Health Access Solutions

Health Access Cooperative-Direct For Individuals

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 — Direct for Individuals (Co-op Direct) program 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 Per-Incident Deductible:** Our unique per-incident deductible 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. Learn more about our program to decide if Co-op Direct is a good fit for you, your family, and your needs.

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 Support 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 program work the same way? Our per-incident deductible 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 per-incident deductible of $1,000, $2,500 or $4,000 when you enroll.
- You will pay one per-incident deductible for each medical incident, even if the care you receive stretches over different calendar years.
- You are only responsible for two per-incident deductibles 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 our Co-op Direct program only pays their per-incident deductible ($1,000, $2,500 or $4,000), while a person with traditional insurance pays as much as $9,400.

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; or
2. Taken medications to treat or manage; or
3. Had a diagnostic test performed or ordered by a health professional; or
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 existing condition waiting period if the expected delivery is within 5 months of enrolling, and deliveries within the first year of membership will have a $7,500 per-incident deductible. In Year 2 and beyond, the standard per-incident deductible of $1,000, $2,500 or $4,000 will apply.

Existing Condition Waiting Periods

Year 1	Year 2	Year 3	Year 4+
$0	$25,000	$50,000	Unlimited

Prescription Medications

Prescriptions for medications related to a medical incident are considered an eligible member benefit (e.g., antibiotics, chemotherapy, short-term pain medications, etc.) and will be included after the per-incident deductible has been met.

For maintenance medications filled at a pharmacy, members have access anytime to some of the lowest-priced prescription medication locally or by mail order, including international mail order.

Specialty Maintenance Medications

Specialty Maintenance Medications are medications that are prescribed long-term and cost more than $1,000 a month. Individuals with a specialty medication may be able to access the drug more affordably through international mail order or manufacturer assistance, our member support 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 deductible for the balance of the year. The per-incident deductible for a specialty maintenance medication is in addition to the maximum two per-incident deductibles.

Tobacco

If any person on your membership is a tobacco user, there is a $75 surcharge added to your monthly membership fee. 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 the tobacco user(s) on your membership quit, the membership fee surcharge may be dropped after 12 consecutive months tobacco-free.

If a member is or was 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 your Health Access Solutions representative to learn more about this program.

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Appendix A

Example of How Low Per-Incident Deductibles 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 — Direct for Individuals program only pays their per-incident deductible ($1,000, $2,500 or $4,000), while the person with a traditional insurance plan pays as much as $9,400.

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 Per-Incident Deductible	$4,000 deductible, $30 co-pays, 80% co-insurance to $9,400 out-of-pocket limit
Per-Incident 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**

Covered Screenings Included with the Co-op Direct Program

Annual Preventive Mammogram (including Breast Ultrasound or MRI following a preventive mammogram):
- Covered once annually from age 40-80
- Year 1: $250 allowance, Year 2+: $500 allowance

Colorectal Cancer Screening:
- Age range: 45 - 80 (covered from age 40 if 1st degree relative has positive history of colon cancer)
- Screening Type: Procto/Sigmoidoscopy every 5 years. Cologuard every 3 years.
- Colonoscopy is an eligible screening type "Colonoscopy, Screening"
- Year 1: $500 allowance, Year 2+: $1,500 allowance

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Membership Options	Per-Incident Deductible	*Member Maximum for 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	**Co-op Responsibility**	**Limits or Other Important Information**
Acupuncture	100% after Member Maximum	Limited to 15 visits per year
Allergy Services - Office visit - Injections/Serum - Testing	100% after Member Maximum	
Ambulance	100% after Per-Incident Deductible/Member Maximum	
Ambulatory Surgical Center/Hospital Outpatient Facility	100% after Per-Incident Deductible/Member Maximum	
Birthing Center	100% after Per-Incident Deductible/Member Maximum	
Chemotherapy	100% after Per-Incident Deductible/Member Maximum	
Chiropractic Care	100% after Per-Incident Deductible/Member Maximum	Limited to 35 visits. Up to $7,500 per year
Dialysis Services	100% after Per-Incident Deductible/Member Maximum	
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 Per-Incident Deductible/Member Maximum	
Durable Medical Equipment	100% after Per-Incident Deductible/Member Maximum	**Sleep Apnea:** Sleep study expenses are eligible up to $300/study, CPAP machines and equipment are subject to Member Maximum. **Diabetic Supplies:** subject to Member Maximum responsibility and limited to $3,000 per calendar year **Breast Pumps:** limited to $300
Emergency Room Services	100% after Per-Incident Deductible/Member Maximum	
Extended Care/Skilled Nursing/Rehabilitation Facility	100% after Per-Incident Deductible/Member Maximum	Limited to 90 days per incident
Hearing Aid	100% after Member Maximum	Children up to 18, limited to 1 hearing aid per ear every 36 months
Home Health Care	100% after Per-Incident Deductible/Member Maximum	Limited to 30 days per incident
Hospice Care	100% after Per-Incident Deductible/Member Maximum	Limited to 90 days
Hospital Inpatient - Room & Board - Ancillary Services - Well Newborn Nursery Care	100% after Per-Incident Deductible/Member Maximum	
Hyperbaric Therapy	100% after Per-Incident Deductible/Member Maximum	Limited to outpatient. Up to 35 sessions per incident
Infertility Treatment	100% after Member Maximum	Limited to $3,000 per incident
Injections for Pain Management	100% after Member Maximum	Limited to $3,000 per incident
Mental Health - Inpatient Hospital - Inpatient Hospital Physician Visit - Partial Hospitalization Program - Office Visit/Outpatient Therapy	100% after Per-Incident Deductible/Member Maximum	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 Per-Incident Deductible/Member Maximum	
Pregnancy-Obstetrical Care - Preconception and Prenatal Care - Postnatal Care - Delivery	100% after Per-Incident Deductible/Member Maximum	Existing condition waiting period applies if the expected delivery is within 5 months of enrolling. Deliveries within the first year will have a $7,500 per-incident deductible. Year 2+ the standard per-incident deductible applies. Member and covered dependents.
Prescription Medications	100% after Per-Incident Deductible/Member Maximum	When prescribed by a medical provider as part of a medical incident
Preventive and Wellness Care	N/A	See included screenings above
Prosthetics, Orthotics, Supplies and Surgical Dressings	100% after Per-Incident Deductible/Member Maximum	
Radiation Therapy	100% after Per-Incident Deductible/Member Maximum	
Specialty Maintenance Medications	100% after member responsibility of $2,500	Must be newly prescribed after membership start date, eligible for up to 12 months
Sterilization	100% after Member Maximum	
Substance Abuse - Inpatient Hospital - Inpatient Hospital Physician Visit - Partial Hospitalization Program - Office Visit/Outpatient Therapy	100% after Per-Incident Deductible/Member Maximum	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 Per-Incident Deductible/Member Maximum	
Therapy -Occupational/Physical/Speech	100% after Per-Incident Deductible/Member Maximum	Limited per incident: OT, 35 visits to $7500; ST, 35 visits to $3000; PT, 35 visits to $7500
Urgent Care/Walk-In Center	100% after Per-Incident Deductible/Member Maximum	
Weight Reduction Surgery	100% after Per-Incident Deductible/Member Maximum	Limited to $3,000 per incident
All Other Eligible Services	100% after Per-Incident Deductible/Member Maximum	Eligibility for services not expressly listed is at the sole discretion of the Cooperative