

SEDERA—SELECT

Membership Period: 05/01/2017 to 04/30/2018

Comparison of Typical	Group Health insurance to Health Care Sharing:	What are the Benefits and Costs? Discla	nimer: The Sedera Health Care Sharing program is NOT insurance.
Important Questions	Health Insurance - <u>Typical Bronze Level Plan</u>	Sedera SELECT Health Care Sharing (HCS)	Comparison Notes
Are there deductibles?	Typical range: In-Network: \$3,000 - 6,000 Individual / \$6,000 - 13,000 Family Out-of-Network: \$10,000 Individual / \$20,000 Family Per Occurrence for Inpatient Admission: In-Network \$250 / Out-of-Network \$350	Per Medical incident: Choice of \$500 or \$1,000 After the member has reached a collective total toward their selected Initial Unshareable Amount (IUA), per medical incident, all future costs associated with that medical incident would be shareable with the community. Eligible needs are shared according to the Membership Guidelines.	 Health Care Sharing is NOT insurance, therefore the word "deductible" is not applicable. An incident is defined as a specific <i>injury</i> or <i>illness</i>. For example: In the case of an accident, it would include all medical costs from the initial ambulance ride through the last physical therapy appointment. If treatment of the same medical incident continues into the next calendar year there would be no reset of the IUA.
Is there an out-of-pocket limit on my expenses?	Typical range: In-Network: \$6,850 Individual / \$13,700 Family Out-of-Network: \$13,000 Individual / \$26,000 Family	Costs are shared on a per-incident basis. There is no co-insurance. After the Member's IUA has been met the remainder would be eligible for sharing with the Sedera Community.	Statistically, the average family experiences 1.8 medical incidents per year, and so should plan for \$1,000-\$1,500 of available money in their HSA or other savings account.
Does this plan use a network of providers?	Typical: Yes. See Insurance provider's website or call for a list of In- Network providers.	No. Sedera Health Care Sharing does NOT utilize networks. This enables Members to use the provider that they are most comfortable with and that best meets their needs. Sedera's Member Advisors are happy to research medical providers and facilities in order to establish new relationships with at the Member's request.	For Health Insurance: After the member reaches their deductible, network providers are covered at a certain percent and out-of-network providers are covered at a lower rate. Typically 60/40% coverage until the out-of-pocket maximum has been reached. For Sedera: The IUA applies regardless the member's choice of provider. Members may go to the doctor or hospital of their choice. Any provider that accepts self-pay patients will take Sedera members.
Do I need a referral to see a specialist?	Typical: PPO plans = No. HMO and EPO plans = Yes (usually)	No. Members are free to choose medical specialists directly.	
Does this plan include preventatives visits, screenings, and immunizations?	Yes. Preventive Care (as defined by the Affordable Care Act (ACA) is covered 100%.	Preventive Care (as defined by ACA) is covered 100% as part of a Minimum Essential Coverage (MEC) plan which is provided by the participating employer and administered by a Third Party Administrator (TPA). The MEC is not part of Sedera's services, but is required by law and necessary for participating Members to avoid the ACA's Individual Shared Responsibility penalties. The MEC uses a network of providers.	The MEC plan's preventive services are provided by a TPA through an employer sponsored self-insurance plan for the benefit of its employees. The list of preventative services offered as part of a Minimum Essential Coverage (MEC) health plan are determined by the ACA and can be found here: https://www.healthcare.gov/preventive-care-benefits/ . Note: Sedera does not provide a MEC plan or any other type of insurance plan.
What is the cost of a primary care visit to treat injury or illness?	Typical range: \$25 - \$50 co-pay/visit for In-Network providers and 40% co-insurance for Out of-Network providers until out-of-pocket maximum has been reached. Alternative: A HSA compatible high deductible health plan (HDHP) would not have a copay, instead members would pay the the charges in-full until their deductible has been met.	For situations where members don't need to see the doctor in person, Telemedicine can be used at no charge. For more serious medical incidents, Members may pay their primary care physician's self-pay rate using pre-tax dollars out of their Health Savings Account (HSA)—up to their selected IUA maximum.	If the primary care or specialist office visit is part of a larger incident that has met the selected IUA the expense would then be eligible for sharing with the community. Please refer to Sedera's guidelines for its Health Care Sharing program.
Do I get access to a Telemedicine service?	Typical: No. However, some plans may provide this service as an option for an additional fee and a per usage consultation fee.	Yes. Membership in Sedera includes unlimited 24x7x365 access to board certified physicians via phone and/or web. In most states, prescriptions can be written in the course of the call. (Not available in the state of AR)	
How are medications handled?	Typical: Generic: \$10 - \$20 copay Preferred: Max \$100/month Brand Name: Max \$100/month	Medications that are part of an Incident are included in the cost of that incident. Ongoing Maintenance Medications : Member Advisor will shop for medications for the member, or Buy-up Discount Drug Program. Pay discounted price using pre-tax HSA dollars.	
Is there a lifetime maximum?	No. Lifetime maximums are not allowed under the Affordable Care Act.	No . There is no lifetime maximum on what can be shared with the community.	Specific maximum dollar limits may exist by service type, e.g., mental health/ chemical dependency/substance abuse treatment for both insurance and HCS.

Version: 20170501