

Introducing the Health Access Cooperative

We are not insurance, we are so much better.



We are a consumer cooperative where members access affordable health care with none of the overhead or run-around of an insurance company.

The Health Access Cooperative is a proven approach that allows you to stop funding insurance company profits and instead join together with other individuals to access affordable health care on your terms.

We are truly patient-centered because we are owned and operated by the very people we serve. Customer service and satisfaction are our measures of success, not profit.

How Do We Compare To Traditional Insurance Plans?

- **Lower Monthly Costs:** Member ownership means lower overhead and no profit motive. We collect only what we need to meet our members' needs and reserve for future costs.
- **Freedom To Choose Your Medical Providers:** We have no networks, which means members can see the medical providers of their choosing, it's that simple. We believe that you should pick your doctor, not an insurance company.
- **Lower Cost Care:** Our members are considered self-pay, which most often means the cost of medical services are discounted and a lot less than an insurer's "negotiated rate." We strive to pay providers in advance whenever possible, so members get the best care hassle-free, at the lowest cost.
- **Reasonable Member Portion:** Our unique per-incident member portion means a single medical event doesn't bankrupt your budget.
- **Affordability:** True out-of-pocket costs are often significantly lower than insurance, especially for families.
- **Coverage Options:** There are some coverage limitations that mean our program is not for everyone, but you may add traditional coverage for yourself or any family member.

Here's How It Works:

1. Simply see the medical provider of your choosing. You never have to worry about that doctor or that specialist or hospital not being in-network.
2. There is no need to present an insurance card, simply say you are a self-pay patient. Whenever possible, call our Member Benefits team in advance so we can assist. We strive to pay providers in advance for services, so you get the best care easily at the lowest cost.
3. If you are not able to notify us in advance, contact us at your earliest convenience. You can submit bills through our easy online submission process so we can pay the provider directly or reimburse you quickly if you paid at the time of service.

Low Out-Of-Pocket Costs

Health care happens in incidents (you break an arm or get a scary diagnosis) not in calendar years. Shouldn't your health benefit work the same way? Our per-incident member portion is designed to protect you from large unexpected medical bills much better than a traditional insurance plan. Here's how it works:

- First, choose your member portion of \$1,000, \$2,500 or \$4,000 when you enroll.
- You will pay one member portion for each medical incident, even if the care you receive stretches over different calendar years.
- You are only responsible for two member portions in a calendar year for your entire family!

For example, **Appendix A** includes a hypothetical incident of a car accident resulting in a broken leg requiring surgery. A member with the Health Access Cooperative only pays their member portion (\$1,000, \$2,500 or \$4,000), while a person with traditional insurance pays as much as \$9,000.

Waiting Period for Existing Conditions

To keep premiums low for all members, there is a waiting period for medical conditions that exist prior to joining the cooperative.

There is a waiting period for any illness or injury for which in the prior 24 months a person has been:

1. Examined.
2. Taken medications to treat or manage.
3. Had a diagnostic test performed or ordered by a health professional.
4. Received medical treatment to treat or manage.

There are certain exceptions that are not subject to a waiting period:

- Conditions regarded as cured more than 24 months ago and that did not require treatment or medication in the last 24 months.
- High blood pressure, high cholesterol, and diabetes managed by medication and/or diet and exercise for which hospitalization has not been required in the previous 12 months.
- Cancer that has been in full remission for a minimum of 6 years for which all appropriate scans or tests have been done and are negative.
- Maternity is subject to the waiting period when expected delivery is within 5 months of enrolling.

See **Appendix B** for more information about existing condition waiting periods.



Prescription Medications

Prescriptions for medications related to a medical incident that are billed by a medical provider are considered an eligible member benefit (e.g., anti-biotics, chemotherapy, short-term pain medications, etc.).

Maintenance medications filled at a pharmacy are not eligible under the cooperative except for newly prescribed specialty maintenance medications.



Specialty Maintenance Medications

Specialty Maintenance Medications are medications that are prescribed long-term and cost more than \$1,000 a month. Health Access Preventive includes a prescription card that significantly discounts prescription medications; however, specialty medications may not be available or cost more than \$1,000 per month even after discounts.

Individuals with a specialty medication may be able to access the drug more affordably through international mail order or manufacturer assistance, our customer service team can direct you to applicable resources. In some cases, it may be prudent to seek alternate or additional coverage.

If a member has a newly prescribed specialty maintenance medication after the membership start date, the medication cost will be paid after a per-incident member portion for the balance of the year. The per-incident member portion for a specialty maintenance medication is in addition to the maximum two per-incident member portions.

Tobacco

If you are a tobacco user, there is a surcharge added to your monthly membership fee, see your rate information for details. We define tobacco use this way: An individual who has used any tobacco product more than 10 times within the past year is considered a tobacco user.

Tobacco products include, but are not limited to, cigarettes, cigars, chewing tobacco, snuff, vape products, pipe tobacco, nicotine pouches, and other nicotine products. Smoked cannabis products are considered tobacco for the purpose of the tobacco surcharge and any applicable coverage limitations.

If you are a tobacco user and quit, the membership fee surcharge may be dropped after 12 consecutive months tobacco-free. Note: The Health Access Preventive benefit can provide financial support to help you quit.

If you are or were a tobacco user age 50 or older, there is a lifetime limit of \$50,000 for medical incidents for each of the following four disease categories which have significantly higher risk with tobacco use:

- Stroke
- Cancer
- Heart conditions
- Chronic obstructive pulmonary disease (COPD)

As a result, we strongly recommend that any tobacco user or previous tobacco user age 50 or more seek alternate or additional coverage.

Questions?

Contact HR or your Health Access Solutions representative to learn more about this benefit.

Appendix A

Example of How Low Member Portions Save Members Money

Imagine that a car accident took place, resulting in a person suffering from a broken leg requiring surgery.

A member with the Health Access Cooperative only pays their member portion (\$1,000, \$2,500 or \$4,000), while the person with a traditional insurance plan pays as much as \$9,000.

Expenses:

• Ambulance.....	\$800
• Emergency Room.....	\$3,200
• Admission (2 nights)	\$12,000
• Surgery.....	\$5,000
• Follow-up Doctor Visits (2 visits).	\$200
• Physical Therapy (4 visits).....	\$600
Grand Total	\$21,800

	Health Access Cooperative	Traditional Insurance
	\$1,000 Member Portion	\$4,000 deductible, \$30 co-pays, 80% co-insurance to \$9,000 out-of-pocket limit
Member Portion / Deductible	\$1,000	\$4,000
Co-insurance	N/A	\$5,000
Co-pays	N/A	\$180
Total Out-of-Pocket Costs	\$1,000	\$9,180

Appendix B

Additional Information About Existing Condition Waiting Periods

Consolidated Billing 10-49 primary members enrolled

Year 1	Year 2	Year 3	Year 4+
\$10,000	\$25,000	\$50,000	Unlimited

Membership Options	Per Incident Member Portion	*Out-of-Pocket Cap (OOP) on Unreimbursed, Eligible Expenses Unrelated to an Incident (individual/family)
Option 1	\$1,000 (capped at 2 per family per year)	\$4,000 / \$8,000
Option 2	\$2,500 (capped at 2 per family per year)	
Option 3	\$4,000 (capped at 2 per family per year)	
Eligible Medical Expenses	Member Responsibility	Limits or Other Important Information
Acupuncture	100% after OOP responsibility	Limited to 15 visits per year
Allergy Services - office visit - Injections/Serum - Testing	100% after OOP responsibility	
Ambulance	100% after incident member portion/OOP responsibility	
Ambulatory Surgical Center/Hospital Outpatient Facility	100% after incident member portion/OOP responsibility	
Birthing Center	100% after incident member portion/OOP responsibility	
Chemotherapy	100% after incident member portion/OOP responsibility	
Chiropractic Care	100% after incident member portion/OOP responsibility	Limited to 35 visits up to \$7,500 per year
Dialysis Services	100% after incident member portion/OOP responsibility	
Diagnostic Procedures Office & Outpatient - X-ray, Laboratory and Other Diagnostic Services - High Tech Radiology (including but not limited to MRI, CT/PET Scans)	100% after incident member portion/OOP responsibility	
Durable Medical Equipment	100% after incident member portion/OOP responsibility	Sleep Apnea: Sleep study expenses are eligible up to \$300/study, CPAP machines and equipment are subject to member OOP responsibility Diabetic supplies: subject to member out-of-pocket responsibility and limited to \$3,000 per calendar year Breast Pumps: limited to \$300
Emergency Room Services	100% after incident member portion/OOP responsibility	
Extended Care/Skilled Nursing/Rehabilitation Facility	100% after incident member portion/OOP responsibility	Limited to 90 days per incident
Hearing Aid	100% after OOP responsibility	Children up to 18, limited to 1 hearing aid per ear every 36 months
Home Health Care	100% after incident member portion/OOP responsibility	Limited to 30 days per incident
Hospice Care	100% after incident member portion/OOP responsibility	Limited to 90 days
Hospital Inpatient - Room & Board - Ancillary Services - Well Newborn Nursery Care	100% after incident member portion/OOP responsibility	
Hyperbaric Therapy	100% after incident member portion/OOP responsibility	Limited to outpatient up to 35 sessions per incident
Infertility Treatment	100% after OOP responsibility	Limited to \$3,000 per incident
Injections for pain management	100% after OOP responsibility	Limited to \$3,000 per incident
Mental Health - Inpatient Hospital - Inpatient Hospital Physician Visit - Partial Hospitalization Program - Office Visit/Outpatient Therapy	100% after OOP responsibility	Limited to \$6,000 per incident
Physician Services - Inpatient Hospital Visit - Well Newborn Physician and Circumcision - Office Visit- Primary Care - Office Visit- Specialist	100% after incident member portion/OOP responsibility	
Pregnancy-Obstetrical Care - Preconception and Prenatal Care - Postnatal Care - Delivery	100% after incident member portion/OOP responsibility	Member and Covered Dependents
Prescription Drug Benefit	100% after incident member portion/OOP responsibility	When billed by a medical provider as part of a medical incident
Preventive and Wellness Care	N/A	N/A
Prosthetics, Orthotics, Supplies and Surgical Dressings	100% after incident member portion/OOP responsibility	
Radiation Therapy	100% after incident member portion/OOP responsibility	
Specialty Maintenance Medicine	100% after member responsibility of \$2,500	Must be newly prescribed after member start date, eligible for up to 12 months
Substance Abuse - Inpatient Hospital - Inpatient Hospital Physician Visit - Partial Hospitalization Program - Office Visit/Outpatient Therapy	100% after OOP responsibility	Limited to \$6,000 per incident
Surgical Services-Inpatient and Outpatient - Surgeon/Anesthesia Inpatient - Surgeon Outpatient - Anesthesia Outpatient - Surgeon Office/Primary - Surgeon Office/Specialist	100% after incident member portion/OOP responsibility	
Therapy -Occupational/Physical/Speech	100% after incident member portion/OOP responsibility	Limited per incident: OT 35 visits to \$7,500; PT 35 visits to \$7,500; ST 35 visits to \$3,000
Urgent Care/Walk-In Center	100% after incident member portion/OOP responsibility	
Weight Reduction	100% after incident member portion/OOP responsibility	Limited to \$3,000 per incident
All Other Eligible Services	100% after incident member portion/OOP responsibility	Eligibility for services not expressly listed is at the sole discretion of the cooperative.