

Member Features	Member Benefit
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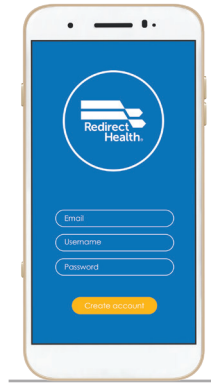
**Care Management - Chronic & Acute Disease**  
(Proactive, personalized, condition specific care management)

**24/7/365 Telehealth Services**  
(English & Spanish, Telemedicine, Diagnosis, Care Planning, & prescription support)

**Physician-to-Physician Case Management**  
(Care coordination & Advocacy, Primary, Specialty, Hospital)

**Patient Assistance Programs**  
(Pharmaceutical Programs, State Medicaid Programs, & Nanthealth Cancer Program)

**Workers Compensation Case Management**  
(E-MOD Protection & Stay-at-Work Programs)



## National Direct Primary Care Program

24/7/365 Phone | Text | App  
(in English & Spanish)

<b>Primary Care Office Visits</b>	<b>\$0 Copay &amp; No Deductible*</b>
<b>Labs</b> (most routine) <sup>1</sup>	\$0 Copay*
<b>Annual Adult Physical</b> <sup>2</sup>	\$0 Copay*
<b>Annual Well Child</b> <sup>2</sup>	\$0 Copay*
<b>Chiropractic Office Visits</b> (12 visits per plan year) <sup>3</sup>	\$0 Copay*
<b>X-ray</b>	\$50 Copay*

### Other Care

- Diabetic Supplies
- MRI, PET, & CT Scans
- Specialist Consults & Care
- Hospital Care  
(Inpatient Care & Outpatient Services)
- Urgent Care
- Emergency Room Service



Care & Referral Navigation

**Always Call/Text FIRST**

Always pay the RIGHT PRICE†

### Prescription Drug Programs

(Directed through Redirect Health or no benefit)

<b>Rx and Immunizations</b> <sup>1</sup>	<b>Subsidized Discount Program</b>
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### Monthly Rates

<b>Employee Only</b>	<b>\$125</b>
<b>Employee &amp; Spouse</b>	<b>\$240</b>
<b>Employee &amp; Child(ren)</b>	<b>\$240</b>
<b>Employee &amp; Family</b>	<b>\$365</b>

\*When directed by Redirect Health †100% member responsibility.

<sup>1</sup> See your agent or your employer for a copy of the plan document; Redirecthealth.com/labcorp2020; Redirecthealth.com/formulary2020

<sup>2</sup> Routine physical/exam; gynecological exam; mammogram; pap smear; prostate testing(PSA); other routine lab and immunizations. 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 hrsa.gov for all Minimum Essential Coverage as outlined by the Affordable Care Act.

<sup>3</sup> Twelve (12) Chiropractic visits per plan year, office visits only.

This only serves as a summary of your benefit plan. Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.