 - 59 yrs | 60 - 64 yrs |
| Member Only                                                                                                                                             | \$145       | \$145       | \$145       |
| Member + Spouse                                                                                                                                         | \$260       | \$260       | \$260       |
| Member + Child(ren)                                                                                                                                     | \$260       | \$260       | \$260       |
| Member + Family                                                                                                                                         | \$385       | \$385       | \$385       |

### iEverydayCARE® Hospitalization

| Multiplan  PHCS Practitioner Only<br>(or add a doctor prior to visit)† | ✓           |             |             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|
|                                                                                                                                                           | 18 - 44 yrs | 45 - 59 yrs | 60 - 64 yrs |
| Member Only                                                                                                                                               | \$349*      | \$419*      | \$509*      |
| Member + Spouse                                                                                                                                           | \$699*      | \$819*      | \$949*      |
| Member + Child(ren)                                                                                                                                       | \$729*      | \$849*      | \$979*      |
| Member + Family                                                                                                                                           | \$1,089*    | \$1,199*    | \$1,239*    |

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