

CareSelect provides healthcare sharing for the unexpected

Catastrophic healthcare sharing plans give your employees peace of mind to focus on healing and getting back to work. CareSelect cost shares 100% of the eligible medical expenses up to the annual limit, after the Member's Shared Responsibility Amount (MSRA) has been met.

Member Profile: John Mitchell
Age: 32
Health Status: Excellent (non-smoker)
Employment Status: Employed
Plan: CareSelect (with catastrophic care)
Active: June 2018
MSRA: \$5,000
Plan Year Maximum Limit: \$250,000
Lifetime Maximum Limit: \$500,000
Monthly Contribution: \$199.91

**MEMBER PROFILE
EXAMPLE¹**

On the way to work, John was in a car accident and was rushed to the hospital in an ambulance. He had three broken vertebrae and was promptly scheduled for emergency surgery the next morning. He was in the hospital for a little over a week, where he began working closely with physical therapists to rebuild strength and to prepare for ongoing self-therapy at home.

After being home for about a month, John was pleasantly surprised to find that his CareSelect plan had drastically reduced his out-of-pocket medical expenses though member sharing. The following is a breakdown of John's eligible hospital expenses and his financial responsibility after all was said and done.

Description	Incident Costs	Plan Pays	Member Pays
Ambulance ²	\$5,000	\$0 (before MSRA)	\$5,000 MSRA
Anesthesia	\$23,000	\$23,000	\$0
Inpatient X-rays	\$3,800	\$3,800	\$0
Hospital Stay (9 days)	\$36,285	\$36,285	\$0
Inpatient Physical Therapy	\$8,406	\$8,406	\$0
Inpatient Spine Surgery	\$132,000	\$132,000	\$0
Total	\$208,491	\$203,491	\$5,000

1. For representation only. This is not an actual example.
2. When MSRA has already been met, plan pays 100% of ground ambulatory costs per plan year and up to \$10,000 in sharing eligibility for air transport, up to the plan year maximum limit.



PLAN OFFERINGS PER MEMBER	Multiplan PHCS (in-network)		
Member Shared Responsibility Amount (MSRA)	\$5,000 \$10,000		
Co-expense	Plan Pays: 100%		
Out-of-pocket Maximum (within sharing limits)	\$5,000 \$10,000		
Plan Year Maximum Limit¹	\$150,000	\$250,000	\$500,000
Lifetime Maximum Limit¹	\$300,000	\$500,000	\$1,000,000
Section 1	Offerings Eligible Prior to Meeting MSRA		
The offerings in Section 1 are available to CareSelect members upon enrollment. They do not require you to meet MSRA prior to using them.			
Emergency Room²	Unlimited Visits \$300 Consult Fee		
Section 2	Offerings Eligible After Meeting MSRA ³		
The offerings in Section 2 require you to meet your selected MSRA amount before your medical expenses are eligible for member sharing.			
Anesthesiologist	Plan Pays: 100%		
Ambulance⁴	Plan Pays: 100%		
Inpatient Services			
Specialty Care ⁵	Plan Pays: 100%		
Hospitalization	Plan Pays: 100%		
Surgical	Plan Pays: 100%		
Labs & Diagnostics	Plan Pays: 100%		
X-rays & Diagnostic Imaging	Plan Pays: 100%		
Pharmacy	Plan Pays: 100%		
Outpatient Services			
Specialty Care	Not Eligible		
Hospitalization	Not Eligible		
Surgical	Plan Pays: 100%		
Labs & Diagnostics	Not Eligible		
X-rays & Diagnostic Imaging	Not Eligible		
Pharmacy	Not Eligible		

- \$150,000 per incident maximum limit coincides with a \$300,000 lifetime maximum limit; \$250,000 per incident maximum limit coincides with a \$500,000 lifetime maximum limit; \$500,000 per incident maximum limit coincides with a \$1,000,000 lifetime maximum limit.
- Emergency room cost sharing is subject to review and is only meant for life-threatening situations. If at the time during the emergency room visit the member is admitted to the hospital, the \$300 consult fee will be applied to the MSRA.
- Pre-existing conditions: chronic or recurrent conditions that have shown symptoms and/or received treatment within the past 24 months are not eligible for sharing during the first 24 months of membership. On the 25th month of continuous membership, the condition will no longer be subject to the pre-existing condition sharing limitations. Appeals may be considered for earlier sharing in surgical interventions.
- Maximum sharing amount for air transport is \$10,000.
- Specialty care visits are only eligible during an inpatient hospital stay of 24 hours or longer.

Administrative and conditional fees: \$100 one-time fee per enrollment. Add \$60 per member who smokes.



A New Era of Affordable Quality Healthcare Choices in Case of Emergencies

Aliera Healthcare, in alliance with Trinity HealthShare, is here to help employers and their employees with medical expenses when needed through our healthcare sharing community. CareSelect is for employees who are primarily healthy and don't mind paying out of pocket for day-to-day healthcare expenses but who are looking for peace of mind in case of serious illness or injuries.

CareSelect is built on an innovative cost-sharing model that is designed to streamline access to employers and their employees without the costs and complexities of most one-size-fits-all traditional medical insurance plans. The Health Care Sharing Ministry (HCSM) services provided by Trinity HealthShare are administered by Aliera Healthcare to ensure a seamless member experience.



Trinity HealthShare is a 501(c)(3) non-profit organization that provides the Health Care Sharing Ministry (HCSM) services administered by Aliera Healthcare to guide the cost sharing of member contributions for certain eligible healthcare needs such as hospitalization, surgery and emergency room visits.



Emergency Room care can be as easy and affordable as paying a \$300 consult fee. Everything within the walls of the emergency room is inclusive unless you're admitted to the hospital.



Ambulance Emergency land or air ambulatory transportation to the nearest medical facility is eligible for cost sharing.

Catastrophic healthcare choices available year round

CareSelect has a low monthly sharing contribution and a high Member Shared Responsibility Amount (MSRA), which is the amount members must pay out of pocket before medical expenses become eligible for sharing with other members.

CareSelect is specifically designed to provide catastrophic cost-sharing options for employers and their employees. CareSelect offers two MSRA levels including \$5,000 and \$10,000, and three maximum sharing limit options including \$150,000, \$250,000 and \$500,000.

Robust plan offerings

The following represents the main attributes of CareSelect plans. For plan specific details, please see the product tables.



Multiplan PHCS Network is a growing nationwide preferred provider organization (PPO) network of more than 1,000,000 healthcare professionals in more than 6,000 facilities who offer members a wide range of quality healthcare choices.



Hospitalization & Surgery Once MSRA has been met, cost sharing is available for some inpatient and outpatient procedures when using the Multiplan PHCS network of more than 1,000,000 healthcare professionals in over 6,000 facilities.



Labs & Diagnostics When admitted to any in-network hospital across the U.S., most labs and diagnostics are eligible for cost sharing.

Plan Details – Self-Funded

The Alera self-funded solution offers employers the ability to add stop-loss protection from an 'A+' rated underwriter. Employers enjoy the ability to receive money back in the event utilization are lower than anticipated. Review plan details below and select the plan that best fits your group's needs.

Self-Funded Minimum Essential Coverage* Health Plans

Offerings	Choice	Advantage	Preferred
Telemedicine	100% Unlimited No Co-Pay	100% Unlimited No Co-Pay	100% Unlimited No Co-Pay
Preventive Care (MEC* recommended by USPSTF/Outlined by ACA)	100% Unlimited No Co-Pay	100% Unlimited No Co-Pay	100% Unlimited No Co-Pay
Primary Care (PCP) Office Visits Office visit services include, but are not limited to, laboratory services, x-rays, and diagnostic tests performed in the office on the same day as the office visit.	\$20 Co-Pay**	\$20 Co-Pay**	\$20 Co-Pay**
Chronic Maintenance	n/a	n/a	Included at Primary Care
Pediatrics	Preventive Only	Eligible (Max 2 visits per year)	Eligible (Max 5 visits per year)
OB/GYN	Eligible (subject to Specialist visit limit)	Eligible (subject to Specialist visit limit)	Eligible (subject to Specialist visit limit)
Urgent Care Services performed in an emergency room including the hospital facility and physician charges including, but limited to, MRI, physical therapy, or DME are eligible.	2 per Year \$50 Co-Pay	2 per Year \$50 Co-Pay	2 per Year \$50 Co-Pay
Specialty Care Referral office visit services include, but not limited to laboratory services, x-rays, surgery and diagnostic tests performed in the office on the same day as the office visit.	2 per Year** \$50 Co-Pay	3 per Year** \$50 Co-Pay	Unlimited** \$50 Co-Pay
Independent Laboratory and X-rays Non-routine independent laboratory services not provided in a physician's office or hospital. Does not include MRI, CT Scans, PET Scans, or DEXA Scans.	\$50 Co-Pay	\$50 Co-Pay	\$50 Co-Pay
CT Scan or MRI	n/a	\$400 Co-Pay	\$200 Co-Pay
Prescription Discount Only generic retail drugs are eligible, specialty drugs are not. Receive a point of sale discount for brand name drugs.	Included	RxValet	RxValet
Hospital, Surgical, and Ambulance¹	n/a	\$0 Deductible 50% Co-insurance (Max \$1,000 benefit)	\$0 Deductible 50% Co-insurance (Max \$2,500 benefit)
Emergency Room Services performed in an emergency room including the hospital facility and physician charges including, but limited to, MRI, surgery, physical therapy, or DME are eligible.	Not Eligible	Not Eligible	\$300 Co-Pay

Minimum cost includes the following services PPO network fees.

Stop-loss is available at an additional \$10 PEPM.

Alera takes 25% of cost savings from claims fund surplus.

* Minimum Essential Coverage as defined by the IRS code. "Self-funded employer sponsored plan."

** All members must contact an Alera telemedicine provider before visiting any provider or lab facility; all appointments are made through the Alera Concierge Services department, and not through your provider. Lifestyle lab testing not included.

1. Benefits are paid to provider for medical expenses.

The minimum enrollment in HealthPass Self Funded when sold in combination with AleraOne: HealthPass Self Funded: 15 employees, AleraOne: 10 employees.

The minimum enrollment in HealthPass Self Funded as a standalone product is a group of 25 employees.



The Leader in Helping Businesses Drive Down the Cost of Healthcare

Aliera Healthcare in conjunction with First Health, one of the largest PPO networks in the nation with more than 1,000,000 healthcare professionals and 6,000 facilities, offers access to quality, affordable healthcare.

Level-Funded & Self-Funded Minimum Essential Coverage Plans

Preventive Care

An Aliera MEC plan offers medical services recommended by the USPSTF for preventive care. There is zero out-of-pocket expense and no deductible to meet for any scheduled preventive care service or routine in-network checkup, pap smear, flu shot, and more. It's easier to stay healthy with regular preventive care.

Episodic Primary Care

Primary Care services, the core of an Aliera HealthPass Plan, are considered key to becoming and staying healthy. Our model of care is based on excellent service and a modern, innovative approach that truly is patient-centered. This includes medical care needs such as Primary Care, office visits, basic eye and hearing exams, flu shots, treatment of infections, and more.

Specialist

Specialist services are available with a referral from the member's Primary Care Provider (PCP). The number of visits to a Specialist depends on the chosen plan. Specialist visits are only available under Self-Funded Plan options.

Hospital, Surgical, Ambulance*

\$0 Deductible, 50% co-insurance, limited medical benefits to help offset your out-of-pocket expenses in the event you need services such as hospitalization, surgery, or ambulance.

***Included in the Self-Funded Advantage and Preferred plans;
Not included in Level-Funded Value, Plus, or Premium plans.**
(Advantage = \$1,000 max benefit | Preferred = \$2,500 max benefit)

Urgent Care

Services are covered at the nearest in-network Urgent Care center for treatment of an injury or illness. Urgent Care handles medical situations that can't wait or are just a little more complex than what your Primary Care Physician normally performs.

Telemedicine

Our U.S. board-certified family practitioners, PCPs, pediatricians, and internists who diagnose, treat, and write prescriptions, when necessary, are available 24/7/365 and can resolve most medical concerns via phone or online video consultation, in the convenience of your home or on the go!

Labs & Diagnostics

PCP and Urgent Care labs are included in your monthly membership. Your membership includes over 180 different lab tests to ensure the medical care you need is covered.

Prescription Drug Program

The HealthPass Prescription Savings Card delivers significant discounts in both brand name and generic drugs, saving cardholders an average of 55% on prescription drug purchases.

X-rays, CT Scans, and MRIs

X-rays are available at the nearest in-network Urgent Care center. CT Scans or MRIs are available depending on the chosen plan.

These plans meet the individual requirement of the ACA defined by the IRS for minimum essential coverage when sold through an employer sponsored group.

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Person

Plan Deductible	Choice	Advantage	Preferred
Age 18-39	\$400.5	\$547.91	\$620.9
Age 40-49	\$416.31	\$574.21	\$649.14
Age 50-59	\$444.53	\$626.14	\$708.86
Age 60-64	\$476.73	\$683.36	\$774.66

Person + 1

Plan Deductible	Choice	Advantage	Preferred
Age 18-39	\$540.7	\$800.21	\$852.05
Age 40-49	\$555.51	\$765.21	\$882.29
Age 50-59	\$592.53	\$826.14	\$952.36
Age 60-64	\$624.73	\$883.36	\$1,018.16

Person + child(ren)

Plan Deductible	Choice	Advantage	Preferred
Age 18-39	\$642.5	\$846.11	\$973.83
Age 40-49	\$657.31	\$872.41	\$1004.07
Age 50-59	\$674.53	\$944.14	\$1086.56
Age 60-64	\$734.73	\$1001.36	\$1152.36

Family

Plan Deductible	Choice	Advantage	Preferred
Age 18-39	\$708.5	\$926.11	\$1,032.83
Age 40-49	\$723.31	\$952.41	\$1,063.07
Age 50-59	\$770.53	\$1,024.14	\$1,145.56
Age 60-64	\$800.73	\$1,083.36	\$1,211.36

Additional Benefit Rates Included

	Monthly Rate
Hospital Indemnity	\$140.00
Telemed	\$14.00
Stop Loss	\$10.00
Payment Service	\$5.00

Plan Design

	Catastrophic
Choice	\$150,000
Advantage	\$250,000
Preferred	\$500,000

These rates are only a quote. The final rate may change from the underwriting of the person(s) accepting of a policy.