

At the center of Aliera's PrimaCare<sup>™</sup> Senior program is the *Direct Primary Care Medical Home* model of care.

We modified this simple, but offsetive, model of care on a

We modified this simple, but effective, model of care on a national basis to encompass multiple disciplines across a wide variety of care issues. We apply systems, science, incentives, and information to improve medical practice, engage consumers and their support system in a collaborative process, and manage medical conditions more effectively. The goal of our care management is to achieve an optimal level of wellness and improve coordination of care while providing cost-effective, non-duplicative services.

# SENIOR

When it comes to your health as you approach retirement

It's good to have options



# **Episodic Primary Care**

Primary care is at the core of all Aliera PrimaCare
Plans, and we consider it a key step in getting and staying healthy. Our model is based on an innovative approach to care that is truly patient-centered, combining excellent service with a modern approach. This includes medical care needs such as primary care, sick visits, office visits, flu shots, infections, etc.



#### **Urgent Care**

Services are covered at the nearest 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.



# Labs & Diagnostics

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



#### 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!





### **PLAN DETAILS | Direct Primary Care Medical Home Plans**

The Aliera DPCMH solution is the most flexible benefit platform on the market today allowing members the opportunity to select from the strongest Direct Primary Care Medical Home supported benefits available. Review Plan details below and select the Plan that best fits your needs. **See our side-by-side comparison in this brochure.** 

Benefits	PrimaCare	PrimaCare Premium	
Preventive Care***** (Recommended by USPSTF)	63 Preventive Screenings	63 Preventive Screenings	
Telemedicine****	100% Unlimited, No-Consult Fee	100% Unlimited, No-Consult Fee	
Primary Care	3 per Year* \$25 Consult Fee**	Unlimited* \$25 Consult Fee**	
Urgent Care	1 per Year* \$40 Consult Fee**	2 per Year* \$40 Consult Fee**	
Labs & Diagnostics	Included @ PCP & Urgent Care*	Included @ PCP & Urgent Care*	
X-Rays (@ Urgent Care)	100%***	100%***	
Chronic Maintenance	n/a	Maintenance of Chronic conditions at Primary Care	
Pediatrics	3 Visits* \$25 Consult Fee**	5 Visits* \$25 Consult Fee**	
OB/GYN	Preventive Services <sup>1</sup> @ Primary Care \$45 Consult fee	Preventive Services & Primary Care Provider \$45 Consult fee	
RX Discount Program	Included	Included	
Surgical (In/Outpatient)	n/a	n/a	
Hospitalization	n/a	n/a	
Specialist Services	n/a	n/a	
Monthly Rates	60-64   65+	60-64   65+	
Individual Only	<b>\$89</b>   \$109	<b>\$119</b>   \$149	
Individual + Spouse	\$149   \$179	\$169   \$199	
Individual + Child(ren)	\$159   -n/a-	\$179   -n/a-	
Family	\$229   \$299	\$269   \$329	
These Plans are NOT comprehensive health insurance and do NOT include hospitalization or certain other benefits.	* All members must contact an Aliera telemedicine provider before visiting any provider or lab facility.  ** Consult fees range from \$20 to \$40 in certain markets.  *** \$25 Read-fee applies for x-rays at urgent care.  **** Telemedicine services not available in some states.  ****** Cannot be combined with a visit for other medical needs. Member is responsible for non-preventive cost at the time of visit.  1 See language on last page of plan comparison		





This plan provides coverage of medical services in accordance with the recommendations and guidelines contained below\*:

- 1. Evidence-based items or services rated A or B in the United States Preventive Services Task Force recommendations;
- 2. Recommendations of the Advisory Committee on Immunization Practices adopted by the Director of the Centers for Disease Control and Prevention;
- 3. Comprehensive guidelines for infants, children, and adolescents supported by the Health Resources and Services Administration (HRSA); and
- 4. Comprehensive guidelines for women supported by the Health Resources and Services Administration (HRSA).

#### **Preventive Benefits for Adults**

- Blood Pressure Screening
- · Cholesterol Screening
- Colorectal Cancer Screening
- Depression Screening
- Type II Diabetes Screening
- Diet Counseling
- HIV Screening
- Syphilis Screening

#### **Preventive Benefits for Women**

- Anemia Screening
- Bacteriuria and Urinary Tract Infection Screening
- BRCA Counseling
- Breast Cancer Screening
- Breast Cancer Chemoprevention Counseling
- Cervical Cancer Screening
- · Chlamydia Infection Screening
- Contraception Counseling
- Domestic Violence Counseling/Screening
- Gestational Diabetes Screening
- Gonorrhea Screening
- HPV Testing, every 3 years
- Tobacco Screening/Counseling
- STI Counseling
- Syphilis Screening

#### **Preventive Benefits for Children**

- Alcohol and Drug Use Assessment
- Autism Screening
- Behavioral Assessment
- Blood Pressure Screening
- Cervical Dysplasia Screening
- Congenital Hypothyroidism Screening
- Depression Screening
- Developmental Screening
- Dyslipidemia Screening
- Hearing Screening
- Height, Weight, and Body Mass Index Measurement
- Hematocrit/Hemoglobin Screening
- Hemoglobinopathies/Sickle Cell Screening
- HIV Screening
- Lead Screening
- Obesity Screening/Counseling
- Phenylketonuria Screening
- STI Counseling/Screening
- Tuberculin Testing
- Vision Screening

#### **Immunizations & Injections**

- Hepatitis A
- Hepatitis B
- Herpes Zoster
- Meningococcal
- Pneumococcal
- Tetanus
- DtaP
- Varicella
- Rotavirus
- Influenza
- Haemophilus
- Influenza Type B
- Human Papillomavirus
- Inactivated Poliovirus
- Measles, Mumps, Rubella



<sup>\*</sup> Preventive Benefits are available in accordance with the guidelines established under the USPSTF, except annual physicals which are only available after 9 months of continual membership.





**Primary care** is at the core of an Aliera PrimaCare Senior Plan. We consider it a key step in getting and staying healthy\*. Take a look at the wide range of benefits offered as part of your primary care.

#### Office Visit

- Minimal Issues
- Detailed Issues
- Comprehensive Issues
- Significant Issues

#### Office Procedures

- Audiometry
- Cerumen removal
- Colposcopy
- Colposcopy w/biopsy
- ECG, w/interpretation
- ECG, rhythm strip
- Endometrial biopsy
- Nebulizer
- Nebulizer demo
- Spirometry
- Spirometry, pre and post

#### **Well Visit**

• Well visits for ages 60-64, 65+

#### Skin Procedures

- Burn care, initial
- Foreign body on skin
- I&D, abscess
- I&D, hematoma/seroma
- Laceration repair, >1"
- Lesion biopsy
- Lesion, pairing/cutting
- Lesion shave
- Nail removal
- Skin tag

# Consultation / Pre-op clearance

Simple-detailed problems

#### Immunizations & Injections\*

- Immunization administration
- Injection, joint

#### Vaccines

- DT
- DTP
- DtaP
- Flu
- Hep A
- Hep B
- Hib, 4 dose
- HPV
- IPV
- MMR
- Pneumonia
- Td
- Varicella





<sup>\*</sup> Cost for drugs not included.



### **PLAN COMPARISON | Direct Primary Care Medical Home Plans**

Compare our Basic and Premium Plans to determine which Aliera DPCMH solution is right for you.

MEDICAL SERVICES	PrimaCare Senior \$89	PrimaCare Senior PREMIUM \$119
Age	60-64   65+ (\$109)	60-64   65+ (\$149)
Co-expense	\$25.00	\$25.00
Medical Care		
Annual Physical Exams	✓	✓
Routine Office Visits	✓	✓
Urgent Care during office hours	✓	✓
EKG	(One per year)	√ (Unlimited)
Urinalysis	✓	✓
Blood Sugar	✓	✓
Fecal Occult Blood Test	✓	✓
PPD (Skin test for tuberculosis) (One per year)	✓	✓
Weight Loss Management	<b>✓</b>	✓
Ear Irrigation for Wax	✓	✓
Nebulizer Treatment with Oxygen Concentrator	<b>✓</b>	✓
Flu Vaccine (One per year)	<b>✓</b>	<b>✓</b>
Pulmonary Function Test (Spirometry)	×	<b>/</b>
Vitamin B-12 and Allergy Shot (Steroid)	×	<b>/</b>
Vascular Studies (Venous, Carotid, Peripheral Duplex Scans)	×	<b>✓</b>
Allergy Testing through Blood Test (Paid separately to the lab)	×	<b>/</b>
Tetanus Vaccine (After injury)	×	· /
IM/IV Treatments (Cost of drug is not included)	×	· ·
Holter Monitor	×	· /
Echocardiogram	×	
Office-Based Surgeries		•
Shaving of Skin Lesions	<b>✓</b>	<b>✓</b>
Mole Removal – Skin Biopsy	<b>✓</b>	<b>✓</b>
Skin Tag Removal	<b>✓</b>	<b>/</b>
Warts (Genital, sole, hand)	<b>✓</b>	· /
& D of Abscess	<b>✓</b>	· /
Wound Care with Debridement	· /	· /
Partial or Full Nail Removal for Fungus, Ingrown Toenail	1	
Fine needle aspiration (Thyroid, Breast)	,	· · · · · · · · · · · · · · · · · · ·
Application of Cast for Minor Non-displaced Fractures	<i>J</i>	
Repair of Laceration	*	
Excision of Benign Skin Lesions	~	
Joint Injections (Steroid)	~	
Facet Joint Injections	×	





### PLAN COMPARISON | Direct Primary Care Medical Home Plans

Compare our Basic and Premium Plans to determine which Aliera DPCMH solution is right for you.

MEDICAL SERVICES	PrimaCare Senior \$89	PrimaCare Senior PREMIUM \$119
Office-Based Surgeries, Continued		
Application of Splint	×	✓
Fendon Injections (Steroid)	×	<b>✓</b>
rigger Point Injections	×	<b>✓</b>
Excision of Malignant Skin Lesions	×	<b>✓</b>
Sebaceous Cyst Removal	×	<b>✓</b>
ipoma Removal	×	<b>✓</b>
Sanglion Cyst Removal	×	<b>✓</b>
tepair of Split Ear Lobes	×	<b>✓</b>
excision of Breast Mass (Lumpectomy when possible)	×	✓
ymph Node Biopsy	×	✓
ilonidal Cystectomy	×	✓
Circumcision	×	✓
Rubber Band Hemorrhoidectomy	×	✓
Incomplicated Anal Fistulectomy	×	✓
Carpal Tunnel Release	×	✓
/aricose Vein Ligation	×	✓
Gynecological Care	Gynecological Care	Gynecological Care
Gynecological Exam	✓	✓
Pap smear (One per year)	×	✓
ediatrics	Pediatrics	Pediatrics
Pediatric Visits	✓	✓
childhood Immunization (Cost of vaccines are additional)	✓	✓
Audiometry	×	✓
maging	Imaging	Imaging
K-rays	√ (Two per year)	√ (Unlimited)
Sonograms	×	√ (Unlimited)
Mammogram Screening (One per <b>2 years</b> )	×	✓
.ab Test (Blood, urine, stool)	√ (One per year)	√ (Unlimited)
econd Opinions	✓	✓
Referral for Discounted CT Scan and MRI	✓	✓
Referral for Discounted Colonoscopy and Upper Endoscopy	✓	✓

These Plans are NOT comprehensive health insurance and do NOT include hospitalization or certain other benefits.

