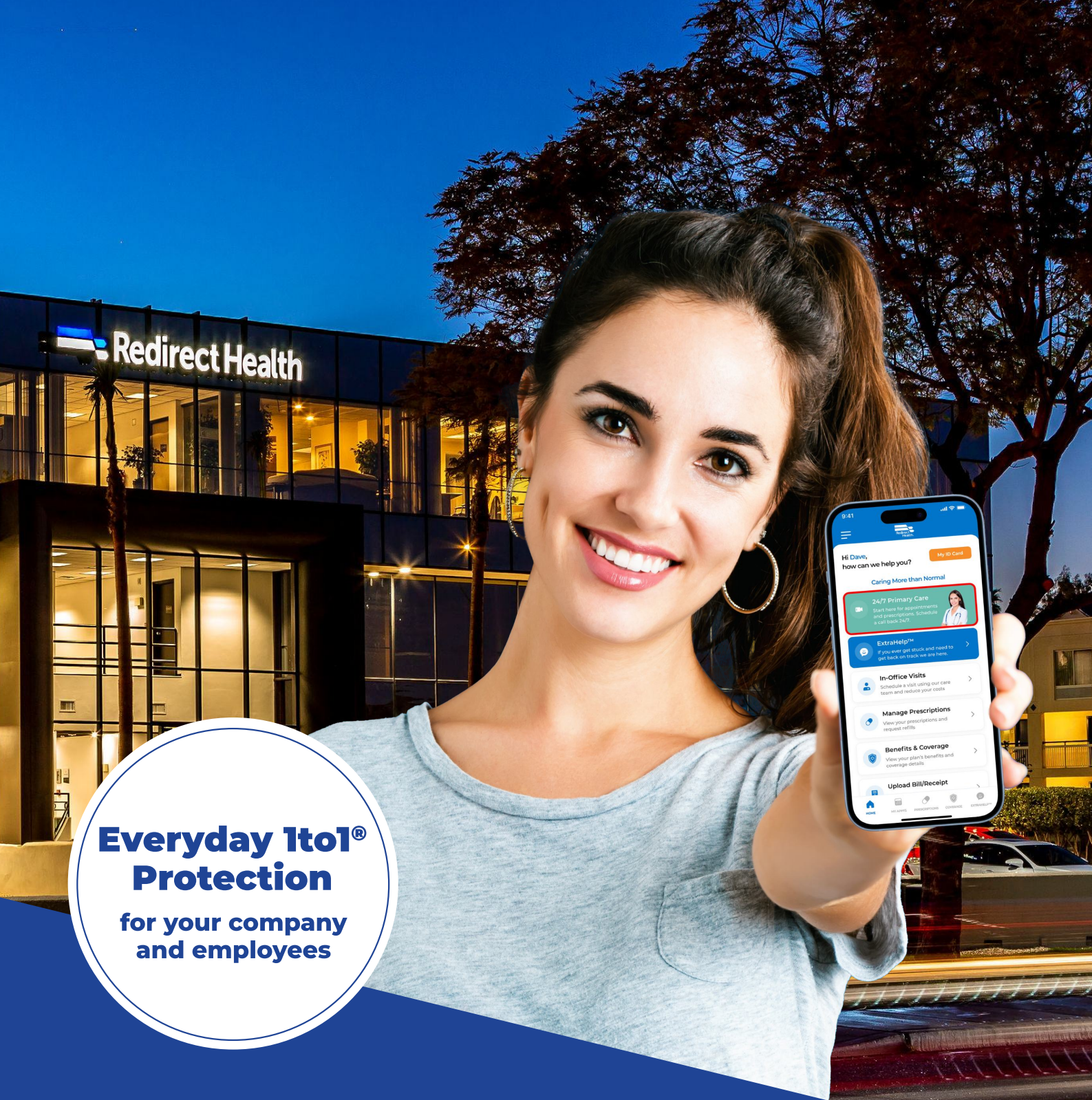




**Everyday Itol®
Protection**
for your company
and employees



EverydayCARE®

Self-insured High Deductible Health Plan

We Make Health Plans **Affordable**

	EverydayCARE® ¹ Routine Care	EverydayCARE® ^{1,2} Hospital HDHP	EverydayCARE® ^{1,2} Hospital PLUS HDHP
Everyday Ito1® Platform Your Company's 24/7 Medical Director	✓	✓	✓
Routine Care			
✓ Virtual Primary Care (24/7/365) ✓ In-Office Primary & Urgent Care ✓ Pediatric Care ✓ Annual Adult Physical ³ & Well Child ✓ Chiropractic (12 free visits per year) ✓ X-rays \$0 copay Virtual and In-Network Office Visit with 48 Hour Pre-Authorization \$20 copay ⁴ Out-of-Network Office Visit with 48 Hour Pre-Authorization \$50 copay ⁵ In-Network or Out-of-Network Visit without 48 Hour Pre-Authorization	✓	✓	✓
\$0 copay Labs RedirectHealth.com/labs with 48 Hour Pre-Authorization	✓ (Basic)	✓	✓ (Expanded)
\$0 copay Mental Health Tele-Counseling with 48 Hour Pre-Authorization	✓	✓	✓
Rx & Immunizations RedirectHealth.com/RxFormulary Copays may vary depending on pharmacy location, quantity, and dosage with 48 Hour Pre-Authorization	✓ (Basic)	✓	✓ (Expanded)
\$0 copay Virtual Specialist Curbside Consult ⁶ with 48 Hour Pre-Authorization	✓	✓	✓
Specialist / Advanced Imaging / Hospital			
Specialist Consults \$50 copay ⁵ with 48 Hour Pre-Authorization \$100 copay ⁵ without 48 Hour Pre-Authorization (PHCS Network - Practitioner)	Everyday Ito1® CareLogistics™ • Get the healthcare you need without spending more than you should • Appointment scheduling, Referrals, Navigation • Negotiations, Alternative funding mgmt. Cost of Services is 100% Member Responsibility	✓	✓
Advanced Imaging \$50 copay ⁵ MRI, PET, CT scans, ultrasound, mammogram and other imaging with 48 Hour Pre-Authorization		✓	✓
Hospital Care - Inpatient & Outpatient Procedures ⁷ Individual – plan year \$4,000 deductible 20% coinsurance \$6,000 out-of-pocket max ⁴ Family – plan year \$6,000 deductible 20% coinsurance \$12,000 out-of-pocket max ⁴ Emergency Room \$500 copay + 20% coinsurance		✓ (Non-Embedded Deductible)	✓ (Embedded Deductible)
Excluded Services ⁸ Organ transplants, dialysis, skilled nursing, residential treatment facilities, and specialty and non-formulary medications	Everyday Ito1® CareLogistics™ • Get the healthcare you need without spending more than you should • Appointment scheduling, Referrals, Navigation • Negotiations, Alternative funding mgmt. Cost of Services is 100% Member Responsibility		Dialysis, Residential Treatment Facilities & Skilled Nursing Included
Network			
Multiplan.  PHCS Practitioner Only Network ⁹ (or add a doctor 48 Hours prior to visit)	✓	✓	✓

1 This program is an ERISA self-funded insurance plan managed by Redirect Health. This overview is intended only as an illustration of the benefit design. Refer to actual Summary of Plan description (SPD) for actual coverage, limitations and exclusion provisions. 2 Special enrollment requirements apply in order to qualify for Specific Deductible Waivers. Medical Questionnaires may be required. 3 Routine physical exam; gynecological exam; screening mammogram; PAP smear; prostate testing (PSA); routine lab and immunizations; and all other ACA required Preventive Screening with pre-authorization. 4 Eligible benefits subject to deductible and copay count toward max out-of-pocket. 5 Maximum allowable charge is 140% of Medicare allowable or as negotiated by Redirect Health but not to exceed UCR. 6 A Redirect Health medical professional will interact with specialist on the member's behalf. 7 Pre-authorization REQUIRED for ALL NON-EMERGENCY care or no benefit will apply. 8 See SPD. 9 Any doctor who accepts the Redirect Health Usual, Customary and Reasonable (UCR) Agreement can be in-network.

Protecting & De-risking Your Health Plan

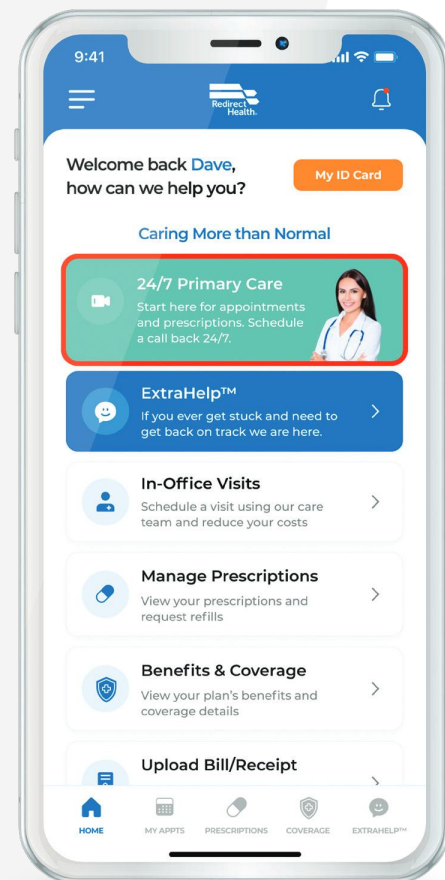
Everyday 1to1® Platform

Makes any Health Plan Work Better*

Affordable access to basic healthcare for every employee and their entire family. Prevention of chronic and expensive disease starts with children

Your Company's 24/7 Medical Director

- Medical Professionals ON STAFF with licenses in all 50 states
- Complete Electronic Medical Records always at their finger tips
- 24/7 Virtual Primary Care & Virtual Urgent Care
- Virtual Specialist and Emergency Room curbside consults and opinions
- Enhanced Population Health & Prioritized Pro-active Out-reach
- CareLogistics™ + Care Navigation
- Work Injury Management and E-MOD Protection
- Referral Management
- Rx Management (Insurance vs. Cash)
- Physician-to-Physician Case Management
- Hospital Discharge and Follow-up Management
- Alternative Funding Management for Plan Exclusions and Limitations. Access to Impact Together™ and foundation funds
- Deductible and Maximum Out-of-Pocket Optimization
- Integrated Data Management and Decision Support (Unique combination of Clinical Data, Cost Data, Claims Data and Employer Data)
- Wellness Program with Critical illness, Accident and Hospital coverage can be added and managed for net \$0 cost**



Flexible Enrollment

Enroll any date. Not tied to your health plan's renewal or enrollment dates

When your Company's Everyday 1to1® Platform is in place you'll always have the foundational protection you need to give you more options and control at renewal time

*Traditional fully-insured, Traditional self-insured, Level-funded self-insured, Medical Sharing Programs, and others

**Using a qualified ACA Wellness Program will result in FICA tax savings that are greater than the cost of the Everyday 1to1® Platform

Makes any Health Plan Work Better

What you can expect



Lower out-of-pockets
for employees and
their entire family



Lower
prescription costs



Less unnecessary
missed work



Less unnecessary
work comp claims



More options and
control at your next
renewal

Virtual-First Primary Care—CareLogistics™ that works for everyone

Finally! Healthcare on your terms—access care anytime and anywhere in the United States, 24/7/365

1 Always Use the [Redirect Health Member App](#) FIRST

Always contact us FIRST through the Member App (available 24/7) so we can schedule the quality healthcare you need quickly with the lowest out-of-pocket costs. Always the right care at the right price

2 Referral & Care Navigation

Personalized expert concierge navigation through the healthcare system

3 Cost Protection

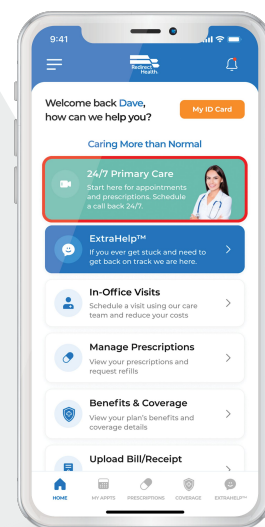
Healthcare can be expensive and difficult to understand. No surprises. Special prescription discounts for members

4 CareLogistics™

We do all the work, schedule and fast track appointments, prescription refills, and more

5 Physician-to-Physician Case Management

Coordination with your other physicians. Ensure you get the quality and care you need



Start with the [Redirect Health Member App](#)

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

We Navigate and Coordinate Your Care

- ✓ We'll help you determine what kind of care is needed—virtual, in-person, urgent, or emergency care
- ✓ Connect to a virtual medical provider at a convenient time for you
- ✓ We'll assist with next steps, like scheduling or filling prescriptions so you don't waste time or money



Follow-Up that Matters

- ✓ 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 the Plan Works

1 Plan Compliance

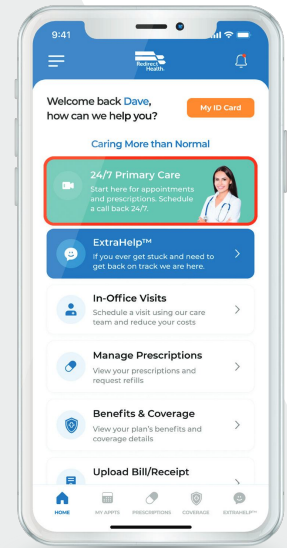
Your company insurance plan is set up to comply with ERISA and the Affordable Care Act. We also can coordinate HRAs, COBRA, and required 5500, PCORI, & 1094/1095 forms.

2 Plan Management

Redirect Health manages your plan with the extra care your employees need - Appointment Preparation, 24/7 concierge access, coordination, navigation and pre-negotiation.

3 Predictive Healthcare

Even before your plan's effective date Redirect Health starts learning about your employees' healthcare needs and the obstacles that may get in their way. Proactive, predictive and smart healthcare.



How You and Your Employees Access Healthcare

1 Always contact us FIRST

Always contact Redirect Health FIRST to initiate any medical need 24/7/365 - the [Member App](#) is the best way.

2 Choose a doctor

A medical provider will be recommended or your employee can choose their own from a large network. Employees can even add a doctor to the network. Ask us how.

Employees can expedite any request RedirectHealth.com/ExtraHelp

5 Claims payment

Your provider sends claims to the Plan Administrator. We review and submit them for payment.

4 Advocacy

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

3 Physician-to-Physician case management

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

Gap Summary of Benefits



Plan Year Benefit Amounts Available.

Employee Only: \$500 - \$10,000

Employee plus Spouse or Employee plus Child(ren): \$1,000 - \$20,000

Employee plus Family: \$1,500 - \$30,000

Plan Type	Definition of Covered Fees
HMO	Inpatient and Outpatient Copayments up to Coverage Limit
EPO	Deductible & Co-Insurance up to the Coverage Limit
High Deductible Health Plans	

HOSPITAL IN-PATIENT BENEFITS

We will pay Hospital Inpatient Benefits equal to 100% of any deductibles or coinsurance for which You are responsible under Your Primary Medical Policy, up to the Maximum Annual Inpatient Benefit each Plan Year, for You or a Covered Person's Inpatient Hospital Stay covered under Your a Plan Year Deductible, if any.

Expenses incurred during an Inpatient Hospital Stay are covered under the Hospital Inpatient Benefit, including:

- Hospital charges for room and board
- Hospital miscellaneous charges including operating room, equipment, supplies, and drugs
- Intensive Care unit charges
- Physician charges incurred during the stay

When filing a claim – if you have already paid the provider, it is necessary to submit the Explanation of Benefits provided by Your Primary Medical Policy, or other documentation showing amounts for which You are responsible for under Your Primary Medical Policy.

OUTPATIENT BENEFITS

The Plan will reimburse Outpatient expenses equal to 100% of any deductibles or coinsurance as outlined below for which You are responsible under Your Primary Medical Policy and not covered under the Health Screening and Diagnostic Benefit or the Health Treatment Benefit, up to the Maximum Annual Outpatient Benefit each Plan Year, for You or other Covered Persons who are covered under the Primary Medical Policy.

Expenses for Outpatient Benefits include:

- Facility and Physician expenses for outpatient surgery in a Hospital or free-standing outpatient surgery center
- Hospital and Physician expenses for treatment in an emergency room Hospital and Physician expenses for other outpatient treatment in a Hospital
- Pays the out-of-pocket (deductible and co-insurance) amount for these physicians' covered charges.
- Diagnostic lab work, Diagnostic Radiology, and Minor Surgical procedures performed in covered settings, including office.
- Diagnostic testing (i.e., allergy, cardiology, and pulmonary testing) are not covered when performed in an office setting. This coverage will not pay any benefit for the physician's office visit fee charged by a physician or specialist.

When filing a claim- if you have already paid the provider, it is necessary to submit the Explanation of Benefits provided by Your Primary Medical Policy, or other documentation showing amounts for which You are responsible for under Your Primary Medical Policy.

AME GAP Exclusions

No benefits are payable under the Policy for any expenses incurred:

- a)** During any period, Covered Person does not have coverage under a Primary Medical Policy.
- b)** For benefits excluded under the Covered Person's Primary Medical Policy.
- c)** For Doctor Office and Prescription Copayment amounts charged under the Employer's Other Plan.
- d)** For additional services provided in a primary care physician office unless the service is specifically covered under the outpatient diagnostic schedule of benefits.
- e)** Non-Covered Physicians (without a rider)
 - Therapist (Physical, Speech, and Occupational)
 - Psychiatrist
 - Optometrist
 - Hearing Aid Specialist
 - Chiropractors
- f)** For non-prescription drug or Outpatient prescription drug charges;
- g)** Outpatient routine newborn care (except newborn circumcision);
- h)** Rest care or rehabilitative care and treatment
- i)** Voluntary abortion except, with respect to the insured or covered eligible dependent: where the insured or dependent's life would be endangered if the fetus were carried to term or where medical complications have arisen from abortion;
- j)** Sex changes;
- k)** Experimental treatment, drugs, or surgery;
- l)** Allergy testing;
- m)** Dental or vision services, including treatment, surgery, extractions, or x-rays, unless resulting from an accident occurring while the covered person's coverage is in force and if performed within 12 months of the date of such accident or due to congenital disease or anomaly of a covered newborn child;
- n)** Elective cosmetic surgery;
- o)** Sterilization or reversal of sterilization;
- p)** For charges that are not eligible for reimbursement under the Employer's Other Plan;
- q)** Charges for medical care, treatment and services, or portions thereof, that are in excess of what is deemed allowable by the Employer's Other Plan; and
- r)** For charges for medical care, treatment and services that are incurred at a provider that is not included in the provider network of the Employer's Other Plan, unless otherwise covered under the Employer's Other Plan.
- s)** With respect to Late Enrollees only, during the first 30 days of coverage under the Policy.
- t)** During any period, Covered Person does not have coverage under a Primary Medical Policy.
- u)** For benefits excluded under the Covered Person's Primary Medical Policy.
- v)** Due to intentionally self-inflicted injuries, suicide, or any attempt thereat while sane or insane;
- w)** Due to declared or undeclared war or any act thereof;
- x)** Due to the Covered Person's commission of a felony;
- y)** Due to work-related Injury or Sickness; and
- z)** From the Covered Person's voluntary participation in a riot, civil commotion or disobedience, or unlawful assembly.

EverydayCARE® Plan Pricing - Effective 10/1/26

	EverydayCARE® Routine Care	EverydayCARE® ¹ Hospital HDHP	EverydayCARE® ¹ Hospital PLUS HDHP
Employee Only	\$171	\$529	\$620
Employee + Spouse	\$307	\$1,020	\$1,207
Employee + Child(ren)	\$307	\$1,052	\$1,244
Employee + Family	\$455	\$1,459	\$1,722
Compliance			
ACA Compliance Satisfies Penalty A (MEC) & Penalty B (MVP)	Satisfies Penalty A	✓	✓

¹Special Requirements to Qualify for Specific Deductible Waivers and Base Rates for Hospital Plans:

1. Minimum Employer Contribution Options:

- 100% of the employee only EverydayCARE® Routine Care amount if all eligible employees are auto-enrolled in EverydayCARE® Routine Care (employee only tier). Any employee may buy up to another plan or opt out.
- 50% of the employee only EverydayCARE® Hospital plan amount if all eligible employees are NOT auto-enrolled in EverydayCARE® (employee only tier). Any employee may buy up to another plan or opt out.

2. Minimum Eligible Employee Participation Options:

- 50% of total eligible employees
- 25-49% enrollment – Base Rates above will be increased by 20%. Carrier reserves the right to add this 20% Low Participation Risk Premium mid-year should participation drop below 50%.

3. Employer, as the Plan Sponsor and Plan Administrator agrees to adopt certain limitations and exclusions, pre-authorization requirements, and maximum allowable charges of 140% of Medicare rates (or as negotiated by the TPA*, but not to exceed Usual, Customary and Reasonable), in their self-insured Plan Documents.

4. Individual Medical Questionnaires required for groups with less than 20 eligible employees.

Enrollment Date Requirements:

- Enrollment needs to be complete by the first business day on or after the 14th of the month prior to the Effective Date;
- If Enrollment is not completed by the first business day on or after the 14th of the month prior to the Effective Date, Individual Medical Questionnaires are required to be submitted to Redirect Health by the 20th of the month for any employees wishing to participate in a EverydayCARE® Hospital plan;
- If Enrollment is not complete by the 20th or Individual Medical Questionnaires not submitted by the 20th, the Effective Date will be delayed until the following month.

*Redirect Health is the Program Manager and Redirect Health Administrator is the Plan TPA.

Self-Funded and Level-Funded Plans

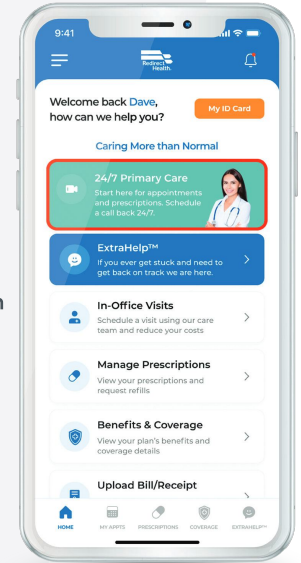


Everyday 1to1® Platform*

Stop-loss carrier agrees to reduce specific deductibles if employer provides the following for ALL* employees.

- Medical Professionals ON STAFF with licenses in all 50 states
- Complete Electronic Medical Records always at their finger tips
- 24/7 Virtual Primary Care & Virtual Urgent Care
- Virtual Specialist and Emergency Room curbside consults and opinions
- Enhanced Population Health & Prioritized Pro-active Out-reach
- CareLogistics™ + Care Navigation
- Work Injury Management and E-MOD Protection
- Referral Management
- Rx Management (Insurance vs. Cash)
- Physician-to-Physician Case Management
- Hospital Discharge and Follow-up Management
- Alternative Funding Management for Plan Exclusions

*Any employee can opt out



Enrollment Date Requirements:

- Enrollment Complete by 15th
- Late Enrollment with Medical Questionnaire Complete by 25th
- Delay until Next Month if after the 25th

Everyday 1to1® and EverydayCARE® meet all requirements to qualify for up to a \$40,000 per employee reduction in the stop-loss specific deductible. 100% of eligible employees must be auto-enrolled with 100% employer contribution toward the Employee only amount. Various exclusions and limitations must exist in the employer's plan to qualify for the reduction in specific deductible.

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