

Activated through:



Population Science
Management

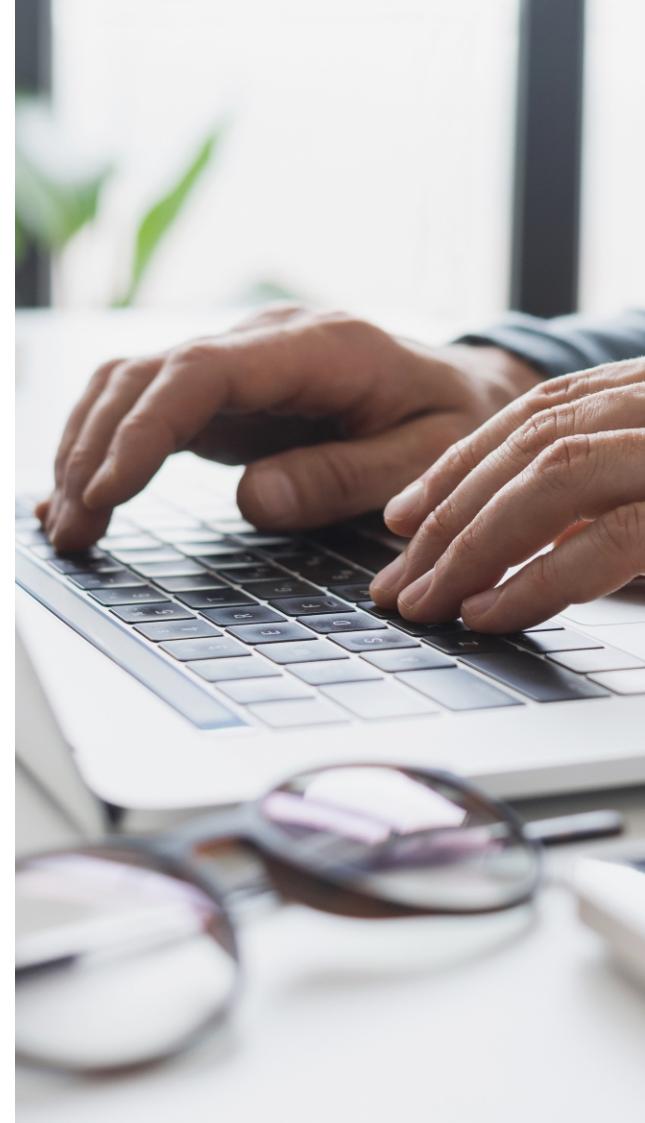
CDR ROLES AND RESPONSIBILITIES

Welcome to your role as a Consumer Data Respondent (CDR)

Population Science Management (PSM) is a data research and analytics company with the mission of empowering individuals to earn money by sharing their personal data. PSM employs **Consumer Data Respondents (CDRs)**, who provide insights into their health and consumer habits. As a CDR, each person is recognized as a **Working Owner** of PSM.

As a member of PSM, you are expected to respond to tasks as they arise. The majority of these tasks involve short but impactful surveys. The frequency of requests varies based on several factors, ranging from once per quarter to as frequently as once per month in the first year. All surveys provide compensation, though amounts may vary, with some offering higher rewards than others.

Active CDRs are eligible to participate in group benefit plans, including group medical benefit plans and other benefits made available to similarly situated Working Owners, contingent upon monthly contributions. Your contributions play a significant role in advancing our mission to improve healthcare, and we value the impact of your work.



JOB REQUIREMENTS

- ✓ *To receive payment, you must actively participate as a Consumer Data Respondent (CDR) by completing surveys as requested.*
- ✓ *Assigned surveys must be completed in the Covered365 app, available on the Apple App Store and Google Play.*
- ✓ *Active CDRs who meet participation requirements and make monthly contributions are eligible for group medical benefits and other offerings.*





GETTING STARTED

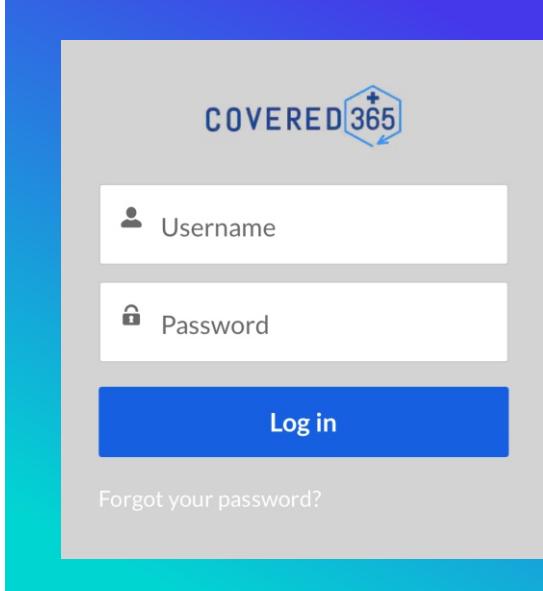
Begin by downloading the **Covered365** application. Covered365 is a secure, personalized online portal that you can access anytime from any device.

Ways to access Covered365:

- 1 Learn more via our website, <https://covered365.net/>



- 2 Downloading the app from the Apple App Store or Google Play



HOW TO ACTIVATE

- 1 **Activate your Account.**

Use Your Detego Health/GigCare Member Portal credentials.

- 2 **New Users or No Member Portal Access?**

For Member Portal access, contact Member Services at memberservices@detegohealth.com for assistance.

- 3 **Log Into Covered365.**

Once logged in, you can complete surveys, access your benefits, view claims, and manage your health information.

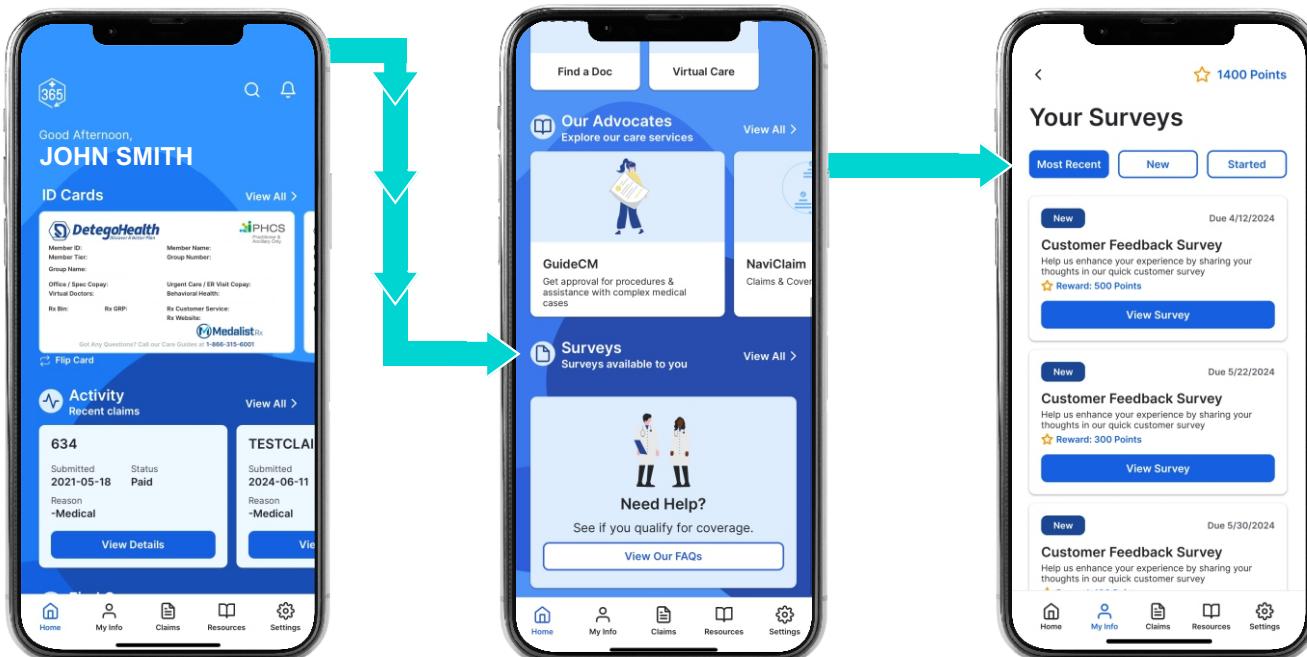


SURVEYS

As a PSM Working Owner, you will be assigned monthly or quarterly survey(s). These must be completed to maintain your active status and continue receiving Health Benefits.

How to Access and Complete Your Assigned Surveys in the Covered365 App:

- Log into the Covered365 App.
- Scroll down until you see the section labeled **Surveys**.
- Tap on **Surveys** to view both **New** and **Completed** surveys.
- Select any **new survey** that has not been completed, then follow the prompts to complete and submit it.



GET PAID VIA

CommercePayments®
PreferPay® ENABLED BY VISA DIRECT

STEP-BY-STEP GUIDE



How Do Consumer Data Respondents Get Paid?

✓ **Survey(s):**

Complete your assigned survey. Your submission will take 1 business day to process it's completion.

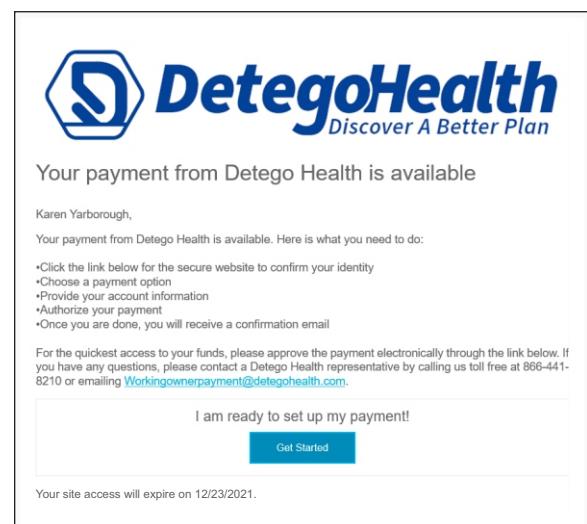
✓ **Direct Deposit:**

Enables payment recipients to receive funds in their bank account within 2-4 business days.

1 **Email from Detego Health:**

You will receive an email stating that your payment is available.

- Click the “Get Start” link provided in the email to confirm your identity.
- **You will receive reminders up to 6 days.**
If you do not confirm your identity, your payment request will be considered closed and void. You will need to contact your Recruiter to resubmit a new payment request to Detego Health. Once the new payment details come through, you will then receive the payment available emails and have another 7 days to accept and process.



CommercePayments® PreferPay®

STEP-BY-STEP GUIDE

2 Let's Get Started:

Enter in your information to login.

Detego Health

Powered by PreferPay®

Let's Get Started

Please enter the following information to confirm your identity. All fields are required.

Member ID SSN Last Four

Date of Birth

Month Day YYYY



[Continue](#)

3 Choose Your Payment Option:

Direct Deposit is the only option Detego Health and PreferPay is offering.

- Select “Direct Deposit”

- A Direct Deposit blurb will pop up stating:
“An electronic payment method that deposits funds into your bank account. You’ll need to provide your bank routing and account numbers. Funds should arrive in 2-4 days. Payments submitted after 3pm CST are processed next business day.”

Detego Health

Powered by PreferPay®

Choose your payment option

Please select your preferred payment method. Click “More Info” below each payment type for more details. When you are finished, click “Continue”.

1 2 3
Payment Option Payment Info Confirmation

Payment Amount: \$0.02



Direct Deposit

Arrives in

2-4 days

[More Info](#)



Resources

Toll Free Number:
866-441-4210
Email:
WorkforcePayment@DetegoHealth.com
Survey Name:
Date Completed:

Additional Resources

[Privacy Policy](#)

[Terms of Service](#)

[Privacy Policy](#)

[Terms of Service](#)

[Continue](#)

Direct Deposit

An electronic payment method that deposits funds into your bank account. You'll need to provide your bank routing and account numbers. Funds should arrive in 2-4 days. Payments submitted after 3pm CST are processed next business day.

[Close](#)

4 Direct Deposit Payment Information:

Enter in your bank account information that you want your payments sent to.

- You have the option to save your payment information for future payments.
- Select the checkbox for Terms of Service before you can click Continue.

Direct Deposit Payment Information

Please enter the following information to complete the payment. All fields are required unless marked optional.

1 2 3
Payment Option Payment Info Confirmation

Payment Amount: \$0.03

Account Type

Personal Checking Business Checking

Account Number [?](#)

Bank Routing Number [?](#)

Confirm Account Number

Would you like to save your payment information and preferences to be used for future payments from Detego Health Company?

Yes No

[Learn more about this option](#)

I hereby authorize Detego Health Company to deposit funds to my designated account and I agree to the [Terms of Service](#).

[Back](#)

[Continue](#)

Disclaimer:
Payment submitted after 3pm CST will be processed on the next business day.

CommercePayments® PreferPay®

STEP-BY-STEP GUIDE

5 Direct Deposit Payment Review:

Confirm your Bank Account information.

- Submit

Direct Deposit Payment Review

Please review the following information. Use the "Back" button to make changes. If everything is correct, click "Submit" to process your payment.

1 2 3

Payment Option	Payment Info	Confirmation
Payment Amount: \$0.03		
Your Information		
Account Type:	Personal Checking	
Bank Routing Number:	101000019	
Account Number:	*****6789	
Back		Submit

6 Payment Receipt:

You will receive a payment receipt on the portal as well as through your email

- Confirmation within Portal

Your Direct Deposit Payment is Processing!

A copy of this receipt has been emailed to you. You should receive funds in your account in 2-4 days. Payments submitted after 3pm CST will be processed on the next business day.

Direct Deposit Payment Receipt

Confirmation Number	FN1QC14VX97LCL1KSC
Confirmation Date	Dec. 17, 2021
Payment Amount	\$0.03
Bank Routing Number	101000019
Account Number	*****6789

[Print Receipt](#)

- Email Confirmation

Direct Deposit Payment Receipt

Karen Yarborough,
Good news! Your commission payment from Detego Health Company has been processed. Your funds are on the way. Please save a copy of this email for your records.

For assistance, please contact your Claim Representative, , at .

Payment Type	Direct Deposit
Confirmation Number	FN1QC14VX97LCL1KSC
Confirmation Date	Dec 17 2021
Payment Amount	\$0.03
Bank Routing Number	101000019
Account Number	xxxxx6789

Contact Us: If you have any questions, please contact a Detego Health representative by calling us toll free at **866-815-6001** or emailing Workingownerpayment@detegohealth.com.

Working Owner FAQ's

Below are the most common questions and answers to help you understand your role as a **Consumer Data Respondent (CDR)** and your participation in Population Science Management (PSM).

1. Role & Expectations as a Consumer Data Respondent (CDR)

Can you explain the role of a Consumer Data Respondent (CDR)?

A Consumer Data Respondent provides insights into their health and consumer habits through short but impactful surveys. As a CDR, you are recognized as a Working Owner of PSM and are expected to complete tasks and surveys as they arise. Your contributions are highly valued and play a crucial role in advancing our mission to improve healthcare.

What are the expectations of a Consumer Data Respondent?

You are expected to respond when called upon to complete tasks and surveys. On average, members may be asked to participate from once per quarter to once per month, depending on several factors.

Why do I have to complete one qualified health task per quarter?

PSM seeks to understand your overall consumer profile, particularly your healthcare habits. This quarterly cadence helps us build a more accurate understanding.

Who is required to complete the tasks and/or surveys?

All Consumer Data Respondents (Working Owners) must complete activities when requested.

Can I complete all my tasks or surveys in one month?

No. Tasks and surveys are assigned on a monthly or quarterly basis and must be completed as they arise.

Is there a grace period?

No, there is not a grace period for late activities.

What if I fail to complete a qualified health task or survey?

Failure to complete assigned tasks and surveys will result in termination of your Working Owner status and loss of health benefits.

How do I verify I completed a task/survey?

You can check your portal using Covered365 to verify completion.

“Failure to complete mandatory activities will result in termination.” What is this referring to?

This refers to your responsibility as a Consumer Data Respondent. Completing surveys and other tasks within your portal qualifies as mandatory participation.

2. Compensation, Membership & Company Rights

What is a typical task, and how am I compensated?

A common task may be completing a Health Risk Assessment (HRA). In return for sharing your data, you receive guaranteed payments. Compensation is delivered through the transfer of Preferred Units for personal services rendered. Failure to comply with these tasks may result in the Company invoking its Call Right.

Visit <https://populationsciencemanagement.com/resources/> to review the Population Science Management Operating Agreement. Password: PSM2024

Individuals understand and agree that the Preferred Units are being transferred as compensation for personal services. What does this mean?

Preferred Units are considered payment for completing surveys and tasks as a Working Owner. This arrangement makes you eligible for guaranteed payments.

What are the benefits afforded to Consumer Data Respondents?

Active CDRs are eligible to participate in benefit plans and programs, including group medical benefits and other offerings available to similarly situated Working Owners. Timely monthly contributions are required to maintain coverage.

What is the Company's Call Right?

If a CDR fails to meet the conditions of Working Owner status (such as completing surveys or paying contributions), PSM reserves the right to cause the CDR to sell all of their Membership Interest.

3. Benefits & Coverage

Do copays contribute to my deductible?

No, but copays do contribute to your maximum out-of-pocket.

Are there electronic versions of Medical ID Cards while waiting for mailed copies?

Yes. You can access your digital Member ID card through your Member Portal, on the Covered365 app, or you can request a digital copy by contacting our Care Guides:

- Email: memberservices@detegohealth.com
- Phone: 866-815-6001 (7:00 AM – 5:00 PM CST)
- GigCare Phone: 866-200-2513 (7:30 AM – 6:00 PM CST)

Is there a link to look up contracted providers?

Yes. Visit the Network's website for provider listings. Always confirm directly with the provider to ensure participation. If you are unsure which Network your plan utilizes, please refer to your Member ID Card.

Working Owner FAQ's

Continued

What does the pre-certification process look like?

Your provider submits a pre-certification request, which is reviewed for medical necessity and plan coverage. If initially denied, it may be reviewed by our Chief Medical Officer (CMO). Appeals follow the same process. Financial pre-certification is also required.

What is the appeal process?

Members may request an appeal by sending a written letter with supporting documentation to Member Services.

How can I submit a claim for reimbursement?

You may find the Reimbursement form on Navicclaim.com. Follow the instructions carefully to ensure timely processing.

How long does it take to process a claim?

Clean claims process in 14–21 business days and payments are issued within two weeks of adjudication.

How do I access telehealth?

Telehealth is included as part of your benefits—no registration required. Simply call 855-226-6567 to connect with care. You'll have access to Primary Care (8:00 AM – 8:00 PM EST), 24/7 Urgent Care, and Mental Health Crisis Prevention Support.

Is there an app for the member portal?

Yes. The app is called Covered365 and is available to download in the Apple App Store and Google Play.

4. Payments & Contributions

When do I pay each month for my benefits?

Payments are automatically drafted on the 20th of each month.

Can I make changes to my policy (dependents, plan levels, effective dates, etc.)?

Changes can be made during Open Enrollment. Outside of this period, changes require a Qualifying Life Event (QLE). Contact Member Services to request the appropriate form.

Can I drop my coverage?

Yes, you may cancel coverage at any time. For example, if you cancel on November 15, you remain covered through the end of November and will not be charged for December.

If I drop my plan, can I re-enroll in the same plan year?

No. Dropping your PSM plan disqualifies you from re-enrolling until the next Open Enrollment Period (OEP). Be aware that switching to another carrier may result in losing deductible credits or in-process pre-certifications.

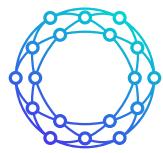
5. Taxes & Documentation

Do I need to file anything related to my PSM membership on my taxes?

Yes. Each year, members receive an IRS Schedule K-1 (Form 1065) from PSM, which details their share of income. This document is needed for your tax filing. In addition, you may also receive an IRS Form 1095 related to health coverage.

How should I use the K-1 or 1095 forms when filing my taxes?

Members should consult with their tax professional to determine how to properly apply the K-1 and 1095 forms in their individual tax situation.



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