



FUNDAMENTAL CARE

Employer-Sponsored | Expense-Incurred | Self-Funded | Limited-Day Plan

Self-Funded, Limited-Day Health Plans for employers Two Benefit Levels to Offer - Outpatient Only & Outpatient + Inpatient

"Level-funded copay plan, **not indemnity.**"

For the employer - affordable cost and simple administration

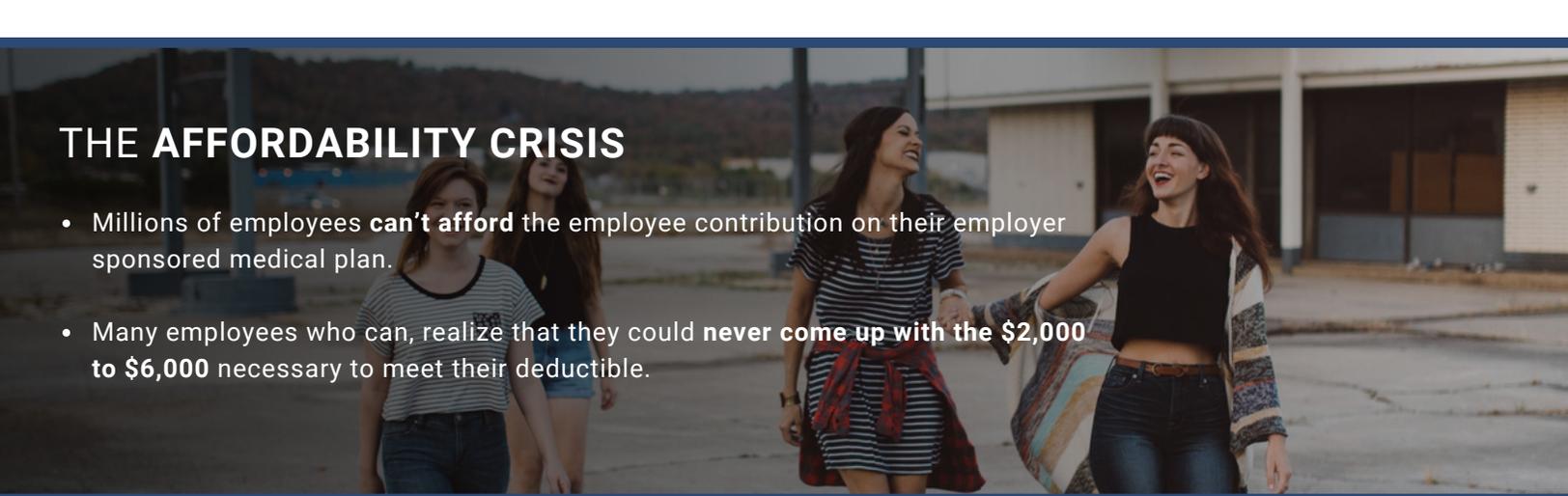
- Requires 50% employer contribution of employee-only rate
- Level funded with stop-loss insurance for excess claim risk protection and refund potential based on utilization
- Minimum of 5 enrolled lives or 10% of eligible employees
- Meets ACA "Minimum Essential Coverage" definition (not minimum value coverage)

For the employee - affordable cost and useable benefits

- 50-60% of the cost of Major Medical
- NO deductible
- Low copays
- No health questionnaires
- Tele-medicine with \$0 copay
- EAP with 5 face to face counselor visits included
- Wellness Benefit Plan

CANNA-CREST
CREST INSURANCE

This brochure is a general description of a health benefit alternative plan and is an invitation to inquire only. You should not take action or rely on information contained herein without the advice of your attorney or tax professional. Coterie Advisory Group makes not warranty information in this brochure. This plan does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not a Minimum Value Plan as set forth under the Patient Protection and Affordable Care Act. This plan not available in all states.



THE AFFORDABILITY CRISIS

- Millions of employees **can't afford** the employee contribution on their employer sponsored medical plan.
- Many employees who can, realize that they could **never come up with the \$2,000 to \$6,000** necessary to meet their deductible.

THE SOLUTION

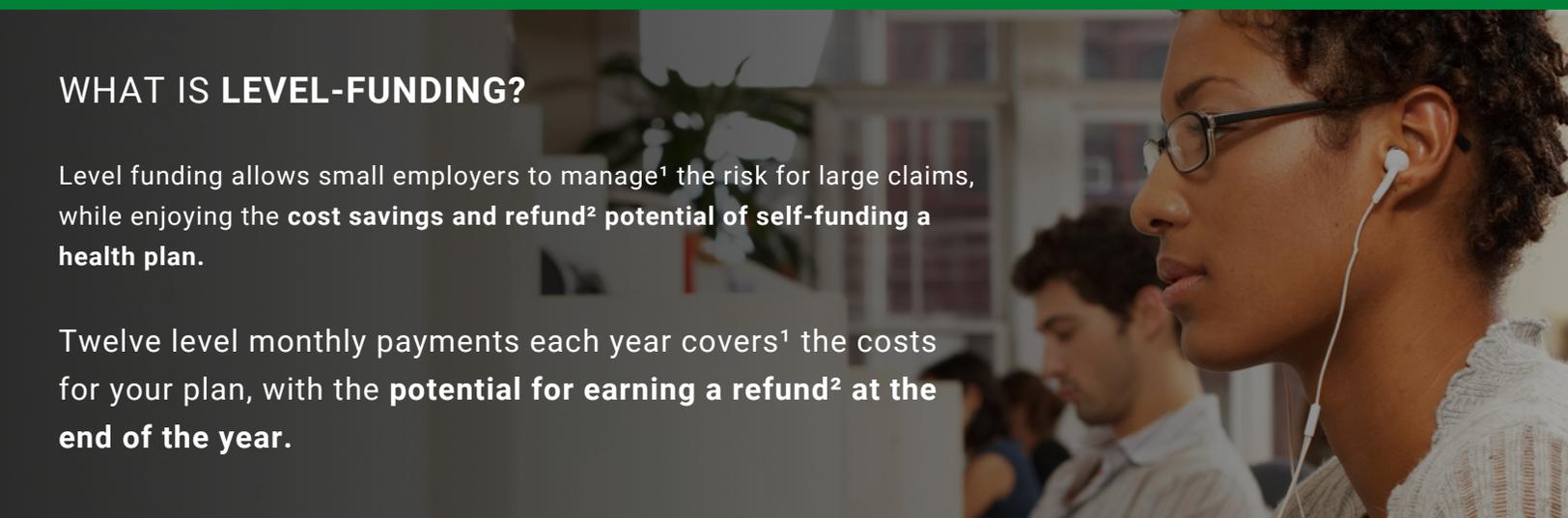
Our employer-sponsored, expense-incurred, self-funded plans make it easier for employees to budget for their healthcare expenses, since they simply pay a copay for covered services. Our plans take care of the rest. For employers, the plans' built-in level-funding also means predictable costs. As a result, these plans are unlike any other health plans in the market today.

EXPENSE-INCURRED, SELF-FUNDED, LIMITED-DAY PLANS INCLUDE:

- Preventative Services 100%
- Expense-incurred Outpatient - Limited Day
- Facilities-Based Medicare Reference Pricing In-Patient Coverage - 3 Days (optional)
- Generic Rx

Coterie Advisory's expense-incurred, self-funded limited-day plans are ideal for small groups who can't afford major medical coverage for employees or even large, national organizations that need a solution for hourly workers.

These self-funded plans include more comprehensive benefits than indemnity-based limited-benefit plans. As a result, even employers that can't offer Minimum Value Plans (MVPs) to their entire employee population will still have a valuable tool to recruit and retain high-quality employees.



WHAT IS LEVEL-FUNDING?

Level funding allows small employers to manage¹ the risk for large claims, while enjoying the **cost savings and refund² potential of self-funding a health plan.**

Twelve level monthly payments each year covers¹ the costs for your plan, with the **potential for earning a refund² at the end of the year.**

¹Large claim risk managed by stop-loss insurance with run-out coverage, subject to policy exclusions, solvency of insurance carrier, policy effective dates, mid-year Plan termination, and other policy terms and conditions."

²Refund subject to claims experience, run-out claims, mid-year Plan termination, and the terms and conditions of the administrative agreement."

WHAT ARE THESE PLANS DESIGNED TO ACCOMPLISH?

- Give large employers, including those that offer Minimum Value Plans (MVPs) to full-time employees, a solution for their **part-time, seasonal and temporary workers**.
- Meet the needs of **smaller employers** that cannot afford to offer their workers an ACA-compliant MVP.
- Give employees the **freedom to choose** the types of benefits that meet their needs and budget.
- Provide an affordable solution that is ideal for industries like **restaurants, retailers, staffing firms, construction companies, and security guard firms**.

UNDERWRITING GUIDELINES

- **Minimum 5 enrolled or 10% of eligible population** (whichever is greater)
- **Minimum employer contribution** - 50% of employee-only rate
- **Rates will vary by size of group, SIC code, and zip code**
- **Not available in all states** (inquire for details)

Fundamental Care Limited Day Plan

IN & OUT PATIENT MEC PLAN

OUTPATIENT MEC PLAN

Deductible

None

None

PREVENTIVE SERVICES - PPO Providers only. Not covered outside the network.

CMS Preventive Care Services

Paid at 100%

Paid at 100%

PHYSICIAN SERVICES - PPO*

Number of Days/year

Co-pay/day

Number of Days/year

Co-pay/day

Office Visits - PCP

3

\$30

3

\$30

Office Visits - Specialist

3

\$60

3

\$60

Urgent Care

2

\$100

2

\$100

Laboratory Services and Xray (outside OV)

2

\$50

2

\$50

O/P Diagnostic Testing - Radiologist

1

None

1

None

Emergency Room Physician & Staff

1

None

1

None

Outpatient Surgeon & Anesthesiologist

1

None

1

None

PRESCRIPTION DRUGS - Available through the drug card plan only.

Generic RX Only

Unlimited

\$15

Unlimited

\$15

OUTPATIENT FACILITY EXPENSES

Number of Days/year

Co-pay/day

Number of Days/year

Co-pay/day

Paid at 150% of Medicare**

O/P Diagnostic Testing

1

\$350

1

\$350

Emergency Room

1

\$500

1

\$500

Surgical Center

1

\$350

1

\$350

Ambulance - ground

1

\$250

1

\$250

INPATIENT FACILITY

Number of Days/year

Co-pay/day

Number of Days/year

Co-pay/day

Paid at 150% of Medicare**

**There are no network limitations on facilities. If any facility does not accept the allowed amount as payment in full (after the member's deductible) the plan will negotiate a rate with the provider. The member is not responsible for any amount other than the co-pay for any facility expense covered by the plan.

3

\$500

None

None

Includes all facility based services, supplies and professional services (nurses, doctors, therapists) for up to three days.

ALL PLANS INCLUDE THE FOLLOWING BENEFITS

Telemedicine - MDLIVE

Unlimited (\$0 copay)

Behavioral Health Counseling (in-person)

5 visits (\$0 copay)

Behavioral Health Counseling (telephonic & video)

Unlimited (\$0 copay)

MyEWellness (online wellness tools)

Unlimited (\$0 copay)

PRIME Health Services

Network Access & Discounts

aequum

Legal advocacy for disputes on facility bills

*Non-PPO physicians benefits are subject to the same copay and the allowable amount is a percentage of the the Medicare fee schedule. The member is responsible for any balance billed amounts. Mental Health & substance abuse benefits are covered the same as any other illness and apply to the same benefits as medical services. refer to policy documents for a full list of exclusions.



Fundamental Care uses a dual PPO Network/Facilities-based Medicare pricing approach to lower costs at facilities while providing access to physicians and labs.

Group Health Physician Only Network

Prime Health Services is a national medical cost containment company with a noteworthy Physician Only PPO Network. Our nimble and tech-focused nature allows clients to take advantage of the flexibility of customization while not compromising on claims processing speed.

Since 2001, we have specialized in medical provider network development and offer clients a customized approach to medical cost containment. The Prime Health Services Physician Only PPO network is comprised of direct-contract physicians from coast to coast in the United States. Through this network, our clients gain access to quality medical physicians at discounted rates in order to combat the rising cost of health care.

National Coverage

- Primary network physician-only network solution
- Over 600,000 physicians nationwide
- Reference-based contracts with a focus on % of Medicare
- Flexibility and customization
- Data integrity: URAC and NCQH credentialing standards

Tech-Focused

- Our proprietary repricing technology sets up apart
- Our system processes a claim in less than 0.17 seconds!
- Through our Physician Only PPO Network, we have the ability to do front-end claims edits

REFERENCE-BASED PRICING RBP

FACILITIES-BASED MEDICARE REFERENCE PRICING*

Facilities charges for in-hospital visits, surgeries both in and outpatient, and Emergency room expenses are reimbursed up to a maximum allowable charge of 150% of what Medicare would pay. Any hospital/facility that accepts this payment is allowed. Non-urgent medical facility stays should be pre-approved to ensure that reimbursement will be accepted as payment in full. Please call Allied National at 800-825-7531.

*Reference-Based Pricing (RBP) is an objective methodology used to calculate the amount a healthcare provider is paid for a specific service. Instead of using a standard PPO network discount (from what is often an inflated billed charge), an RBP-based plan pays claims based on a "maximum allowed charge" - defined as a percentage above what Medicare pays the provider for the same service. Medicare rates are the most widely accepted payment methodology.



MDLIVE[®]

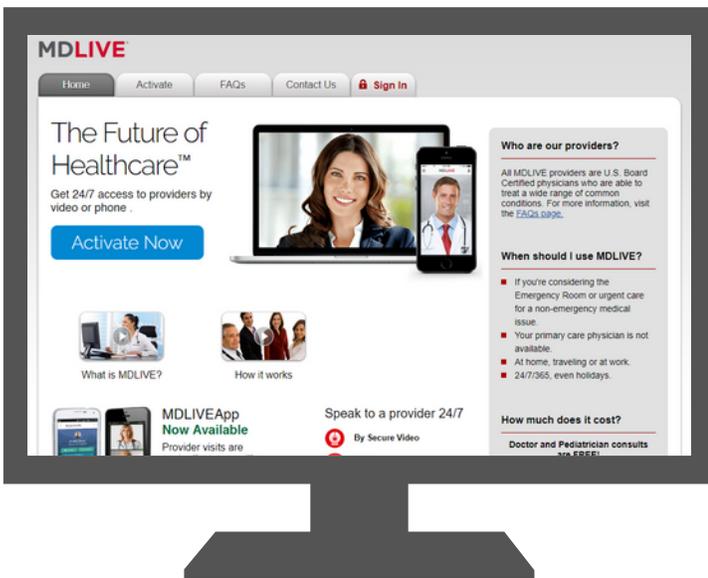
\$0 Copay

MDLIVE provides anytime access to board-certified doctors and pediatricians from where it's most convenient - home, office, or on the go. You can have a virtual consult to diagnose non-emergency medical issues over the phone or through secure video on your computer or smartphone.

It's patient-centric healthcare that works for you and around your schedule. MDLIVE has the nation's largest telehealth network. On average, our doctors have 15 years of experience and are licensed in the state where patients are located. Their specialties include primary care, pediatrics, emergency medicine and family medicine. Our doctors are committed to providing convenient, quality care.

USE YOUR TELEMEDICINE BENEFIT AT NO COST TO YOU!

- 24/7 access to consult with a licensed physician by phone or Video
- **\$0 consult fee and unlimited visits for all covered family members**
- Physician can write non-maintenance prescriptions when applicable



The provider will see you now!



Online Video
See a provider using your computer over the Internet



Phone Call
No Webcam? No problem!
Talk to a provider over the phone!



Secure E-mail Advice
Ask questions and get advice privately using secure E-mail



FUNDAMENTAL CARE
TRI-LEVEL LIMITED DAY PLANS





Concerns like depression, stress, substance abuse, grief and anxiety impact the health and productivity of employees, as well as an employer's direct and indirect costs. An employee assistance program (EAP) is the most effective resource in an employer-driven strategy to address these issues.

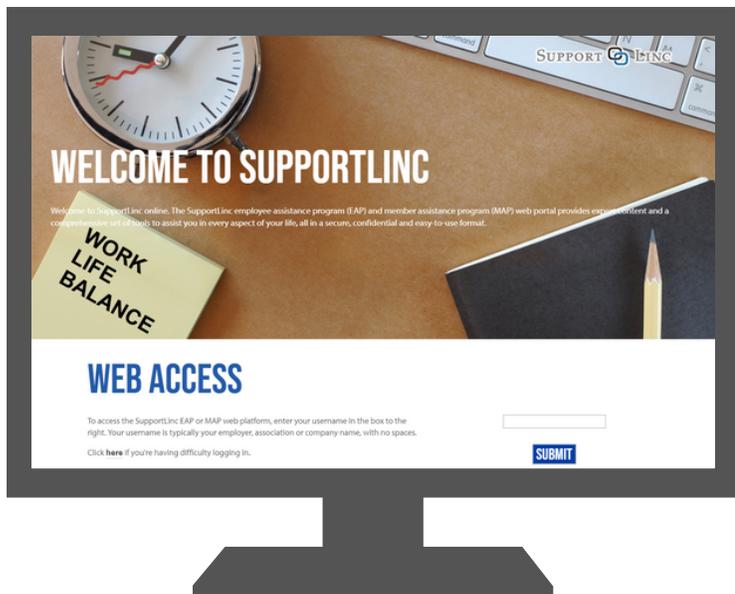
CuraLinc's approach to delivering value to EAP clients starts with a tailored engagement strategy that drives awareness and utilization to an evidence-based program that has a measurable impact on participants, as well as the organization.

Cura Linc's employee assistance program (EAP) addresses a wide array of concerns that impact health and productivity:

Addictive Behaviors - Anxiety - Depression - Grief and Loss - Relationship Problems - Alcohol or Drug Abuse - Caregiver Support - Family/Marital Problems - Legal Issues - Stress-Related Concerns - Anger Management - Dependent Care Issues - Financial Issues - Organizational Change - Work-Life Balance

Benefit-eligible employees and their immediate family members have access to the program twenty-four hours a day, every day of the year. To address the needs of non-English speaking members, Curalinc employs Spanish, Polish and Russian-speaking Case Managers. Curalinc also offers translation capabilities for more than 140 other languages and maintains a toll-free TDD line for hearing-impaired participants.

After assessment, the participant is referred to a local clinician for resolution-driven face-to-face counseling. CuraLinc's nationwide network of over 20,000 counselors are state licensed professionals with a minimum of five years clinical experience. **There is no cost for up to 5 visits.**





Myewellness is an online platform delivering a simple solution of health and wellness services to you. Our goal is to help you change behaviors, lose weight, detect diseases and improve your daily health.

- **GET HEALTHY**

Use the personal health tools including calculators and assessments to manage your progress. Find exercise and nutrition resources to help you take the healthy strides you're wanting.

- **BE INFORMED**

With educational videos, current wellness articles and daily health tips, you can stay on top of the current trends. Resources, including a conditions library and clinical trials, help answer any questions you have.

- **SAVE TIME AND MONEY**

Why pay full retail prices for medical services when you don't have to? Medical bill negotiation and fair market pricing tools will help you choose the services you need based on price or facility ratings.



LabCard

Lab Card is part of your health benefit plan. This is a consumer-driven benefit that allows you to obtain outpatient laboratory testing services at no cost to you.

When you direct your testing under Quest Diagnostics Lab Card Program to a participating laboratory, and the testing is covered and approved by your health benefit plan —you pay no deductibles, no copays and no coinsurance. It's up to you to request to use Quest Diagnostics Lab Card Program.

MyQuest™, the patient portal and mobile health app that allows you to access and share your health information.

