

Virtual Primary Care

Align Health provides personalized affordable high quality total healthcare solutions that bundle modern medicine with innovative benefits.





Affordable Plans for a New Era

Experience healthcare a better way. We put you in the driver's seat. Say goodbye to expensive plans, high out-of-pocket costs, lack of care coordination, and limited access to doctors. Say hello to Align Health.



Affordable Care

Our plans provide maximum healthcare at minimal cost



Modern Plan Choices

We have a variety of virtual and in-person plans to choose from



Member-Centric Care

Our plans were created to provide optimal health and wellness



Enroll by the 20th and benefits begin the 1st of the following month

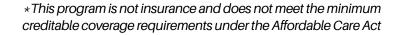


Basic Virtual

Basic Virtual is a high-tech economical health plan that provides 24/7 on demand access to your own dedicated virtual primary care physician and care coordinator with pharmacy, lab, imaging, mental health, and personalized care plan.

Virtual & Virtual Plus+

These total health plans feature the benefits of the Basic Virtual plan, coupled with Worldwide emergency, surgery, and hospitalization cost protection. Experience unlimited virtual care around the clock with a personal care coordinator and a dedicated virtual doctor. These plans also provide pharmacy, lab, imaging, and mental health. Additional wellness benefits available in the Virtual Plus plan.





Member Benefits - All Virtual Plans

Easy to Use Member Portal

Single sign-on user experience
Customer service
Secure payment
Online enrollment

Virtual Primary Care

- Free annual exams
- 24/7/365 unlimited access to personal virtual Primary Care Doctor virtual, text, or email
- No provider co-pays, deductibles, or hidden costs or fees
- Discounts on specialists, prescriptions, labs, and imaging
- Universal acceptance regardless of preexisting conditions
- Virtual consult for specialist referrals, diagnostics, or labs
- Member first approach to healthcare
- HIPAA/PHI compliant technology
- Live video chat with photo upload
- Personalized digital history minimizes paperwork allowing for more time with provider
- Enroll and cancel anytime without open enrollment or waiting period

Pharmacy / Labs / Imaging

- Up to 75% savings on participating labs
- RX benefit program

\$10 copay on generic | \$30 copay - formulary program drugs | \$250 individual / \$500 family annual deductible | \$250 monthly maximum benefit

Mental Wellness

- Licensed Professionals (Online or In-Person)
- Work/Life Services Legal Referrals, Financial Coaching, and Family Care Referrals
- Self-Care Resources

Member Benefits - Virtual & Virtual Plus+ Only

Emergency, Surgery, and Hospitalization Cost Protection¹

- No co-pay, deductible, coinsurance, or max out of pocket
- No network restrictions
- Attentive to medical cost needs
- Simple responsible cost per medical event options
- Specialist and facility acceptance worldwide

- Everyone accepted
- Medical management
- Fair price negotiation
- Well care options
- No major medical caps

1 <u>Pre-Membership Condition Benefit Limitations and Maternity Information</u>

For more information regarding pre-membership conditions and maternity sharing information, refer to the Pre-Membership Conditions and Maternity Sharing Information section.

Wellcare Benefits - Virtual Plus+ Only

- Outside Visit (1x per member)
- Immunizations ages 0-16

- Preventative Mammogram
- Preventative Colonoscopy





Basic Member Pricing

Member Only	\$95.00
Member + Spouse	\$152.00
Member + Child(ren)	\$167.00
Member + Family	\$225.00

Virtual Member Pricing

Initial Unshareable Amount per Medical Event x3 per year	\$1000 IUA		\$2500 IUA		\$5000 IUA	
	Under 50	Over 50	Under 50	Over 50	Under 50	Over 50
Member Only	\$373.00	\$415.00	\$304.00	\$351.00	\$275.00	\$315.00
Member + Spouse	\$632.00	\$685.00	\$515.00	\$556.00	\$443.00	\$493.00
Member + Child(ren)	\$629.00	\$672.00	\$512.00	\$552.00	\$449.00	\$494.00
Member + Family	\$909.00	\$955.00	\$779.00	\$819.00	\$680.00	\$735.00

Prices are current as of 01/2023 and are subject to change

**Smoker add \$60

Virtual Plus+ Member Pricing

Initial Unshareable Amount per Medical Event x3 per year	\$1000 IUA		\$2500 IUA		\$5000 IUA	
	Under 50	Over 50	Under 50	Over 50	Under 50	Over 50
Member Only	\$410.00	\$458.00	\$341.00	\$389.00	\$326.00	\$365.00
Member + Spouse	\$699.00	\$739.00	\$579.00	\$608.00	\$528.00	\$574.00
Member + Child(ren)	\$682.00	\$715.00	\$576.00	\$605.00	\$519.00	\$555.00
Member + Family	\$1019.00	\$1065.00	\$867.00	\$915.00	\$791.00	\$835.00

Prices are current as of 01/2023 and are subject to change

**Smoker add \$60



Initial Unshareable Amount (IUA), is the amount a member is responsible to pay before the community shares in medical expenses. There are three IUA levels to choose from during enrollment: \$1,000, \$2,500 and \$5,000.

JOIN TODAY!

https://aligndpc.insynctive.biz/signup?bkcd=hudson **Email**: hudson@trevinwebbinsurance.com **Phone**: 503-927-3552



- Virtual & Virtual Plus+ Programs members in CA, NJ, VT, DC, and RI may add our Basic Minimum Essential Coverage (MEC) option to satisfy the ACA Individual Mandate. MEC only available for businesses or trade organizations with at least 2 enrollees.
- This program is not insurance and does not meet the minimum creditable coverage requirements under the Affordable Care Act
- This program is not available in MA





Pre-Membership Medical Conditions

To keep membership contributions low for all members, there is a waiting period for sharing of medical conditions that exist prior to membership enrollment. This section defines pre-membership medical conditions and outlines the sharing limitations.

Definition of Pre-Membership Medical Condition

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A pre-membership medical condition is any illness or injury for which a person has

- been examined.
- been diagnosed,
- taken medication,
- had symptoms,
- or received medical treatment

within 24 months prior to the effective date of membership. Medical need requests related to conditions that existed prior to membership are only shareable if the condition was regarded as cured and did not require treatment or present symptoms for 24 months prior to the effective date of membership.

Pre-existing Condition Benefit Limitations

- Any illness or accident for which a person has been diagnosed, received medical treatment, been examined, taken medication, or had symptoms for 24 months prior to the effective date is considered a pre-existing condition.
- Pre-existing conditions limitations:
 - 1st Year of Membership Waiting period for all pre-existing conditions
 - 2nd Year of Membership Up to \$25,000 of sharing for pre-existing conditions
 - 3rd Year of Membership Up to \$50,000 of sharing for pre-existing conditions
 - 4th Year of Membership and Beyond Up to \$125,000 of sharing for pre-existing conditions

Exceptions for High Blood Pressure, High Cholesterol, and Diabetes

High blood pressure, high cholesterol, and diabetes (types 1 and 2) will not be considered pre-membership medical conditions as long as the member has not been hospitalized for the condition in the 12 months prior to enrollment and is able to control it through medication or diet.

Maternity Need Requests

Maternity

As with any other medical need requests, expectant mothers pay a single IUA for all expenses related to their maternity need request. Shareable expenses may be related to miscarriage, prenatal care, postnatal care, and delivery. Please submit your maternity need request as soon as possible, but no later than 6 months from pregnancy confirmation so we can best assist you with your maternity need request.

Waiting Period - Pregnancy is considered to have existed prior to membership if conception occurs prior to or within the first 60 days of the membership. Conception that occurs prior to membership or within the first 60 days of membership is not shareable. The conception date will be confirmed by medical records.

Newborns who are not born as part of a shareable maternity need must be enrolled manually in a HealthShare membership. The newborn's membership will begin on the date of enrollment but can be no sooner than seven days after delivery. Any complications that the newborn may have, or any medical conditions present at birth, will be considered pre-membership medical conditions. Such conditions are subject to the same waiting periods as other pre-membership medical conditions.





Basic Minimum Essential Coverage (MEC) Option Summary

Health plan with preventative services, discount prescription service, Teladoc membership, and more. No limit to pre-existing conditions. The Basic Minimal Essential Coverage (MEC) option is only available for Virtual or Virtual Plus+ Plans and requires a minimum enrolling group of 2 participants



Member Benefits

PREVENTATIVE CARE

Preventative Services as outlined by the Affordable Care Act (ACA) and shown on <u>healthcare.gov</u>. No copays, deductibles or other out of pocket costs.

NETWORK

Plan provides access to the PHCS/Multiplan national PPO network of doctors. You can search for a provider at www.multiplan.com or call 800-922-4362.

TELEMEDICINE

Plan includes membership to Teladoc, the leading telemedicine provider in the USA. With Teladoc you have access to a licensed physician 24/7 with a \$0 copay and unlimited consultations.

Member Pricing

Member	Member + Spouse	Member + Child(ren)	Member + Family
\$70.00	\$107.50	\$107.50	\$128.75

^{*}The Basic Minimum Essential Coverage option requires a minimum enrolling group of 2 participants

^{**}Pricing reflects additional cost for adding the Basic Minimal Essential Coverage is not available with the Basic Virtual Plan

^{***}Prices are current as of 10/2022 and are subject to change