



textcare<sup>pro</sup>

Alera

What if your doctor  
had superpowers?

To see your past.  
Predict your future.  
AI-powered insights.



# Who we are: Building the future of primary care since 2013.

700 employer clients

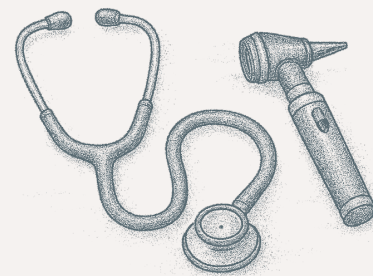
600,000 lives served

50 states

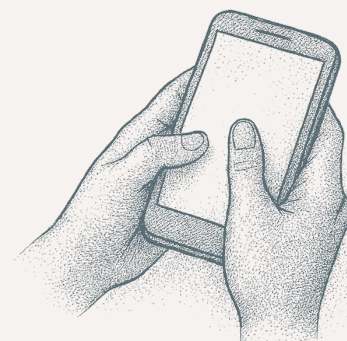
94 NPS

45 health centers

100% retention  
groups 1,000+






Onsite Clinics

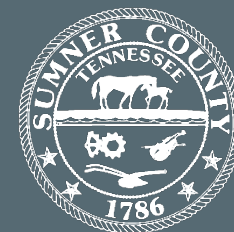


TextCare

## COMPANY TIMELINE

- 2013
  -  founded by Dr. Helton
  - First health center launched
- 2018
  - Purdue University partnership
  - Expanded to multiple states
- 2022
  -  launches
- 2023
  - Crossed 250,000 lives served
  - 94 NPS score achieved
- 2025
  - 500,000 lives milestone reached
  - 100% retention rate for groups 100+
  - 40 health centers nationwide
- Now
  -  launches
  - Intelligent Care Manager clinic integration

# Who we serve:



THE PROBLEM

Employers need your help for solutions that **actually** deliver:



Access



average days wait to see a primary care provider



Engagement

5%

Average utilization of imbedded imbedded telehealth



Outcomes

9.1%

annual healthcare cost increase without improved outcomes

If you had your **magic wand**...  
Build the system from scratch.



Accessible.

Optimized by data.

Consistent and coordinated.

Transparent and predictable.

Relationship-focused.

One front door. **Not five.**

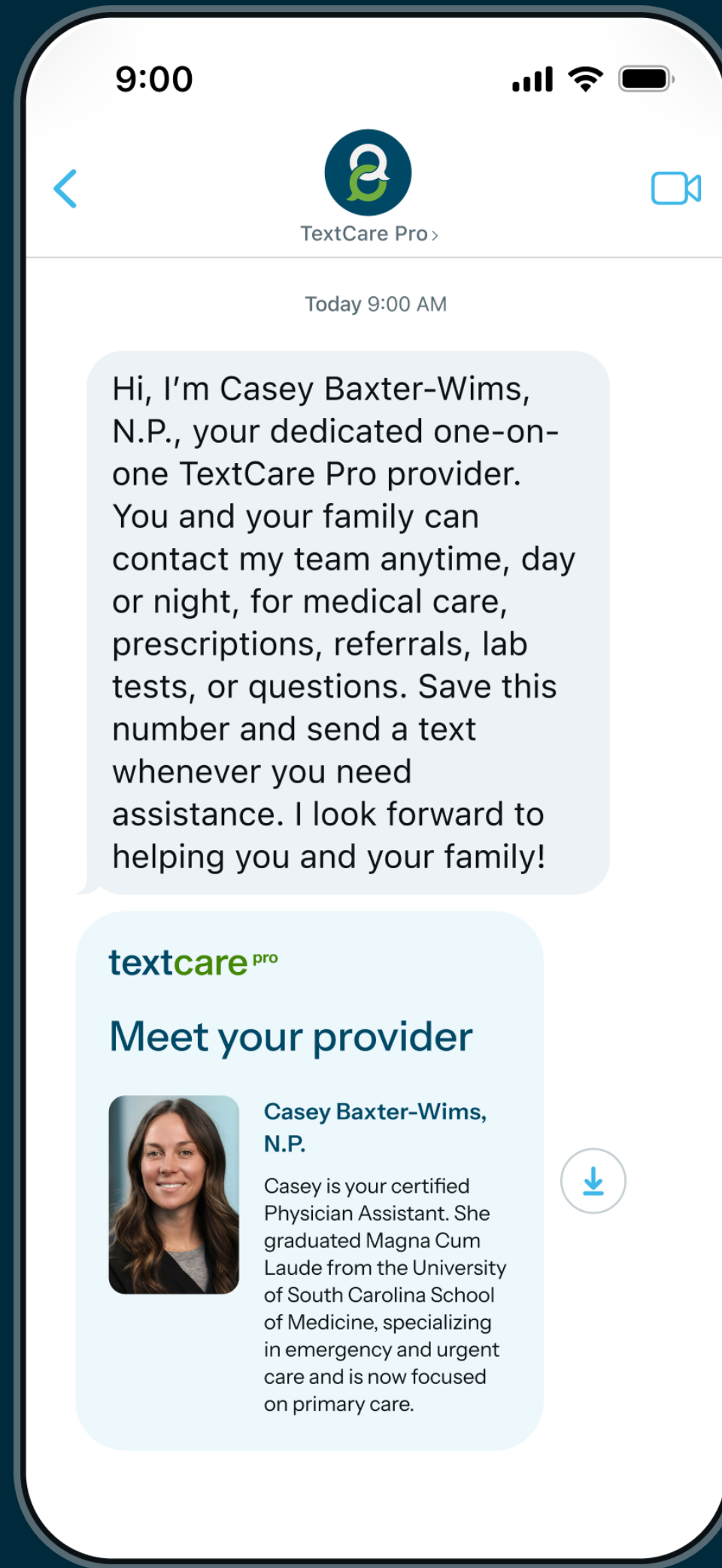
textcare

Day one, you have  
a dedicated PCP  
that knows *you*.

Full-time, W2 One to One Health employees.

Not a call center. Not a different stranger every time. Your

Your dedicated provider.



The *relationship* starts on  
launch day.

# Meet Your Care Team

Your dedicated exclusive care team ensures your employees receive personalized care from professionals who understand their health needs.



**Benefits & Care Navigator**



**Collaborating Physician**



**Primary Care Providers**

The 'Quarterback' of your team's care and the face of the program. Board-certified Nurse Practitioners or Physician Assistants, with oversight and collaboration from a One to One Health MD.



**Medical Assistants**



**After-Hours Care**

# Two layers of care, one complete solution.

Everyone gets barrier-free access to dedicated providers, providers. High-risk members also get AI-powered intelligence intelligence that prevents costly crises.

## textcare<sup>pro</sup>

LAYER 2

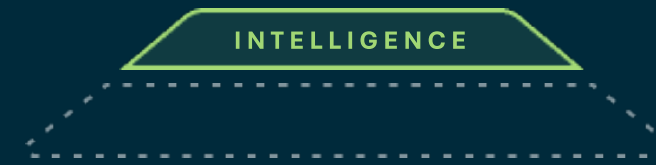
Intelligence

AI-Powered Prevention for High-Risk + Deep Health History Insights

LAYER 1

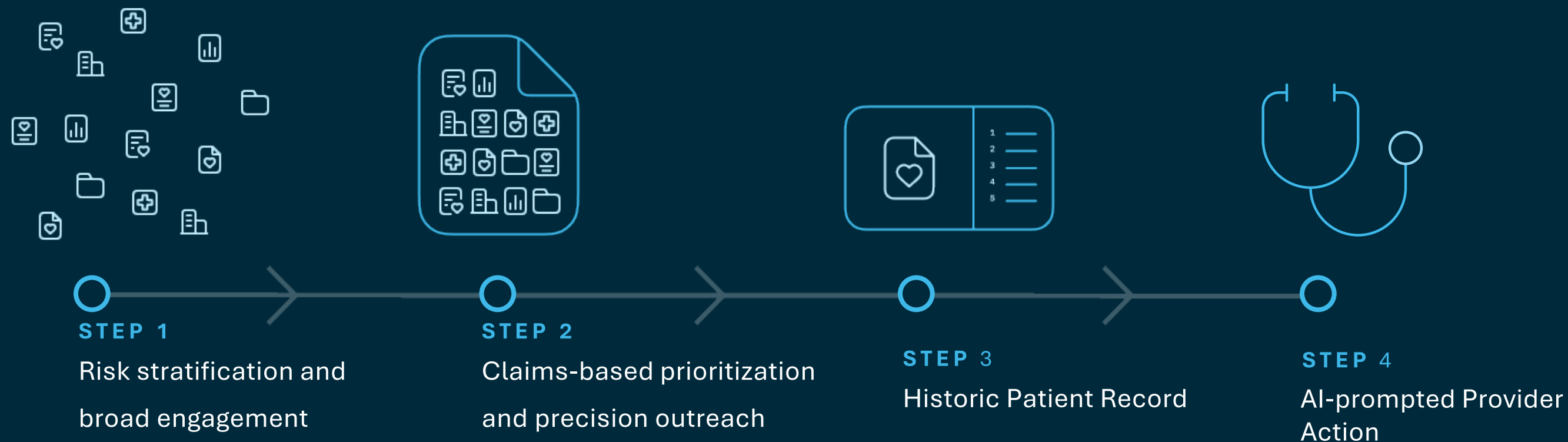
Foundation

24/7 Access + Dedicated Relationships = Accessible Concierge Care for All



# The future of primary care isn't more exam rooms.

Intelligent Care Manager targets the 5% of employees driving 50% of healthcare costs, infusing AI-powered intelligence at the point of care



## Intelligent Care Manager Patient Alerts

### ICM Patient Alert

Based on Dave's health history and previous engagements – Take action on the following items:

**Action 1:**

Reinforce statin adherence & LDL goals – ensure atorvastatin + Zetia are effective.

**Action 2:**

Review Holter results & monitor palpitations – determine if further cardiac workup is needed.

**Action 3:**

Encourage lifestyle changes – reinforce diet, exercise, stress management.

**Action 4:**

Ensure preventive screenings – colonoscopy, diabetes, hypertension monitoring.

**Action 5:**

Assess for additional cardiac risk factors – discuss genetic testing for FH if applicable.

Schedule Follow Up

# Patient journey: Jane

## Profile

- 55–65 year old woman
- High Deductible Plan (\$5,000 deductible)
- Mid-level white-collar job (median income \$65K)

## Initial Health Challenges (Patient History)

- Obese (**BMI 45.1**, starting weight 296 lbs) despite prior gastric bypass surgery (2011)
- Pre-diabetic (**A1c 6.2** with elevated glucose)
- Hypertension (Initial **BP 168/84**)
- Hyperlipidemia (Elevated triglycerides, LDL, Total Cholesterol)
- History of diverticulitis, GERD, and kidney stones

## Risk Profile (Claims-derived)

- Claims data indicated use of urgent care, ER, and hospitalization over and no PCP visits and limited preventive care.

## Patient's Goal:

Desired proactive support for weight loss.

# Patient journey: Jane

84

Conversations  
(1 every 11 days)

27

charted medical encounters

5

specialist referrals

	Before	Current	Change
A1C	6.2	5.4	.8
Weight	296.8	203.0	93.8
BP	168	117	51
Risk Score	8.07	3.65	4.42
Cost	\$46,739	\$12,390	\$34,349

# Intelligent Care Manager connects data to where it matters most

Despite 124 visits with us over three years, we never would have known this patient's hospital imaging identified kidney lesions

ICM brings that information to the point of care, onsite or virtual, enabling an established relationship

The patient's new imaging order is not another hurdle to overcome, it's integrated into a caring relationship

The screenshot shows a mobile messaging app interface. The main chat area displays a conversation between a patient (Jane) and a nurse practitioner (Mary Blanton, FNP). The messages are as follows:

- Mary Blanton, FNP** (Today 11:52 am): Hey Jane, it's Mary Jo. I will get that sent over for you. Is there a reason you are not using the flonase daily as a preventative? Also, since you text in I wanted to ask you if after you had your last CT scan on the abdomen- did they recommend any follow up testing for you?
- Jane** (Today 11:53 pm): Honestly no good reason. I would have asked the other day but didn't realize it was so low.
- Mary Blanton, FNP** (Today 11:55 am): It looks like they found lesions on both kidneys that are likely cysts but recommended an ultrasound or MRI to confirm. Have you ever had any testing on your kidneys for kidney stones in the past? Have you ever been diagnosed with kidney cysts?
- Mary Blanton, FNP** (Today 11:55 am): I'd suggest using something for cough like mucinex DM. The mucinex can help with the tightness in the chest from congestion, or if you prefer, I can send some Tessalon cough Perles to take during the day. They are usually helpful for dry coughs.
- Jane** (Today 11:56 pm): Wow. No one told me that. I had one kidney stone about 5 years ago. It passed naturally.
- Mary Blanton, FNP** (Today 11:56 am): I would proceed with an ultrasound and make sure these are just simple cysts. I can order that for you if you want.
- Jane** (Today 11:58 pm): Please do so.
- Mary Blanton, FNP** (Today 11:59 am): The referral has been sent to McKamey Imaging for the renal ultrasound. They should call you within 1 week to get you scheduled. If you have not heard from them, give them a call at the number below. Let us know once you have an appointment made.  
McKamey Imaging  
123 Marketplace Blvd

On the right side of the screen, there is an 'ICM Alert' panel with the following content:

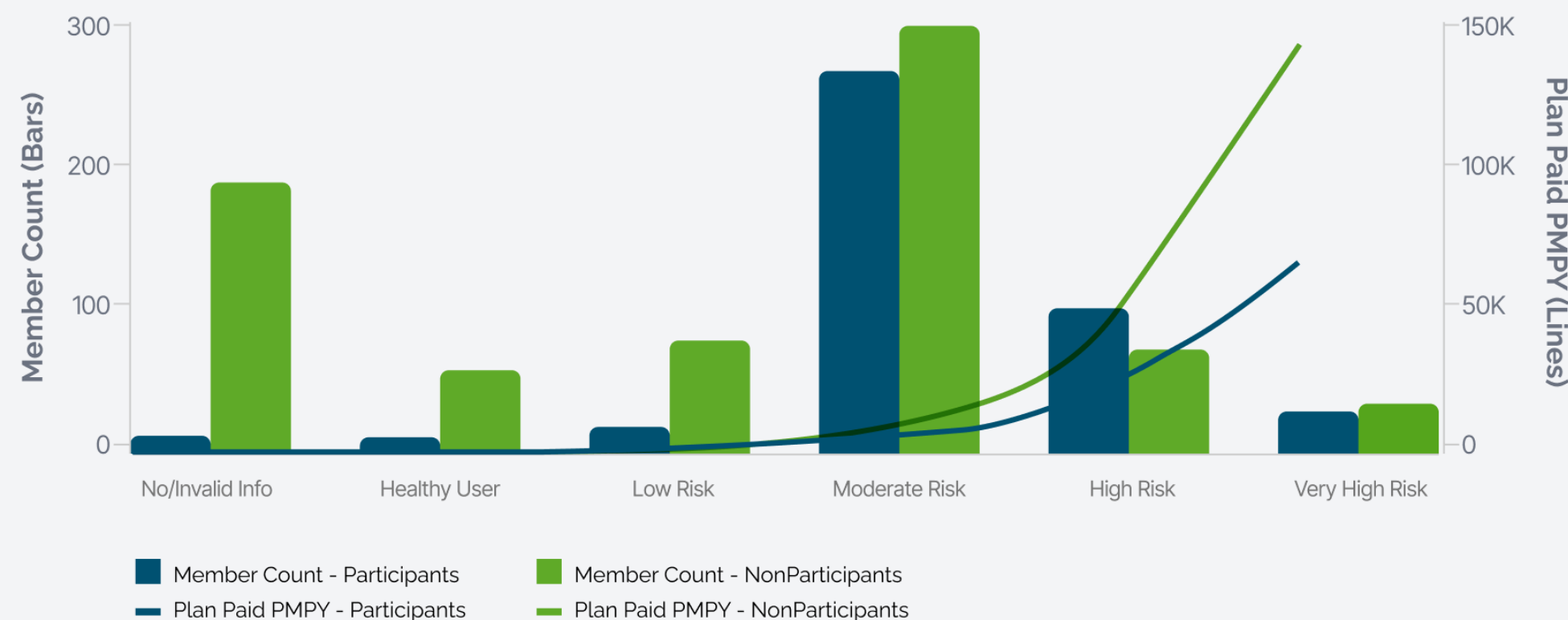
**ICM Alert Engaged**

- Follow-up on Renal Lesions:** Recommend ultrasound to evaluate bilateral renal lesions identified on CT scan as likely simple cysts. The exam will help rule out any underlying issues and provide baseline imaging to monitor changes or determine if further intervention is needed.
- Continue to Manage Pre-diabetes:** Continue dietary and lifestyle counseling with emphasis on a progressive exercise routine. Patient mentioned joining a gym, which is encouraged to improve muscle mass, metabolic rate, and bone density. Recheck A1c every 6-12 months per guidelines to ensure it remains within a controlled range.
- Continue to Monitor Blood Pressure:** Patient's blood pressure improved today at 117/72. Encourage continued home monitoring and medication adherence to maintain this level of improvement.
- Review Allergic Rhinitis Management:** Consider re-assessment of allergic rhinitis regimen since patient has severe allergic responses and reports symptoms remain poorly controlled despite flonase. Consider adding an antihistamine therapy. RAST testing may be helpful to identify triggers and guide treatment adjustments.
- Continue Vigilance for Osteopenia & Gastrointestinal Health:**
- Bone Density Monitoring:** Ensure DEXA scan is repeated in 2 years as planned. Follow up on any recommendations from previous scan. Encourage weight-bearing exercise and adequate calcium/vitamin D intake.
- GI Health Monitoring:** Given patient's history of diverticulitis and recent hospitalization for suspected perforated bowel, continue to reinforce early symptom recognition and prompt evaluation if symptoms recur.

# Can primary care *reduce* claims spend?

## OTO Participant Engagement

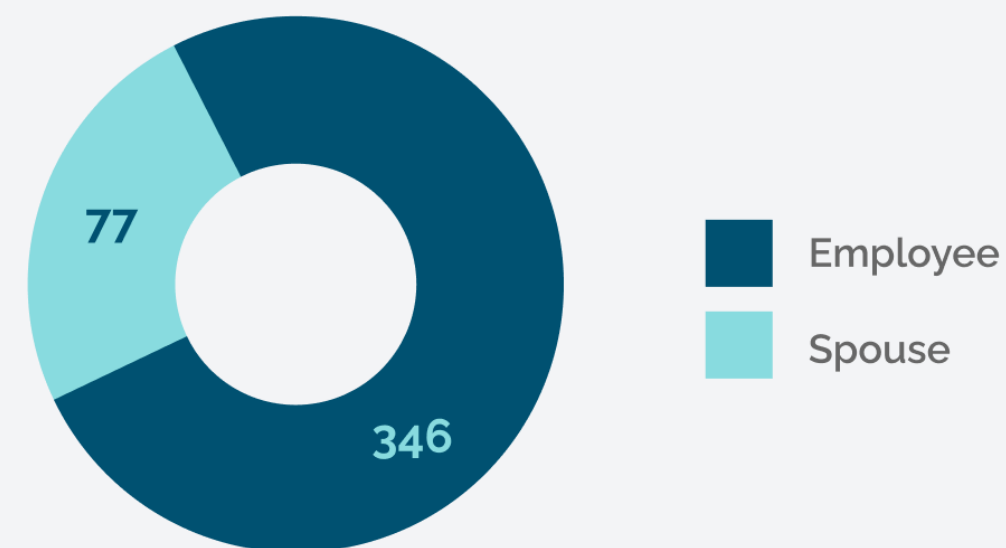
### Employee, Spouse



### Engagement

**38%**

423 of 1,108 Eligible



Across our book of business, members engaged with One to One cost over \$2K less than unengaged members

Intelligent Care Manager provides the ability to focus on your highest risk members while still delivering equitable service to all members

	Total	No/Invalid Info	Healthy User	Low Risk	Moderate Risk	High Risk	Very High Risk
Member Count - Participants	<b>423</b>	13	15	21	247	97	30
Member Count - NonParticipants	<b>685</b>	175	56	76	276	69	33
% of RUB Participating	<b>38%</b>	7%	21%	22%	47%	58%	48%
Plan Paid PMPY - Participants	<b>\$11,311</b>	\$473	\$1,834	\$1,642	\$4,572	\$16,988	\$60,445
Plan Paid PMPY - NonParticipants	<b>\$15,391</b>	\$49	\$1,035	\$1,434	\$8,377	\$34,652	\$131,410

Participation Dates Jan 2024 - Dec 2024 Risk Period Jan 2024 - Dec 2024

**\$4,080 PMPY Savings**

**\$17,664**

**\$70,965**

# Questions?

For a savings analysis, free trial, or to discuss further

[WT@textcare.com](mailto:WT@textcare.com)

## Our differentiators

TextCare provides a single integrated offering that serves all members;  
**concierge medicine at scale**

**Intelligent Care Manager** brings the best technology of Medicare Advantage into the commercial market

Our **financial independence** enables us to retain our nimble approach, transparent billing, and relentless focus on client management and patient outcomes