

Population Science
Management

PLAN OVERVIEW

Livelihood Plans

Contact Us

 866-815-6001

 GigCare.net

 GIGCARE

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The Working Owner pathway

Population Science Management (PSM) offers individuals the opportunity to become Working Owners and to get paid by contributing marketable electronic data to PSM's core business.

As a Working Owner you may be eligible for employer-sponsored group health coverage through GigCare, where you'll have access to affordable plan options offered by trusted national networks.

What is a Working Owner?

Individuals join PSM by completing a Joinder Agreement, becoming fractional equity owners under PSM's subsidiaries' Operating Agreements.

This ownership carries no financial risk but provides benefits like:



Compensation per completed survey



Limited partner ownership interest in the data business, with the ability to contribute and benefit from the partnership's operations.



Eligibility to participate in GigCare group health plans

What is GigCare?

GigCare is PSM's health benefits solution for Working Owners. When you join PSM and become a Working Owner, GigCare provides access to employer-sponsored group health plans through trusted national networks.



How do you qualify for GigCare?

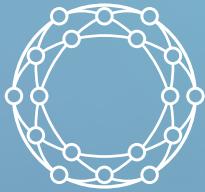
Become a Working Owner with PSM. Contribute meaningful data insights through PSM's secure digital platform.

1 Join PSM as a Working Owner
accept terms and complete periodic tasks in the app

2 Stay active and in good standing
(maintain active participation in the partnership to continue as a Working Owner)

PSM's GigCare plan provides the very best services to ensure your experience exceeds your expectations. Our offerings include an extensive array of physician and ancillary networks, pharmacy benefit management, diabetes management, telehealth and in-home services. We work hard to keep your health care costs under control while providing you with the very best coverage options available.

 Learn more at PopulationScienceManagement.com



Population Science
Management



EXPLORE
THE
DIFFERENCE

 GIGCARE

VIRTUAL CARE



MyLiveDoc

Your health, your time

Powered by BowTie

Your health matters – and getting care should be easy, convenient, and stress-free. With MyLiveDoc, you can connect with trusted providers anytime, anywhere – right from your phone, tablet, or computer.

What's included

Primary care*

- Care for everyday health needs, from check-ups to ongoing conditions
- Available during normal office hours: Monday–Friday, 8 a.m. – 8 p.m. Eastern time

Urgent care *unlimited*

- Get care 24/7 for sudden issues like flu, infections, allergies, and more
- No appointment needed – talk to a provider right away!

Mental health crisis support (*triage only*)*

- 24/7 confidential support for stress, anxiety, depression, or other concerns
- Designed for short-term triage, not therapy.

How it works

1. Call MyLiveDoc at 855-226-6567
2. Select the prompt to connect with BowTie
3. Talk to a nurse, no waiting rooms
4. If a provider is needed, the nurse will schedule a time for a provider to call you back by phone or Zoom

*Visit limits and exclusions apply — refer to your plan's Summary of Benefits and Coverage for more details. MyLiveDoc is not for emergencies. If you are experiencing a life-threatening situation, call 911 or go to the nearest emergency room.

*The mental health benefit is limited and is intended for crisis intervention only — not ongoing mental health counseling. For ongoing counseling or therapy, contact your local provider network or explore community-based mental health resources.

 855-226-6567

 Info@BowTieMedical.com



PHARMACY BENEFITS



A quick guide to help you understand and use your prescription benefits with Kroger Health, Kroger Prescription Plans (KPP Rx), and ScriptCo Pharmacy.

Pharmacy Benefit Manager

Your plan utilizes **Kroger Health**.

 **Elite Impact Generic Only Formulary**
View the prescription drug list at detegohealth.com/resources.

Retail Pharmacy (30-day supply)

Mail Order Pharmacy (90-day supply)

Get started:

Visit kpp-rx.com or call 800-482-1285 to speak with a Kroger Prescription Plans representative

Mail Order Hours:

Monday–Friday: 8 a.m. – 11 p.m. Eastern time and Saturday–Sunday: 8 a.m. – 6:30 p.m. Eastern time

ScriptCo, an alternative home delivery option

If your prescription is not included on the Kroger drug list, you may use ScriptCo as a secondary option.

Your benefits with ScriptCo:

- ✓ Free ScriptCo Membership
- ✓ \$6 Discount on Generic Prescriptions
- ✓ No Formulary Restrictions

Mail Order Pharmacy:

30, 60, or 90-day supplies available

How it works:

-  Claim your membership using the registration email from ScriptCo.
-  Your Doctor sends prescriptions to ScriptCo Pharmacy via E-Scribe or fax: 254-424-9800.
-  ScriptCo will notify you via your membership email to pay for your prescription.
-  Saving you time and hassle, your prescription(s) are shipped to your door.
-  Save money with ScriptCo's wholesale cost.

NEED HELP? For questions or assistance using ScriptCo's home delivery services, call 888-201-0334

Enhanced Membership Disclaimer: ScriptCo does not have a specific formulary. Most FDA-approved medications are available through ScriptCo. Detego Health covers the cost of the ScriptCo membership and contributes \$6.00 toward each generic prescription. Members are responsible for paying the remaining wholesale cost for generic prescriptions, as well as the full wholesale price for brand-name and specialty drugs.

Prescription access assistance



ScriptAide is the exclusive Pharmaceutical Advocate for Detego Health LLC®. Our team helps members get the brand-name medications they need at lower costs through two programs: the Patient Importation Program (PIP) and the Self-Pay Importation Program (SPIP). Call to see if you qualify.

Patient Importation Program (PIP)

- Imports prescriptions from Canadian pharmacies
- Savings up to 70%
- No copay for qualifying prescriptions
- Requires a valid prescription

Self-Pay Importation Program (SPIP)

- For medications not covered by your plan
- Members pay at a discounted rate
- Save 40–45% compared to U.S. pharmacy prices
- Requires a valid prescription



Access prescribed medications at lower costs



Save on brand-name prescriptions



Find options for medications not covered by your plan

Did you know?

Our Pharmaceutical Advocates **will reach out to members about high-cost medications** to help you save money.

How it works

1. Contact ScriptAide by phone or email
2. Our team researches ways to reduce your costs
3. We help you enroll in PIP or SPIP (*if eligible*)

866-837-1515

ScriptAide.com



Population Science
Management

YOUR
WORK.
YOUR
VOICE.
YOUR
COVERAGE
PATH.



 GIGCARE

Diabetes management



Population Science Management has partnered with Diathrive to get you diabetes supplies and coaching at no cost to you.

Diabetes testing supplies covered

100%

- ✓ Diathrive+ glucose meter
- ✓ Unlimited test strips
- ✓ Carrying case
- ✓ Lancing device
- ✓ Lancets
- ✓ Insulin pen needles
- ✓ Meter sync to diathrive health app
- ✓ Unlimited clinical support from health advisor



Scan the code to sign up
for your starter kit!

Health Advisor

Unlimited clinical support and individualized diabetes care.

Our Health Advisors are Certified Diabetes Care and Education Specialists, ready to help.

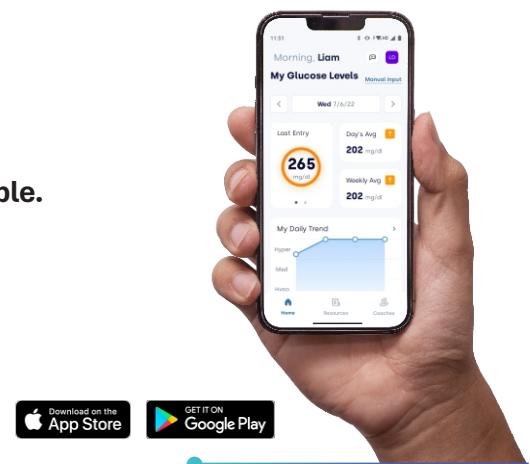
866-878-7477

Support@Diathrive.com

Diathrive Health App

Diabetes management made simple.

- Sync your meter
- Diabetes education
- Reorder supplies
- Connect with your Health Advisor



Insulin pen needles

Free and unlimited insulin pen needles

Available sizes:

- ✓ 4mm / 32g
- ✓ 5mm / 31g
- ✓ 6mm / 31g
- ✓ 8mm / 31g

Compatible with most insulin pens.



Premium features

Triple-bevel cannula

Optimal perforation and easy penetration.

Silicone lubricant coating

Coated for a smooth, painless experience.

Thin wall technology

Better insulin flow and less injection pain.

Ready to order?

Call Diathrive Customer Service today at [866-878-7477](tel:8668787477)



Scan the code to sign up
for your starter kit!



MEMBER PORTAL



Your benefits, all in one place

From your desktop to your smartphone, your member portal and the Covered365 app make it easy to view your ID card, track claims, find doctors, and stay on top of your benefits anytime.

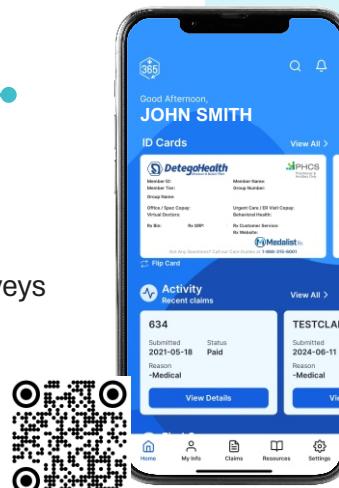
Detego Health member portal for desktop

- ✓ Access Your ID Card
- ✓ Download Forms
- ✓ View EOBs & Claims
- ✓ And More!



Covered365 mobile app

- ✓ Access Your ID Card
- ✓ View EOBs & Claims
- ✓ Consumer Data Respondent Surveys
- ✓ Download Forms
- ✓ And More!



Logging in

Use the same login credentials for both, the member portal and the Covered365 mobile app.

Don't have portal access?

Contact Member Services at memberservices@detegohealth.com for assistance.

* Available on iPhone, iPad, and all Android devices.

Plans available

Preferred Provider Organization (PPO)

In some situations, Out-of-Network Providers can bill for amounts over the Out-of-Network Allowance.

Major Medical Plan	PPO \$1,800		PPO \$2,600		PPO \$3,350		PPO \$4,300		PPO \$6,000		PPO \$7,500		PPO \$3,500 HDHP (HSA)		PPO \$5,000 HDHP (HSA)	
NETWORK	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
In-network Provider: Aetna PPO Network																
Deductible																
• Individual	\$1,800	\$3,600	\$2,600	\$5,200	\$3,350	\$6,700	\$4,300	\$8,600	\$6,000	\$12,000	\$7,500	\$15,000	\$3,500	\$7,000	\$5,000	\$10,000
• Family Unit	\$3,600	\$7,200	\$5,200	\$10,400	\$6,700	\$13,400	\$8,600	\$17,200	\$12,000	\$24,000	\$15,000	\$30,000	\$7,000	\$14,000	\$10,000	\$20,000
Coinsurance																
• Covered Person Pays	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
• Plan Pays	80%	50%	80%	50%	80%	50%	80%	50%	80%	50%	80%	50%	80%	50%	80%	50%
Out-of-Pocket Limit																
• Individual	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000	\$8,300	\$16,600	\$8,300	\$16,600
• Family Unit	\$20,000	\$40,000	\$20,000	\$40,000	\$20,000	\$40,000	\$20,000	\$40,000	\$20,000	\$40,000	\$20,000	\$40,000	\$16,600	\$33,200	\$16,600	\$33,200
Major Medical Plan	PPO \$1,800 / \$2,600 / \$3,350 / \$4,300 / \$6,000 / \$7,500										PPO HDHP (HSA) \$3,500 / \$5,000					
NETWORK	IN				OUT				IN		OUT					
Annual Wellness Exam	Plan pays 100%				Plan pays 100%				Plan pays 100%		Plan pays 100%					
Primary Care Visit	\$25 Copay				Deductible & Coinsurance				Deductible & Coinsurance		Deductible & Coinsurance					
Specialty Care Visit	\$40 Copay				Deductible & Coinsurance				Deductible & Coinsurance		Deductible & Coinsurance					
Urgent Care Visit	\$60 Copay				Deductible & Coinsurance				Deductible & Coinsurance		Deductible & Coinsurance					
Emergency Room Facility	Deductible & Coinsurance				Same as in-network benefit for emergent situations				Deductible & Coinsurance		Same as in-network benefit for emergent situations					
Prescription Drugs																
Retail - 30 day supply																
• Preventive (Generic)	\$0 copay				Not Covered				Deduct. & Coin.		Not Covered					
• Generic	\$5 copay				Not Covered				Deduct. & Coin.		Not Covered					
• Preferred Non-preferred	Not Covered				Not Covered				Not Covered		Not Covered					
• Specialty	Excluded				Not Covered				Excluded		Not Covered					

Plans available

Exclusive Provider Organization (EPO)

There are no Out-of-Network coverage under these Plans.

Major Medical Plan	EPO \$1,800		EPO \$1,800 Option 2		EPO \$2,600		EPO \$3,350		EPO \$3,750		EPO \$4,300		EPO \$4,500	
NETWORK	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
In-network Provider: Aetna EPO Network														
Deductible														
• Individual	\$1,800	Not Covered	\$1,800	Not Covered	\$2,600	Not Covered	\$3,350	Not Covered	\$3,750	Not Covered	\$4,300	Not Covered	\$4,500	Not Covered
• Family Unit	\$3,600		\$3,600		\$3,600		\$6,700		\$7,500		\$8,600		\$9,000	
Coinsurance														
• Covered Person Pays	25%	Not Covered	20%	Not Covered	20%	Not Covered	20%	Not Covered	25%	Not Covered	20%	Not Covered	25%	Not Covered
• Plan Pays	75%		80%		80%		80%		75%		80%		75%	
Out-of-Pocket Limit														
• Individual	\$9,200	Not Covered	\$10,000	Not Covered	\$10,000	Not Covered	\$10,000	Not Covered	\$9,200	Not Covered	\$10,000	Not Covered	\$9,200	Not Covered
• Family Unit	\$18,400		\$20,000		\$20,000		\$20,000		\$18,400		\$20,000		\$18,400	
Major Medical Plan	EPO \$1,800 / \$3,750 / \$4,500						EPO \$1,800 Option 2 / \$2,600 / \$3,350 / \$4,300							
NETWORK	IN			OUT			IN			OUT				
Annual Wellness Exam	Plan pays 100%			Not Covered			Plan pays 100%			Not Covered				
Primary Care Visit	\$40 Copay			Not Covered			\$25 Copay			Not Covered				
Specialty Care Visit	\$70 Copay			Not Covered			\$40 Copay			Not Covered				
Urgent Care Visit	\$85 Copay			Not Covered			\$60 Copay			Not Covered				
Emergency Room Facility	Deductible & Coinsurance (waived if admitted)			Same as in-network benefit for emergent situations			Deductible & Coinsurance			Same as in-network benefit for emergent situations				
Prescription Drugs														
Retail - 30 day supply														
• Preventive (Generic)	\$0 copay			Not Covered			\$0 copay			Not Covered				
• Generic	\$20 copay			Not Covered			\$5 copay			Not Covered				
• Preferred Non-preferred	Not Covered			Not Covered			Not Covered			Not Covered				
• Specialty	Excluded			Not Covered			Excluded			Not Covered				

Plans available

Exclusive Provider Organization (EPO)

There are no Out-of-Network coverage under these Plans.

Major Medical Plan	EPO \$6,000		EPO \$6,800		EPO \$7,500		EPO \$8,300		EPO \$3,500 HDHP (HSA)		EPO \$5,000 HDHP (HSA)		EPO \$6,500 HDHP (HSA)	
NETWORK	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
In-network Provider: Aetna EPO Network														
Deductible														
• Individual	\$6,000	Not Covered	\$6,800	Not Covered	\$7,500	Not Covered	\$8,300	Not Covered	\$3,500	Not Covered	\$5,000	Not Covered	\$6,500	Not Covered
• Family Unit	\$12,000		\$13,600		\$15,000		\$16,600		\$7,000		\$10,000		\$13,000	
Coinsurance														
• Covered Person Pays	20%	Not Covered	25%	Not Covered	20%	Not Covered	25%	Not Covered	20%	Not Covered	20%	Not Covered	25%	Not Covered
• Plan Pays	80%		75%		80%		75%		80%		80%		75%	
Out-of-Pocket Limit														
• Individual	\$10,000	Not Covered	\$9,200	Not Covered	\$10,000	Not Covered	\$9,200	Not Covered	\$8,300	Not Covered	\$8,300	Not Covered	\$8,300	Not Covered
• Family Unit	\$20,000		\$18,400		\$20,000		\$18,400		\$16,600		\$16,600		\$16,600	
Major Medical Plan	EPO \$6,800 / \$8,300				EPO \$6,000 / \$7,500				EPO HDHP (HSA) \$3,500 / \$5,000 / \$6,500					
NETWORK	IN		OUT		IN		OUT		IN		OUT			
Annual Wellness Exam	Plan pays 100%		Not Covered		Plan pays 100%		Not Covered		Plan pays 100%		Not Covered			
Primary Care Visit	\$40 Copay		Not Covered		\$25 Copay		Not Covered		Deductible & Coinsurance		Not Covered			
Specialty Care Visit	\$70 Copay		Not Covered		\$40 Copay		Not Covered		Deductible & Coinsurance		Not Covered			
Urgent Care Visit	\$85 Copay		Not Covered		\$60 Copay		Not Covered		Deductible & Coinsurance		Not Covered			
Emergency Room Facility	Deductible & Coinsurance (waived if admitted)		Same as in-network benefit for emergent situations		Deductible & Coinsurance		Same as in-network benefit for emergent situations		Deductible & Coinsurance		Same as in-network benefit for emergent situations			
Prescription Drugs														
Retail - 30 day supply														
• Preventive (Generic)	\$0 copay		Not Covered		\$0 copay		Not Covered		Deduct. & Coin.		Not Covered			
• Generic	\$20 copay		Not Covered		\$5 copay		Not Covered		Deduct. & Coin.		Not Covered			
• Preferred Non-preferred	Not Covered		Not Covered		Not Covered		Not Covered		Not Covered		Not Covered			
• Specialty	Excluded		Not Covered		Excluded		Not Covered		Not Covered		Not Covered			

THANK YOU



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