2026–27 Health Plans at a Glance

Redirect Health EverydayCARE® • All plan details & weekly rates • rrtransbenefits.com

Benefit	Plan 1 EverydayCARE® Hospital	Plan 2 EverydayCARE® Hospital PLUS	Plan 3 EverydayCARE® Hospital 0 PLUS
Everyday 1to1® Platform — your company's 24/7 Medical Director	✓	✓	✓
ROUTINE CARE			
Virtual Primary Care (24/7/365) • In-Office Primary & Urgent Care • Pediatric Care • Annual Physical & Well Child • Chiropractic (12 free visits/yr) • X-rays **$0 copay** virtual & in-network office visits with 48-hr pre-authorization • **$20** out-of-network with pre-auth • **$50** without pre-auth	✓	✓	✓
$0 copay Labs with 48-hr pre-authorization	✓ (Standard)	✓ (Expanded)	✓ (Expanded)
$0 copay Mental Health Tele-Counseling with 48-hr pre-authorization	✓	✓	✓
Rx & Immunizations copays vary by pharmacy, quantity & dosage; with 48-hr pre-authorization	✓ (Standard)	✓ (Expanded)	✓ (Expanded)
$0 copay Virtual Specialist Curbside Consult with 48-hr pre-authorization	✓	✓	✓
SPECIALIST / ADVANCED IMAGING / HOSPITAL			
Specialist Consults: $50 copay with 48-hr pre-authorization • $100 copay without (PHCS Network – Practitioner)	✓	✓	✓
$50 copay MRI, PET, CT scans, ultrasound, mammogram & other imaging with 48-hr pre-authorization	✓	✓	✓
Hospital Care – Plans 1 & 2 (inpatient & outpatient; pre-authorization required for all non-emergency care) Individual: $2,000 deductible | 20% coinsurance | $4,000 out-of-pocket max Family: $4,000 deductible | 20% coinsurance | $6,000 out-of-pocket max	✓ (Non-Embedded Deductible)	✓ (Embedded Deductible)	—
Hospital Care – Plan 3 (inpatient & outpatient; pre-authorization required for all non-emergency care) Individual: **$0 deductible** | 20% coinsurance | $3,000 out-of-pocket max Family: **$0 deductible** | 20% coinsurance | $6,000 out-of-pocket max	—	—	✓ $0 Deductible (Embedded)
Emergency Room: $500 + 20% coinsurance	✓	✓	✓
Dialysis, Residential Treatment Facilities & Skilled Nursing Excluded on Plans 1 & 2 (see SPD); CareLogistics™ helps navigate alternative funding	—	—	✓ Included
Network: Multiplan PHCS Practitioner Only Network (or add a doctor 48 hours prior to visit)	✓	✓	✓

Your Weekly Paycheck Deduction (after employer contribution)	Plan 1 Hospital	Plan 2 Hospital PLUS	Plan 3 Hospital 0 PLUS
Employee Only	**$46.85**	**$72.00**	**$103.62**
Employee + Spouse	**$148.85**	**$200.54**	**$265.15**
Employee + Child(ren)	**$156.23**	**$209.31**	**$271.85**
Employee + Family	**$244.62**	**$317.77**	**$375.92**

This overview is an illustration of the benefit design of an ERISA self-funded plan managed by Redirect Health. Refer to the Summary of Plan Description (SPD) for actual coverage, limitations, and exclusions. Pre-authorization is required for all non-emergency care. Weekly deductions shown are net of R & R Transportation's employer contribution, annualized across 52 pay periods. Questions? Call your Benefit Counselors at (210) 446-8028 or email RaRTEnroll@SunRaesBenefits.com.