Shield HEALTH 360

FROM BENEFITS TO CARE

Benefits your people can use.
Support they can reach.

Shield adds coverage, virtual care, prescriptions and ongoing support to your existing benefits. Proactive outreach, virtual pet care, weight-management support and expanded lab access are included. Your benefits stay in place, and you see the financial picture before deciding.

Book Your Employer Review Today

A conversation about your workforce, your current benefits, and where support is missing.

FOR EMPLOYERS OF EVERY SIZE

Your whole team.

Every employee, every household. Benefits. Support. A clear financial picture.

CARE PEOPLE CAN ACCESS

$0 virtual care, $20 in-person visits, prescriptions and preventive coverage.

SUPPORT BETWEEN VISITS

Assessments, preventive reminders, personalized guidance and follow-up, not just access when someone calls.

A CLEARER FINANCIAL PICTURE

Gross savings, required funding and fees shown together, employee by employee.

THE BENEFITS GAP

A benefit card is only the beginning.

Some employees cannot afford the coverage offered to them. Others have benefits but struggle to use them. Either way, the questions come back to the employer.

01	**“I cannot afford to enroll.”**	An employee looks at the premium, then at the paycheck. Coverage is waived, and everyday healthcare becomes another expense to figure out.
02	**“I have coverage. Now what?”**	A prescription question, a denied claim, a bill that does not make sense. Having coverage does not always make the next step clear.
03	**“Ask HR.”**	Provider searches, ID cards and billing questions land on the same desk. The team supporting the workforce becomes the healthcare help desk.

$26,993

Average annual family premium for employer coverage in 2025, up 6% in a year. KFF Employer Health Benefits Survey, 2025

$6,850

What workers paid toward that family coverage out of their own paychecks. KFF, 2025

51%

Firms with 10 to 24 workers that offer health benefits, against 97% of firms with 200 or more. KFF, 2025

These figures describe the affordability problem. They are not a like-for-like comparison with any Shield offering.

“

WHY WE BUILT SHIELD

Offering a benefit and helping someone use it are not the same thing.

Employers need a practical way to support their people without becoming the first call for every healthcare problem. That is the gap Shield is working to close.

Shield brings the conversation back to what matters: the benefits employees can access, the support available to them, and the financial picture for your business.

ONE TEAM. ONE HEALTHCARE EXPERIENCE.

Benefits, care and support in one connected experience.

Four layers that sit on top of whatever you already have, so eligible employees have something real, every question has a place to go, and the cost is modeled before you decide.

04 Funding

A Section 125 payroll structure lowers taxable wages and your employer FICA, and those dollars help fund the program. Modeled employee by employee, with every cost shown, before you decide.

03 Navigation

Shield Care 360, the Care Team on the same record and the same number as Shield Virtual Care: benefits, finding care, prescriptions, claims and bills.

02 Care

Shield Virtual Care at $0: 24/7 urgent care, ongoing primary care and counseling. In-person primary care at $20, specialists at $50. The Shield prescription program.

01 Coverage

Minimum essential coverage for enrolled employees, with $0 preventive care. Not comprehensive major medical; plan documents define what is included.

YOUR EXISTING BENEFITS

Group plan, dental, vision, or nothing at all. Shield works alongside whatever you have today, or adds to it. Nothing you offer has to change, and nobody loses what they already rely on.

NOTHING REPLACED

ADDS TO WHAT YOU OFFER. REPLACES NOTHING.

EMPLOYEES WITHOUT COVERAGE

Finally covered

Preventive coverage, a doctor by phone or video at no cost, in-person visits at a known price, and a team that helps them use it.

EMPLOYEES WITH COVERAGE

Keep it, and get more

Their group plan does not change. They add $0 virtual care, the prescription program, mental health support, and a Care Team for the denied claim and the confusing bill.

FOR THE EMPLOYER

One structure, documented

A program modeled employee by employee, with the compliance work built in. For supported payroll systems, our API pulls the census and pushes codes back. We run enrollment and support.

WHY SHIELD IS DIFFERENT · PROACTIVE ENGAGEMENT

Care does not end when the visit does.

Shield combines care access with assessments, personalized guidance and ongoing follow-up. We help employees act on their next step, not just wait for them to call when something goes wrong.

1 ASSESS

Understand the person

PROFILE

Contactless health and wellbeing assessment, behavioral health and lifestyle screening build a digital health profile.

2 IDENTIFY

Find gaps and next steps

GUIDANCE

Assessment insights help identify preventive care gaps and guide members toward relevant resources and care pathways.

3 REACH OUT

Keep health on the radar

ENGAGEMENT

Personalized education, nudges and preventive reminders help employees act between visits, not only when they feel unwell.

4 CONNECT

Turn guidance into care

CARE

Primary care providers develop personal care plans. Navigators help with appointments, referrals and medical-record transfers.

5 FOLLOW THROUGH

Support the care plan

SUPPORT

Providers review lab results and medication needs. Care coordination supports follow-up visits, referrals and next steps.

6 REASSESS

Track progress over time

CONTINUITY

Progress tracking and reassessment update the picture. Members receive insights as their health needs and priorities change.

MORE THAN ON-DEMAND VISITS

A continuing support experience.

Personal

Member insights, education and progress tracking.

Connected

Supported Bluetooth and wearable integrations can inform the health profile.

Aggregate

Population insights for employers, subject to privacy controls.

Engagement varies by member need and program configuration; no fixed contact frequency is promised. Assessments and reminders do not, by themselves, establish a reimbursable medical expense.

WHAT EVERY EMPLOYEE GETS

Coverage for everyone. Care two ways.

Enrolled employees receive the schedule below, the same for the owner and the newest hire. Plan documents define eligibility and what is included.

$0

PREVENTIVE CARE

Minimum essential coverage with $0 preventive care. Wellness visits, screenings, immunizations, well-child and well-woman care, and ACA preventive prescriptions.

$0

VIRTUAL CARE

Shield Virtual Care: urgent care, primary care and counseling by phone or video. Urgent care 24/7/365. Your own primary care provider by appointment, weekdays 7am to 7pm. Counseling with 24/7 crisis support. No visit fee. Dermatology, labs and more on the next page.

$20/$50

IN-PERSON VISITS

In-person primary care at $20 and specialist visits at $50, unlimited. Through a national provider network; the Care Team helps find a provider and book it.

800+

MEDICATIONS

Included prescription program: 800+ medications at no member cost. Covered drugs follow the formulary. The Care Team helps check medication eligibility and pharmacy access.

6

HOUSEHOLD

Up to six household members total, including the employee. Eligible family members share applicable virtual care, prescription and Care Team access at no added household cost. MEC and in-person visits follow their own plan terms.

Included

MORE SUPPORT

Pet care, GLP-1 support, Zero Cost Lab Program and direct-contract access. Included in Shield, not separate add-ons. Clinical eligibility, service limits and any medication, testing or treatment charges follow program terms.

WITHOUT SHIELD	GROSS $3,293.33
Shield pre-tax election	$0.00
Federal income tax	– $213.53
State income tax	– $65.66
Social Security, Medicare	– $251.94
State disability insurance	– $42.81
Shield 360 reimbursement	$0.00
TAKE-HOME PAY	$2,719.39

WITH SHIELD	GROSS $3,293.33
Shield pre-tax election	– $1,295.00
Federal income tax	– $65.67
State income tax	– $23.32
Social Security, Medicare	– $152.88
State disability insurance	– $25.98
Shield 360 reimbursement	+ $1,136.00
TAKE-HOME PAY	$2,866.48
	+$147.09 / MO

ONE EMPLOYEE, BEFORE AND AFTER

Same job. Same gross pay. $147 more in this illustration.

Two things move the number: the pre-tax election lowers the employee's own taxes, and **the plan reimburses $1,136 of documented, eligible medical expenses.** Together they lift the paycheck in this illustration.

Every employee sees their own paycheck model before enrolling.

SHIELD VIRTUAL CARE · LICENSED PROVIDERS, ANY HOUR

A doctor by phone or video.
One record that follows them.

One included Shield package: care, proactive outreach and support for eligible households. English and Spanish access and caregiver participation in video visits help members use their benefits.

What employees and their families get

CORE CARE · $0 VISITS

$0 • 24/7
Urgent care, any hour
Phone or video visits 24/7/365 for about 300 common conditions. Prescriptions go to the pharmacy of their choice when the provider decides one is needed.

$0
Ongoing primary care
Choose a provider and stay with them for ongoing conditions, a personal care plan and non-narcotic refills. Appointments weekdays, 7am to 7pm, as available.

$0
Counseling and crisis support
Licensed counselors by phone, video or chat, and 24/7 crisis support. Psychologist and psychiatrist sessions by appointment at a discounted, member-paid rate.

3 at $0
Dermatology by photo
Upload photos and a board-certified dermatologist reviews, diagnoses and sends a treatment plan. Three reviews a year per family at $0, then $60 each.

Included
Zero Cost Lab Program
Eligible LabCorp and Quest tests at $0 member cost, with clinical follow-up. Approved-test and utilization terms apply; other testing may involve charges.

Included
Message a specialist
Secure messages to pharmacists, dietitians, pediatricians and other specialists for general questions. Educational, not diagnosis or prescribing.

Proactive
Assess, guide, follow up
Contactless health assessment, preventive reminders and personalized guidance. Track progress and reassess to identify the next step.

Included
24/7 virtual pet care
Licensed veterinarians offer advice and next steps, plus pet prescription discounts. No diagnosis, treatment plan or prescribing. Not for emergencies.

Included
GLP-1 weight management
Consultations, nutrition guidance and medication management, including access to semaglutide when prescribed. Clinical and member-cost terms apply.

ONE NUMBER, ONE RECORD, EVERY VISIT

01 Assessment first
Every member starts with a health risk assessment, so the first visit begins with context.

02 Continuity of care
Urgent and primary care share a clinical record. Authorized care teams can build on earlier visits.

03 Direct-contract access
Partner access for surgery, imaging, infusion, pharmacy, dental and vision. Actual service charges follow terms.

04 Follow-through
A dedicated care coordination team follows up on referrals, records and next steps.

Virtual care is not for emergencies; call 911. Licensed providers make all clinical decisions, and prescriptions are written only when clinically appropriate. Services, conditions treated and member fees follow program terms and may change.

SHIELD CARE 360 · ONE NUMBER, TWO KINDS OF HELP

Every employee gets a concierge. HR gets its desk back.

Benefits do not end at enrollment. That is when the hard part starts. Shield Care 360 is the real team that picks up the phone and stays on it until the employee knows the next step.

01
Understand
What benefits do I have, how do they work, where is my ID card, which program fits this problem.

02
Connect
Find participating providers, schedule the visit, route the prescription, reach the right resource.

03
Follow through
Claims, denials, hospital bills and financial assistance, with follow-up until it lands.

Three calls, the way they happen

Illustrative scenarios, not client testimonials or measured results.

“I got a hospital bill and I do not understand it.”

An office manager on the group plan forwards the bill. The Care Team reads the explanation of benefits, spots a charge that does not match the claim, and walks her through the correction with the billing office. HR never has to get involved.

“Can I add my husband? It is 2 a.m. and he is sick.”

A new hire asks about care for her husband. The Care Team checks household eligibility and explains how to access virtual urgent care at night. Up to six household members total, including the employee, can use applicable services under the enrollment terms.

“My blood pressure medication went up again.”

His primary care provider sees it in his chart at a scheduled video visit, adjusts the plan and sends the prescription. The Care Team confirms it is in the Shield prescription program at no cost and sets up home delivery. Handled before it becomes a sick day.

The Care Team also handles the everyday calls: finding a doctor, explaining benefits, denied claims, lost ID cards, mental health support and dental questions. Every one of them starts at the same phone number.

TAKE HEALTHCARE QUESTIONS OFF HR'S DESK

01
One starting point
Benefits education and human navigation, so HR is not the company's healthcare help desk.

02
We run enrollment
Live sessions onsite or online, the benefit guide, reminders, and calls to anyone who has not enrolled.

03
Fewer handoffs
Employees stop bouncing between carrier, pharmacy and administrator. The Care Team connects the dots.

Clear clinical lines
Navigators handle benefits, claims and bills. Diagnosis and prescriptions stay with licensed providers. Emergencies mean 911.

ONE RECORD, FROM ASSESSMENT TO REIMBURSEMENT

Documented care. Defined responsibilities. Adviser review.

Many reimbursement programs struggle at the same point: proving the care happened and the expense was real. At Shield, care and documentation run on one platform. The assessment, care plan, visits and coding sit in the member's record before any reimbursement is considered.

1

Risk assessment

Health risk assessment at enrollment, saved to the member's record.

2

Provider review

A provider assigns a clinical tier and authors the care plan.

3

Coordinated outreach

Personalized nudges and preventive reminders help members take the next step.

4

Documented encounter

Visits by phone, video or onsite, each written up in the same record.

5

Provider confirms coding

ICD-10 and CPT codes in the visit note; §213(d) care attested. No code, no claim.

6

Substantiation, then payment

Tested against actual incurred expense and the firewall before reimbursement.

Four controls your advisers can examine

01

Substantiation first

Every reimbursement traces to a documented, actually incurred medical expense in a member ledger. A coded visit alone is not an expense.

02

Nondiscrimination tests

§105(h) eligibility and benefits tests run against census data each plan year, results stored, so the plan never favors owners.

03

Payroll integration

For supported payroll systems, census in and pre-tax codes out by direct API, nothing re-keyed. Register validated on cycle one; W-2 treatment tied to substantiation.

04

Complete records

Plan documents, elections, test results and provider sign-offs kept together in a tamper-evident record. If anyone asks, the answer is a file.

WHAT THIS MEANS, CHAIR BY CHAIR

FOR HR

Your desk, back

One number for every employee question, enrollment run for you, and a Care Team that follows through.

FOR THE CFO

Numbers you can examine

Employee-by-employee modeling, every cost shown next to every saving, and a review file your advisers can read.

FOR THE OWNER

People who feel looked after

Employees with care they can reach and someone to call, and a clear view of what it costs.

FOR THE EMPLOYER · ONE PARTNER TO RUN IT

We run the program.
You see how it is working.

One Shield launch, one Shield number and one partner for enrollment, eligibility, care and support, with reporting that shows how the program is used without exposing anyone's medical details.

LAUNCH

Branded Shield, start to finish

A Shield member experience in English and Spanish, a dedicated toll-free number, enrollment sessions onsite or online, and the communications your team sends.

CONNECT

Eligibility without re-keying

Eligibility moves through standard 834 files, secure file transfer or API. For supported payroll systems, our API pulls the census and pushes deduction codes back.

SEE

Reporting you can use

Members can track personal progress. Employers review aggregate engagement and population insights, not individual clinical records. Reporting follows privacy controls.

PROTECT

Security your advisers can check

A HIPAA-aligned care platform with SOC 2 Type I attestation, encryption in transit and at rest, role-based access and multi-factor authentication.

What changes for HR

WHEN	BEFORE	WITH SHIELD
An employee needs a doctor at night	They wait, or pay for urgent care and ask HR what is covered.	They call the Shield number and see a provider by phone or video.
A new hire adds a spouse	HR chases forms between the employee and the carrier.	The update follows the eligibility feed and the Care Team confirms access.
A claim is denied	It lands on HR's desk with the bill attached.	The Care Team works it with the billing office until it is resolved.
Renewal comes around	Opinions and anecdotes about whether anyone used it.	Program-level use, testing results and costs, side by side.

Illustrative. Reporting is aggregate and program-level. Payroll API connections apply to supported systems; others follow a documented process with your provider.

HOW WE ARE DIFFERENT

Here is what you can examine.

Trust should come from what you and your advisers can read, test and question. This page sets out who does what, what your advisers receive, and where Shield departs from how programs usually go wrong.

SHIELD MANAGES

Plan documents, enrollment, employee communications, the Care Team, virtual care, provider outreach, substantiation, testing and reporting.

YOU APPROVE

The plan as sponsor, the payroll connection, the enrollment calendar and the announcement to your team. Nothing is committed before you see your numbers.

PAYROLL SUPPORTS

The pre-tax deduction codes and the first-cycle register check. Supported systems connect by direct API; others follow a documented process with your provider.

ADVISERS REVIEW

Your advisers receive the review package and a direct line to our team. Suitability, tax treatment and legal conclusions are theirs to make.

The review package your advisers receive

01 **Plan documents** Section 125 plan, the self-insured medical reimbursement plan, summary plan description and adoption records.

02 **Substantiation design** How each reimbursement is tied to a documented, actually incurred expense, and what is blocked when it is not.

03 **Testing and payroll treatment** The §105(h) testing approach, the payroll code set-up, the register validation, and W-2 handling.

04 **Your employer model** Employee-by-employee figures with every assumption stated: participation, elections, fees and net.

Where programs go wrong, and what Shield does instead

Where programs go wrong	What Shield does instead
Reimbursements paid as a flat amount, whether or not the employee had an expense.	Every reimbursement is tested against the employee's actual incurred, unreimbursed expense. Zero expense, zero payment.
Wellness activities and outreach counted as medical care.	Care is delivered by licensed providers, coded by the provider and attested as §213(d) medical care.
No nondiscrimination testing, so the plan quietly favors owners.	§105(h) eligibility and benefits tests run against census data each plan year, with results stored.
“Tax-free” and “guaranteed savings” in the marketing.	Illustrations with stated assumptions, two separate decisions, and your advisers get the whole file before you sign.
Blurred roles, so nobody knows who is responsible.	Your company sponsors the plan, Shield administers it, providers make clinical decisions, payroll executes. In writing.

SHIELD EMPLOYER SAVINGS

See the opportunity. See the costs. Know what remains.

A pre-tax election under your Section 125 plan lowers taxable wages, and your 7.65% employer FICA share falls with them. Every line below shows gross, required funding and what remains before program fees. Your proposal adds the fees and the final net.

ILLUSTRATION, 50 PARTICIPATING EMPLOYEES, FULL YEAR

$47,442

Remaining per year after the SFC Fund, before program fees. Not the final net.

Assumes all 50 participate at a $1,295 monthly election for twelve months. Participation and elections vary.

THE FULL CALCULATION

Illustrated gross employer FICA savings	**$59,442**
Less SFC Fund, $20 per participant per month (unused balance returns to you)	**– $12,000**
Remaining before program fees	**$47,442**
Less program fees	**Quoted on your proposal**
Estimated net employer impact	**Shown on your proposal**

ONE PARTICIPATING EMPLOYEE · ONE MONTH · ILLUSTRATION

$99.07

Gross employer FICA savings per participant, per month, before funding and fees

$20.00

Required SFC Fund amount per participant for MEC coverage; unused balance returns to you

$79.07

Remaining before program fees. Not the final net. $1,295 monthly election × 7.65% employer FICA

SCALED BY PARTICIPATING EMPLOYEES

Participating employees	Gross / month	Gross / year	Before fees / month	Before fees / year
10	$991	$11,888	$791	**$9,488**
25	$2,477	$29,721	$1,977	**$23,721**
50	$4,954	$59,442	$3,953	**$47,442**
100	$9,907	$118,884	$7,907	**$94,884**
250	$24,768	$297,210	$19,768	**$237,210**
500	$49,535	$594,420	$39,535	**$474,420**

Illustration only: $1,295 election, wages below the Social Security wage base, federal employer FICA at 7.65% (6.2% Social Security plus 1.45% Medicare). Participating employees, not total headcount. State and local payroll taxes and program fees are not included here.

REFERENCE FOR YOUR ADVISERS

The authorities behind the program.

Reference material for your advisers, and the terms used in this brief. None of this relies on a novel reading of the law; the provisions are long established. What matters is whether a program follows them, which is what the review package is for.

1954

IRC §105, §106

Tax treatment of employer health coverage and medical reimbursements.

1974

ERISA

Plan documents, fiduciary duties and participant rights for employer health plans.

1978

IRC §125

Cafeteria plans: employees choose between cash and qualifying benefits pre-tax.

1981

Reg. §1.105-11

Nondiscrimination rules for self-insured medical reimbursement plans.

1996

HIPAA

Privacy, portability and the first wellness nondiscrimination rules.

2010

ACA

Minimum essential coverage, $0 preventive care and the employer offer rules.

2013

Wellness rule

Final ACA and HIPAA regulations (78 FR 33158) for wellness programs.

2017

CCA 201703013

IRS spells out what does and does not qualify. Why substantiation matters.

THE CODE BEHIND EACH STAGE OF THE PROGRAM

COVERAGE

IRC §5000A(f), §4980H

Minimum essential coverage and the ACA employer offer rules.

WELLNESS

42 U.S.C. §300gg-4(j), HIPAA, ADA, ERISA

A participatory wellness program designed under ACA and HIPAA rules, documented as an ERISA plan.

MEDICAL

IRC §213(d)

Care delivered through the program is medical care, the definition the tax treatment depends on.

PRE-TAX

IRC §125, §106(a)

Contributions reduce taxable wages through a cafeteria plan; coverage is excluded from income.

REIMBURSEMENT

IRC §105(b), §105(h), Reg. §1.105-11

Substantiated reimbursements are excluded, subject to nondiscrimination testing.

Program design is subject to independent professional review. This reference material is not legal or tax advice.

Key terms

Minimum essential coverage (MEC)	A coverage category under the ACA. The limited-benefit MEC options described here are not comprehensive major medical insurance.
Section 125 plan	A written cafeteria plan that lets employees choose between cash and qualifying benefits on a pre-tax basis.
Self-insured medical reimbursement plan	An employer plan that reimburses documented, eligible medical expenses under §105(b), subject to §105(h) testing.
SFC Fund	The $20 monthly per-participant amount that funds the employee's MEC coverage; unused balance returns to the employer at plan year end.
Employer FICA	The employer's 7.65% share of Social Security (6.2%) and Medicare (1.45%) payroll taxes on wages below the Social Security wage base.
Shield Care 360	Shield's Care Team: non-clinical navigators for benefits, care access, pharmacy, claims and billing, on the same record as Shield Virtual Care.

A CLEAR PATH TO LAUNCH

From the first conversation to employees using care.

You should know what happens next, what your team needs to provide, and who is responsible along the way.

01	**Start with your workforce.** TOGETHER	Review employee count, current benefits, care-access concerns and the operating needs of your business.
02	**Build your financial picture.** SHIELD + PAYROLL	You approve the payroll connection. For supported systems our API pulls census and deduction data directly; otherwise we follow a documented process. We model participation, payroll effects, savings and costs.
03	**Review before you decide.** EMPLOYER + ADVISERS	Your team and advisers review the program documents, financial assumptions and administrative responsibilities. Nothing is committed before you see your numbers.
04	**Set up and enroll.** SHIELD + YOUR TEAM	Plan setup, payroll codes, the eligibility file, branded member access and enrollment sessions, set to your launch calendar. Your team announces it.
05	**Check the first payroll.** SHIELD + PAYROLL	Validate the first-cycle payroll register and confirm the member access instructions employees will use.
06	**Support beyond launch.** SHIELD	Member support, provider outreach, ongoing administration, plan-year testing and the renewal review.

Questions your team will ask

Do we have to replace our current benefits?	No. Shield works alongside existing benefits. Compatibility with your current coverage is reviewed during the employer review.
Do we have to use the savings strategy?	No. Choose the benefits on their own merits. The payroll savings strategy is evaluated separately with your advisers after you see fees, participation rules and net.
What if we use a PEO?	Ask whether the PEO bills employer FICA on gross wages or on taxable wages after Section 125 deductions. That answer decides whose account the savings land in, and we will help you ask it.
Who handles employee questions?	One Shield number. Care Team navigators handle benefits, prescriptions, claims and billing; licensed Shield Virtual Care providers handle care.

Shield HEALTH 360

From benefits to care

FOR EMPLOYERS OF EVERY SIZE

Your workforce. Your numbers. Your next move.

Let's look at what Shield Health 360 could mean for your people and your business. A conversation about your workforce, your current benefits, care-access concerns and costs. We identify where Shield fits and whether a separate payroll savings analysis makes sense. If it does not fit, you leave knowing that too.

Book Your Employer Review Today

START WITH THREE THINGS

01 Employee count

02 Current benefits

03 Payroll provider

Bring your owner, HR, finance or payroll lead. No employee medical information is needed for the first conversation.

LET'S START THE CONVERSATION

shieldhealth360.com

hello@shieldhealth360.com

Understand what employees receive, what the program costs, and the projected financial impact, before you decide.