EMERGILITY
Security. Intelligence. Medicine.

WHITE PAPER

Healthcare Is Not Insurance

Why direct, personal access to care — not a card in your wallet — is the missing layer of protection for individuals, employers, agencies, and the responders who serve them.

Emergency Services For The Protected Client, Private Sector, Public Sector & First Responder

Executive Summary

Insurance is not healthcare. It never was. Insurance is a financing mechanism — a way to spread the cost of catastrophe across a large pool of people so that no single illness or accident bankrupts a family. That is valuable, and no one should go without it. But somewhere along the way, insurance became the thing people mistake for their actual healthcare — the only relationship they have with the medical system, and the only plan they have for the moment something goes wrong.

The result is a country full of people who are covered and unprotected at the same time. They pay enormous premiums for a plan that gives them no one to call at 7 p.m. on a Tuesday, no one who knows their children, their parents, or their history, and nowhere to go after the doctor's office closes except a waiting room full of strangers.

EMERGILITY® exists to close that gap. We are a dual-licensed Protective Security and Emergency Medical Services organization — the only one of our kind in the region — built around a simple idea: real protection never clocks out. Through direct-access Paramedicine (daP), direct-access Primary Care (daPC) / Mobile Integrated Healthcare (MIH), Protective Medicine, and integrated Protective Security and Intelligence, EMERGILITY® gives individuals, families, employers, agencies, and first responders a private medical and protective capability that already knows them, before they ever need it.

> *"An ounce of protection is worth far more than a pound of cure."*
> — EMERGILITY®

This paper makes the case for that shift — from insurance as a proxy for healthcare, to direct, personal, always-on access as the real foundation of health, safety, and peace of mind — and shows how EMERGILITY® delivers it across every population we serve.

1. What People Actually Spend Their Money On

Every year, the average American family pays more for employer-sponsored health insurance than they do for their car. In 2025, the average annual premium for family coverage reached $26,993 — with the average worker still contributing roughly $6,850 of that out of their own paycheck, before a single dollar of care is delivered. Add a typical deductible of $1,886 per person, and a family can spend $8,000–$10,000 of their own money before insurance pays for anything at all.

$26,993	**$1,886**	**$2,863**	**162 min**
Avg. annual family health premium (2025)	Avg. individual deductible before coverage starts	Avg. cost of a single uninsured ER visit	Median U.S. emergency-room wait time

Now compare that to the other things people happily pay for, year after year, without blinking:

- A new iPhone every year or two: roughly $800–$1,600.
- A gym membership: about $50–$70 a month, $600+ a year — for a service most people use inconsistently.
- A landscaping or lawn-care contract: $50–$250 per visit, often weekly through the season.
- A country club, a nanny, a home-security monitoring plan, a concierge for travel and dining.

People will pay for convenience, appearance, and peace of mind in almost every other part of their lives — but when it comes to the one thing that actually determines whether they are alive and well to enjoy all of it, they assume the insurance card in their wallet has them covered. It doesn't. It was never designed to. Insurance pays claims after the fact; it does not answer the phone at 9 p.m., come to the house, or know your father's medication list.

The 5 O'Clock Problem

Ask anyone what they do when a family member gets sick or hurt after the doctor's office closes, and the answer is almost always the same: the emergency room. Not because it's the right level of care — most of these visits are not true emergencies — but because it's the only door still open.

That door comes at a steep price. The median time an American now spends in an emergency department is 162 minutes — nearly three hours — before ever seeing a provider, with a quarter of admitted patients waiting four hours or more for a bed. Nearly a fifth of patients leave before being seen at all. And the bill that follows, averaging $2,863 for the uninsured and still $425–$685 out-of-pocket for many insured patients, arrives for care delivered by a rotating team of strangers who have never met the patient before and, in all likelihood, never will again.

The honest question

If insurance is so expensive, why does it still leave families with nowhere private to turn after 5 p.m.? Because insurance was built to pay for care — not to provide access to it. Access has to be built separately. That is what EMERGILITY® is.

We Don't Replace 9-1-1. We Close the Gap Around It.

To be direct about something important: EMERGILITY® does not replace 9-1-1 or the emergency room, and we never tell a patient to wait when their life is at risk. What our research and field experience show is that the overwhelming majority of 9-1-1 calls and self-initiated ER visits — by most estimates 90-95% of them — are not true emergencies. They are the fever at 9 p.m., the fall that might just be a sprain, the chest tightness that is probably anxiety but needs a professional to say so. Those calls flood 9-1-1 systems and ER waiting rooms with people who needed a trusted provider on the phone or at the door, not a siren.

- **If your life is at risk:** call 9-1-1 first, every time — then call us.
- **For everything else:** call us first. A dual-credentialed responder, protector, and provider evaluates the situation, treats what can be treated on the spot, and makes the call on what actually needs a higher level of care.
- **When an ER visit is truly necessary:** we expedite the referral, communicate with receiving providers, and help the patient navigate the visit itself — the same team that answered the phone can stand by at the bedside when it's needed.

Your personal healthcare navigator

That's the part most people have never had: a professional responder, protector, and provider who already knows you, filters out the 90-95% of calls that never needed an ambulance or an ER bed, and stays by your side for the few that genuinely do.

2. Insurance Is Necessary. It Is Not Enough.

None of this is an argument against insurance. Catastrophic coverage — the kind that protects a family from a cancer diagnosis, a major surgery, or a long hospitalization — remains essential, and no one should go without it. The argument is narrower and more important: insurance alone is a one-size-fits-all product forced onto people with very different needs, and it stops at the hospital door. It does not plan with you. It does not build a solution around your family. It does not travel with you.

Put simply: insurance is not designed to solve your problems or make navigating healthcare easier. It is designed to pay some — not all — of your healthcare bills. If you want someone to help you navigate healthcare, or enhanced access to care and services that insurance doesn't cover but that matter to you, that's where you find us. We fill the gaps left behind by a complex web of public and private healthcare services. We identify the gaps you have, and we customize our services to protect and care for you first and foremost — not the interests of insurance companies and their shareholders.

The alternative is not to replace insurance. It is to pair catastrophic coverage with direct, personal access to a trusted medical and protective team who can plan for you, respond to you, and — when your life requires it — travel with you. That is the model concierge medicine pioneered for primary care. EMERGILITY® extends it further, into emergency response, protective security, and intelligence, under one dual-licensed provider.

> *"Insurance is a one-size-fits-all offering that we force ourselves into, simply because the healthcare industry says so. Direct access lets us build the solution around the person instead."*
>
> — EMERGILITY® founding philosophy

3. The EMERGILITY® Model: Security. Intelligence. Medicine.

Founded in Northern Virginia in 2015, EMERGILITY® was built as the nation's first publicly available Protective Medicine practice — a dual-licensed operation combining Virginia DCJS private security authority with Virginia OEMS emergency medical services authority under one roof, one medical director, and one standard of quality. No competitor in the region can quote against that combination, because no competitor holds both licenses at once.

Three Practice Pillars

Pillar	What it delivers
Security	Protective Security (PSS), Executive Protection, and Personal Protection delivered by vetted, W-2 protective agents.
Intelligence	Protective Intelligence and private investigations — proactive threat identification before it becomes an incident.
Medicine	EMS, direct-access Paramedicine (daP), direct-access Primary Care (daPC), Mobile Integrated Healthcare (MIH), and Protective Medicine.

direct-access Paramedicine (daP): Healthcare That Comes To You

At the center of the Medicine pillar is direct-access Paramedicine — a model EMERGILITY® originated. Rather than billing insurance for each encounter, Protected Clients pay a single annual access fee and then pay only for the care they actually use, on a transparent, published rate schedule with no surprise billing. Advanced-practice paramedics and physician extenders respond to a patient's home, office, or wherever they are — day or night — while staying in coordination with the patient's existing physicians, specialists, and, when truly necessary, 9-1-1 and the hospital system.

- **Community Paramedicine —** provider-led, patient-centered care through Mobile Integrated Healthcare (MIH), including at-home follow-up after a hospital stay — chronic-disease monitoring, medication reconciliation, and wound checks designed to help prevent an avoidable readmission.
- **Concierge Paramedicine —** an annual retainer for direct, same/next-day access to an advanced-practice paramedic and telemedicine, with private EMS backup.
- **Protective Paramedicine —** advanced paramedicine integrated with personal protection for clients who face elevated risk.

Layered on top is direct-access Primary Care (daPC) / Mobile Integrated Healthcare (MIH): a comprehensive annual family health exam performed by a licensed Family Nurse Practitioner, followed by a full year of daP access — the preventive, relationship-based primary care model concierge medicine popularized, married to the emergency responsiveness only a licensed EMS agency can provide.

4. Built for Everyone Who Depends on Being Protected

EMERGILITY® serves four distinct populations, each through the same integrated Security-Intelligence-Medicine capability, tailored to how they actually live and work.

Protected Clients — Individuals & Families

For families, EMERGILITY® replaces the anxiety of "where do we go" with a standing relationship: a private medical and protective team that already has each family member's history, medications, allergies, and baseline health on file — before anything happens. Multi-generational households get pediatric, adult, and geriatric care from one trusted resource, with the option to add Protective Security for elevated-risk situations and coordinated support for domestic and international travel.

Private Sector — Family Offices, Communities, Schools & Organizations

For family offices, global executives, corporate leadership, residential communities, private schools, and organizations that already retain security or medical vendors separately, EMERGILITY® closes the seam between them. One provider, one medical director, one quality standard — covering event medical staffing, travel medical coordination, workplace and campus paramedic coverage, community safety integration, and concierge paramedicine extended from a client's existing private practice.

Public Sector — Government & Public Safety Agencies

EMERGILITY® partners with public agencies on the premise that public safety is best achieved through public-private partnership: EMS provider affiliation, TEMS and tactical-medicine training, First Aid/CPR/BLS/EMT instruction, and strategic consulting that brings private-sector speed and flexibility to public-sector missions.

First Responders — Those Who Protect Everyone Else

First responders spend their careers caring for others while their own off-duty, shift-driven medical needs go unmet. Responder Care™ — an EMERGILITY® Special Program fiscally sponsored by Global Impact, a 501(c)(3) — provides free and subsidized EMS and Mobile Integrated Healthcare-Community Paramedicine to first responders and their families throughout Northern Virginia. "We know this community because we are this community."

5. What It Costs — And What It's Compared Against

EMERGILITY® is priced to be sustainable, not cheap — and to sit at or below the premium comparables it draws from, while delivering an integrated capability none of them offer alone.

Comparable	Typical market range
Concierge & direct primary care memberships	$2,000 – $12,000 / year
Executive physical exam	$2,700 – $4,000
Executive protection (armed, per day)	$1,200 – $2,500
EMERGILITY® direct-access Paramedicine (daP), adult	$1,850 / year
EMERGILITY® direct-access Primary Care (daPC) / Mobile Integrated Healthcare (MIH) + daP, adult	$3,200 / year

Above the core daP and daPC/MIH tiers sit Preferred, Executive, and Exclusive access levels for Protected Clients who want a tighter provider ratio and priority response. Every tier is fee-for-service and time-and-materials beyond the annual access fee — published rates, no insurance billing, and, for cash-pay care, a Good-Faith-Estimate-ready structure so Protected Clients always know what they are paying for. That transparency is itself a premium feature in a market built on surprise bills.

The frame that matters

EMERGILITY® does not sell hours. It sells held-ready, licensed, dual-authority capability at the moment of consequence — priced below the cost of a hospital transport or an executive-protection day rate, and far below the cost of the outcome it exists to prevent.

6. Positive Disruption: Why This Matters Now

Every year, more people discover the hard way that their insurance card does not equal access to care when they need it most. Every year, emergency departments grow more crowded, wait times grow longer, and the relationship between patient and provider grows thinner. That is not a reason for despair — it is the opening for a better model.

EMERGILITY® is that model: a healthcare and protection differentiator that helps people improve wellness, minimize suffering, and enhance quality of life — for those who want more, deserve more, demand more, desire more, and are ready to invest in more than a card in their wallet.

The people who need this exist today, in every ZIP code EMERGILITY® serves. The task in front of us is simple to state and worth doing well: make sure they know we exist.

Learn more or start a conversation: emergility.com · client.services@emergility.com · (571) 505-5615

