Modern Cooperative

HEALTH BENEFITS

FOR INDIVIDUALS & FAMILIES

The Approach that covers *less* and saves you *more.*

At first it sounds backwards. A plan that covers fewer things costs you less — even if something serious happens. Here's why that's not just possible, it's by design.

UNDERSTANDING THE PARADOX

TRADITIONAL Plans
Pays more. Costs more.

High monthly premium
$1,200-$2,000+/mo for a family

High deductible first
$3,000-$8,000 before coverage starts

Coinsurance on top
You still pay 20-40% after the deductible

Annual out-of-pocket
Up to $18,000+ total exposure per year

COOPERATIVE HEALTH PLAN
Covers less. Costs less.

Lower monthly contribution
$400-$800/mo for a family

MRA instead of deductible
$1,500-$5,000 — your true out-of-pocket max

No coinsurance
Once MRA is met, major bills are shared at 100%

Total annual exposure
Often $6,000-$12,000 — significantly less

IT WORKS BOTH WAYS

SCENARIO 1
If you stay healthy

Traditional: You're paying $14,000-$24,000/year in premiums whether you use the plan or not.

This plan: $5,000-$10,000/year. The money you didn't spend stays in your pocket — or your HSA.

SCENARIO 2
If something serious happens

Traditional: You'd still pay your deductible + coinsurance. A $60,000 surgery could cost $10,000-$18,000 out-of-pocket.

This plan: your MRA is your ceiling. Hit it, and the community shares in eligible expenses at 100% — often thousands less.

The paradox explained: Traditional plans are not actually priced around rare emergencies or catastrophic medical events. They are largely designed to fund predictable and ongoing healthcare expenses across the population, including chronic conditions, costly medications, and frequent healthcare usage. This means many healthy families pay extremely high monthly premiums year after year, even if they rarely use significant medical care themselves.

WHAT ABOUT THINGS NOT COVERED OR BELOW THE MRA?

This is not a bug. It's a feature.
Some things aren't eligible for sharing — either excluded or too small to reach your MRA. Here's why that's often still cheaper.

Common examples

- Allergy treatments
- Sleep studies
- Pre-existing conditions
- Minor procedures

THE SELF-PAY ADVANTAGE

Self-pay rates are often 40-60% less than what insurance is billed. A $1,600 mole removal may cost $400 as self-pay. A minor procedure "covered" under a $5,000 deductible could cost less paying directly than it ever would under that deductible.

WHAT'S INCLUDED

Medical Sharing
Hospitalization, surgery, ER & maternity shared by the community.

Amaze Health
$0 virtual primary & urgent care from any device, anywhere.

$0 Rx Program
1,100+ medications at no cost — birth control, hormones & more.

Vitamins & Rx Savings
35% off vitamins & supplements through the Rx program.

TWO WAYS TO STRUCTURE YOUR PLAN

1

The Everyday Cooperative
Copay-based | Straightforward out-of-pocket costs

Best for families who want predictability. Flat copay every visit — benefits work from day one, no deductible to meet first.

2

The Modern Advantage
HSA-compatible | Build savings & reduce taxes

Best for families who want a tax strategy. Lower contributions + an HSA that rolls over — and reduces taxable income.

Member Responsibility Amount (MRA): The MRA is the amount a member must pay before eligible medical expenses become eligible for sharing. Think of it as your true out-of-pocket safeguard — reach it and the community shares in eligible expenses at 100%.