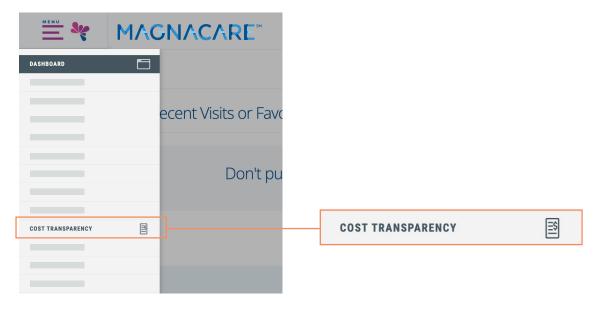
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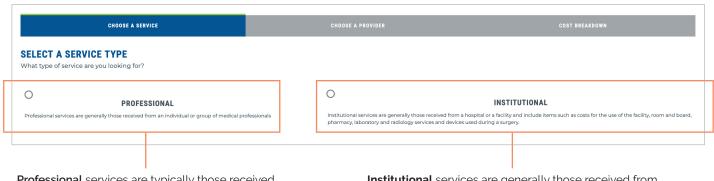
How to use the Cost Transparency tool

Members can estimate the cost of services before visiting a provider on the MyCreateHealth.com member portal and on the MyCreateHealth mobile app.

1 From the menu on the member dashboard, select Cost Transparency.



2 Select a service type, either **Professional** or **Institutional**.

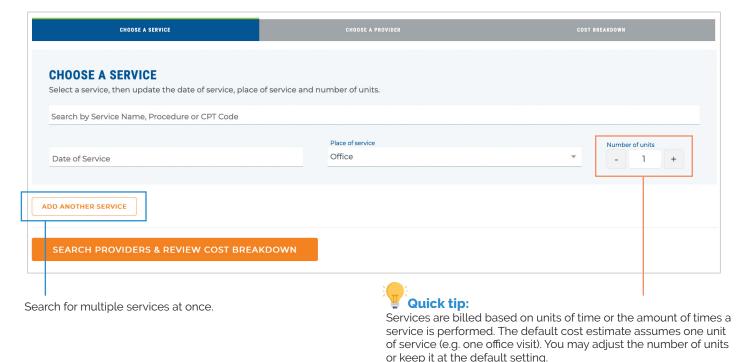


Professional services are typically those received from an individual or group of medical professionals, such as a visit to a primary care provider or specialist.

Institutional services are generally those received from a hospital or facility (such as a lab). They may include costs for the use of the facility, room and board, pharmacy, laboratory and radiology services and devices used during surgery.



3 Next, choose a service. You can search by Service Name, Procedure or CPT Code. Be sure to update the date of service, place of service and number of units. Once you've added the details of your service, select **Search Providers & Review Cost Breakdown**.



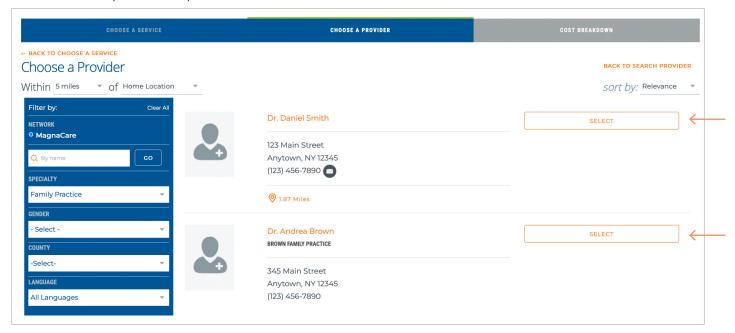
4 Next, you'll be prompted to choose a provider. Begin your search by selecting **MagnaCare** as your network. Make sure your location is updated to ensure that your search reflects accurate results.

You can search by provider name, specialty, service or condition (i.e., "Jill Smith" or "Physical Therapy"). You can also search for provider specialties from a list of suggested options.

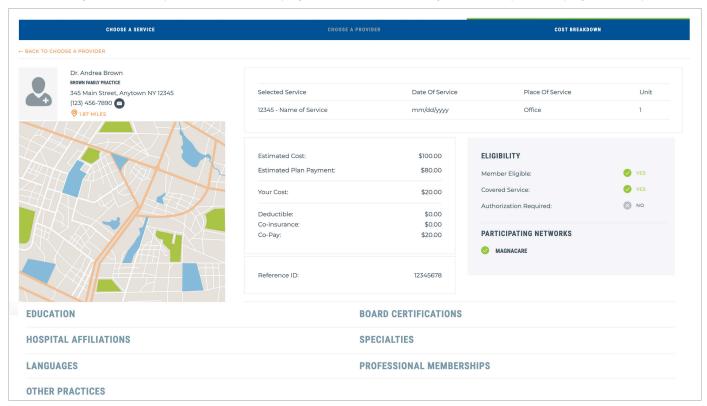




From the generated list of providers, click **SELECT** to view the provider's specialties, awards, credentials, plans accepted, reviews, locations, hours and more.



Once you select a provider, the Cost Transparency tool will show whether you are benefits eligible for the service and if it is covered by your health plan. You can also view the predicted cost of the service, your health plan's estimated payment and the total you can expect to pay out-of-pocket.



The information provided in this tool is for informational purposes only. The cost estimate is not a guarantee of coverage, payment, or what services a provider may render. Your plan may determine if a service requires medical necessity before making payment.

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