



BUSINESS IS BLOOMING

Because affordable, predictable, and understandable health coverage is a thing of beauty.

With health plans that allow organizations to only pay for the healthcare services that their employees need and use, businesses save up to 25% compared to other group health plans with similar benefits.



Savings.

Employers save by paying the actual cost of employee healthcare. And if a small business spends less on healthcare than projected, they keep 100% of the difference.



Certainty.

Employers pay a flat monthly rate, and small businesses are protected from higher-than-expected costs.



Simplicity.

Peoni offers an easier, online way for employers to choose medical, prescription, dental, and vision coverage.

How we do it.

For years, large organizations have used self-funded health plans in which employers set money aside to pay employee healthcare claims. Because these plans take into account the health of each employee and avoid some of the red tape associated with traditional insurance, they cost less for employers and employees.

While self-funding may make sense for large organizations that can manage month-to-month swings in employee healthcare costs, it can be risky for smaller enterprises. That's why small businesses typically rely on traditional insurance, which is predictable but significantly more expensive.

Level-funded plans draw on the best features of both types of coverage by:

- Delivering lower costs associated with self-funded plans
- Providing employers the predictability of fixed monthly payments and protection from unanticipated costs through secondary coverage, also known as medical stop-loss coverage
- Enabling employers to keep 100% of any surplus at the end of the year

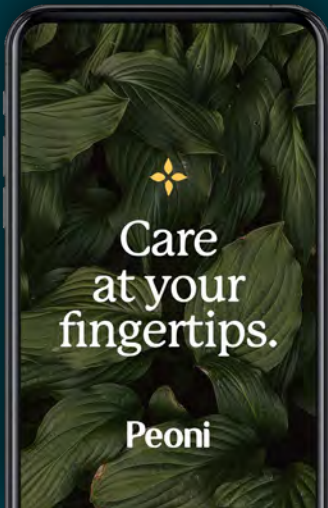


Care Advocates help members find care, often with a zero-dollar copay.

An integrated approach.

With Peoni, employers and members have access to all the resources they need, including:

- Health services such as case management, prior authorizations, and medical directors
- Care Advocates to help members find care, often with a zero-dollar copay
- Customer services including benefits and eligibility
- Find or nominate a provider
- Claims adjudication
- Other TPA services such as appeals, coordination of benefits, finance, and accounting
- Prescription home delivery through Birdi, a Peoni sister company, including discounts off certain prescriptions not covered by the health plan
- Discounts off certain prescriptions not covered by the health plan
- Savings on high-cost specialty medications through Ray, a Peoni sister company
- Stop-loss protection from higher-than-expected claims costs



With Peoni's mobile app, members can track and manage their benefits easily.

- Connect with customer care 24/7
- Access free and unlimited telehealth visits
- Browse a large network of providers
- View recent healthcare visits
- Check deductible and out-of-pocket status

All plans are administered by Hawaii Mainland Administrators ("HMA"), a licensed third-party administrator located at 1600 W Broadway Rd # 300, Tempe, AZ 85282. Products and services are not available in Florida, Georgia, Louisiana, New Jersey, Washington, Hawaii, and the US Virgin Islands. Peoni is the digital platform contracted with HMA to provide information about HMA's services and the self-insured plans administered by HMA. Peoni does not perform any insurance producer or third-party administrator services, and Peoni is not licensed or registered as an insurance producer or a third-party administrator. All plans are self-funded, meaning that the employer group is responsible for funding the plan and claim costs up to applicable stop-loss limits.

Peoni
PLANS ADMINISTERED BY HMA

Ready to get started?

To learn how Peoni can help your employees, contact us.

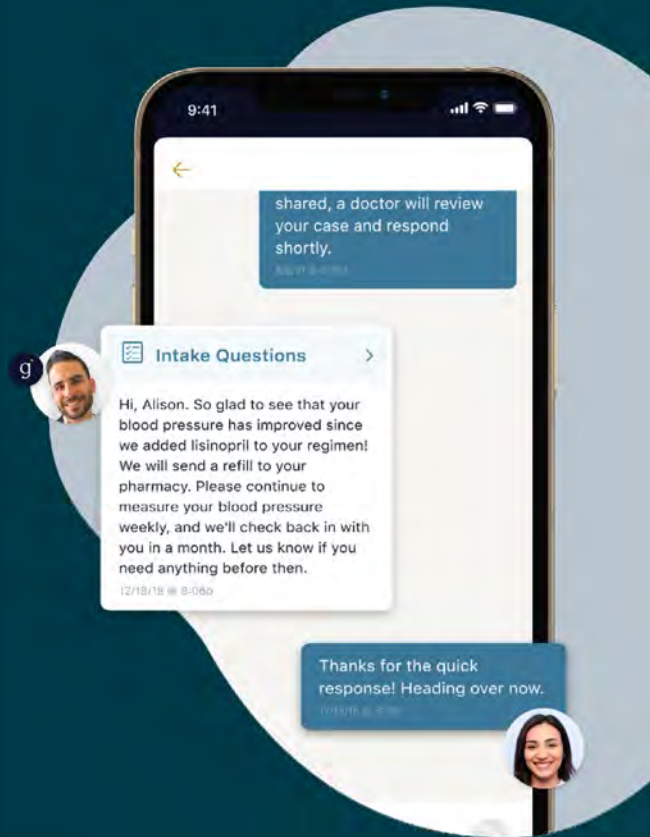
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quotes@peonihealth.com
www.peonihealth.com



A New Standard for Virtual Care

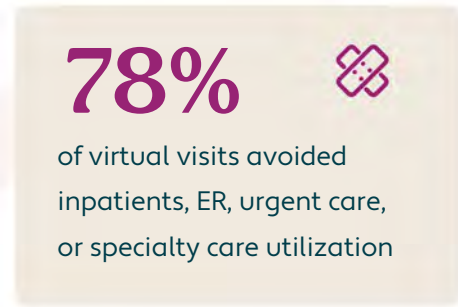
Galileo offers today's diverse employee populations immediate access to a virtual multi-specialty and primary care practice that makes care affordable and accessible to all.

Galileo's proprietary virtual care platform deliver access to high-quality specialty & primary care physicians available 24/7 across all 50 states. All Galileo providers are full-time employees and provide care across 20+ disciplines in both English and Spanish.



How Does Galileo Work

- Multi-specialty Providers Are Full-Time Employees**
 Team-based care is delivered by primary care physicians & specialists who are full-time employees of Galileo. These providers have a minimum experience of 10 years of patient care, and 5 years of virtual care experience, and deliver quality comprehensive clinical leadership and peer case oversight.
- Peer-to-Peer Clinical Review**
 Primary care physicians consult with a variety of specialists, including pediatricians, psychiatrists, neurologists, and therapists to review and develop goal-oriented data-driven patient care plans.
- Care Without Claims, Deductible, or Copays**
 When patients receive virtual care through Galileo, all services are delivered without any medical claims (\$0) or copays. This means no claim will be billed to insurance for reimbursement, only submitted for data and tracking.
- Mental Health for All Patients**
 Primary care physicians are trained in behavioral health and help treat low-to-medium acuity issues, such as stress, anxiety, and depression. Additional therapy and coaching are available, allowing Care Advocates to refer to in-person care available within the covered provider network.



 No appointments necessary	 Fast response times
 Consolidate your medical records for easy access	 Get quick prescriptions, labs, and specialist referrals

Patient Advocacy and Support

✦ Care Advocates

Care Advocates help direct patients through complex issues and help to find the right care. Care Advocates also assist in referrals, approval of authorizations, coordinating medical records, investigating and reviewing benefits of coverage, and support on billing situations. Other support services include:

- **Navigate Other Employer Benefits (e.g., fertility, diabetes)**
- **Actively Help Find & Schedule Appointment**
- **Decode & Negotiate Surprise Bills**
- **Proactive Patient Support**

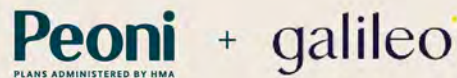
✦ Zero Copayment and Deductible

Patients can obtain \$0 copayments when utilizing Peoni's Care Advocate benefits for many costly hospital and outpatient facility services. Care Advocate services are accessed through the Galileo app, where Care Advocates will help throughout their medical journey.



Customized Experience

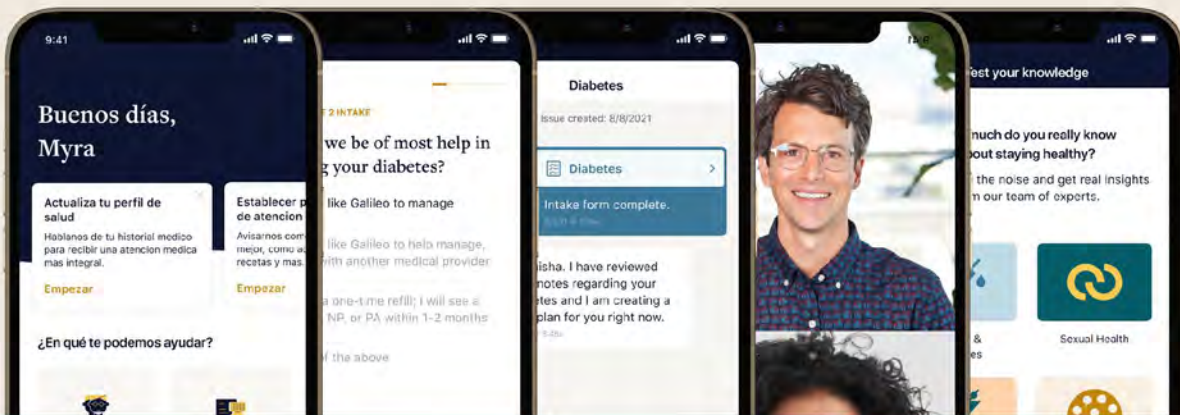
Care Advocates help patients find care based on preferences, such as the ability to travel, cost for care, gender of physician, and distance from home.



Healthcare for the Modern Era

Galileo provides members with a comprehensive virtual solution that increases access to care, encourages earlier medical interactions, and improves overall outcomes.

English & Spanish / Structured Q&A / Asynchronous Chat / Video / Health Quizzes



Ready to get started?

Contact Us Today.

866-888-5439

quotes@peonihealth.com

peonihealth.com



GOOD HEALTH IS A THING OF BEAUTY

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Ray. A new dawn in healthcare savings.



Ray offers a new and innovative approach to reducing the cost of healthcare for plans and members. Our team leverages its deep expertise to advocate on behalf of plans and members to identify ways to cut the cost of expensive medications and procedures—in some cases to \$0 for members.

Our team has worked with and for leading pharmaceutical manufacturers, health systems, PBMs, and plans. We have a unique and deep understanding of programs—including many that are lesser known—and how to use them to lower costs.



Ray

Our Approach

Manufacturer programs. With relationships with pharma that go back decades, we know how to tap into discount programs that others don't.

Copay assistance. We know how to optimize pharma coupon programs to save on cost for members and plans.

Alternate channels. We can find alternate, trusted sources for brand medications, to get lower costs for many specialty pharmacies.



Benefit strategies. Our expertise in health benefits allows us to find ways to submit claims that result in maximum savings for plans and members.

Advocate on your side. We can find lower costs for procedures and services at another facility or negotiate for a discounted price upfront.

About Ray

Navigate and advocate

The U.S. healthcare system is complex and opaque. It's no surprise that people often miss opportunities to save money, particularly on the highest cost medications and procedures.

Enter Ray. Our team has spent decades working within the system, and now we're using our expertise to help plans and members navigate it.

On the side of businesses and employees

Our approach is simple: We are here to serve plans and their members. There are no fees to members for our service, and plans choose to either pay us when we're able to reduce healthcare costs or pay a flat, monthly fee.

The urgency of now

We act with urgency to get members the medications and procedures that they need. As soon as a claim comes in, we search for savings opportunities at the same time as the standard clinical review. This allows us to lower costs without delays in care.

To learn more about how Ray can help lower the cost of specialty medications and procedures, contact us at info@raysavings.com.





BUSINESS IS BLOOMING

Navigator PPO & VBP Plans

This Schedule of Benefits (SOB) indicates any deductibles, benefit limits, and member responsibility amounts for covered benefits. This is a condensed SOB, please see the full SOB for additional details.

peonihealth.com





Navigator PPO Plans.

PPO Prime. PPO Choice. PPO Advantage HDHP. PPO Value.

There are three levels of coverage:

- **Care Advocate:** Coverage applies when you contact a Care Advocate prior to receiving hospital and facility care
- **In-Network:** Coverage applies when you use a Preferred Plan Provider for Covered Benefits
- **Out-of-Network:** Coverage applies when you use a Non-Plan Provider for Covered Benefits

If a Non-Plan Provider charges any amount in excess of the Allowed Amount, you are responsible for the excess amount. In a Medical Emergency, you should go to the nearest emergency facility or call 911 or another local emergency number. Your emergency room Member Cost Sharing is listed in the Schedule of Benefits.

Prior Approval

Prior Approval is required for certain benefits. Before you receive services from a Non-Plan Provider or a Plan Provider outside the Service Area, please contact member services at 1-866-826-5335 for the complete listing of services that require Prior Approval. Additional information about Prior Approval can be found in your Benefit Handbook.

To obtain Prior Approval please call: 1-866-826-5335 for medical services.

Clinical Review Criteria

Plans use Clinical Review Criteria to evaluate whether certain services or procedures are Medically Necessary for a member's care.

Covered Benefits

Covered Benefits are administered on a Plan Year basis. Your Plan Year begins on your Employer's Anniversary Date. Please see your Benefit Handbook for more details. If you have any questions about your Schedule of Benefits or you do not know your Employer's Anniversary Date, please contact your Employer's benefits office or call member services at 1-866-826-5335.

Member Cost Sharing will depend upon the type of service provided and the tier each service is accessed, as listed in this Schedule of Benefits. For example, for services provided in a physician's office, Urgent Care, or a free-standing non-facility based setting, see "Physician & Ancillary Services." For services provided in a hospital emergency room, see "Emergency Services," and for outpatient surgical procedures, please see "Outpatient Surgeries" under the Facility-Based Services section.

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Navigator PPO Prime Medical & Pharmacy Plans

		3500 Plan	4000 Plan	4500 Plan	6000 Plan
Tier 1	Deductible (Single / Family)	None	None	None	None
Care Advocate	Out-of-Pocket Limit (Single / Family)	None	None	None	None
Tier 2	Deductible (Single / Family)	\$3,500 / \$7,000	\$4,000 / \$8,000	\$4,500 / \$9,000	\$6,000 / \$12,000
In-Network PPO	Out-of-Pocket Limit (Single / Family)	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,700 / \$17,400
Tier 3	Deductible (Single / Family)	\$7,000 / \$14,000	\$8,000 / \$16,000	\$9,000 / \$18,000	\$12,000 / \$24,000
Out-of-Network	Out-of-Pocket Limit (Single / Family)	Unlimited			

Physician & Ancillary Services	Care Advocate	In-Network	Out-of-Network
Primary Care Office Visit	N/A	\$5 Copay (Per Visit)	50% Coinsurance ***
Specialist Office Visit		\$50 Copay (Per Visit)	50% Coinsurance ***
Other Services (Performed in Office)		0% Coinsurance **	50% Coinsurance ***
Physician Services (Performed In a Facility or ER)		0% Coinsurance **	50% Coinsurance ***
Urgent Care Visit		\$50 Copay (Per Visit)	50% Coinsurance ***
Maternity Physician Services		0% Coinsurance **	50% Coinsurance ***
Lab Services (Non-Hospital)		0% Coinsurance **	50% Coinsurance ***
Rehab & Therapy (Non-Hospital)		0% Coinsurance **	50% Coinsurance ***
Alternative Care (Chiropractic, Acupuncture, Massage Therapy)		\$50 Copay (Per Visit)	50% Coinsurance ***

Facility-Based Services		In-Network	Out-of-Network	
Emergency Services Hospital ER (Facility Charge Only)	N/A	\$1,000 Copayment †	\$1,000 Copayment †††	
Ambulance (Ground Only)		\$500 Copayment **	\$500 Copayment ††	
Radiology (Hospital Outpatient)		0% Coinsurance **	50% Coinsurance ***	
Dialysis & Supplies		\$5,200 Copayment **	50% Coinsurance ***	
Outpatient Services (Cardiac, Pulmonary, PT, OT, ST)		\$0 Copay / 0% Coinsurance *	\$50 Copayment **	\$50 Copayment ††
Outpatient Surgeries		\$0 Copay / 0% Coinsurance *	\$1,000 Copayment **	\$1,000 Copayment ††
Inpatient Hospitalizations		\$0 Copay / 0% Coinsurance *	\$1,500 Copayment **	\$1,500 Copayment ††
Transplant Procedures	\$0 Copay / 0% Coinsurance *	\$5,200 Copayment **	50% Coinsurance ***	

Prescription Drug Benefits		In-Network	Out-of-Network
Preventative Prescription Services (Prescription Drugs, Pharmacy Retail - up to a 30-Day Supply)	N/A	Generic - \$0 Copay	Not Covered
Non-Preventative Prescription Services (Prescription Drugs, Pharmacy Retail - up to a 30-Day Supply)		Generic - \$10 Copay Preferred Brand - \$20 Copay	Not Covered
Specialty Drugs		50% Coinsurance	Not Covered

* Cannot guarantee a "Care Advocate" option will be available in your area for every medical service or procedure in this category. Some travel may be necessary to receive \$0 Copay for larger-cost, non-emergency procedures. ** After Annual Deductible. *** After Annual Deductible plus amounts that exceed the Maximum Allowed Charge. † After Annual Deductible (Copay waived if admitted). †† After Annual Deductible then 50% Coinsurance plus amounts that exceed the Maximum Allowed Charge. ††† After Annual Deductible (Copay waived if admitted) plus amounts that exceed the Maximum Allowable Charge.

The benefit coinsurances and copayments listed above are for Navigator PPO Prime 3500. Please see the full Plan Summaries for Navigator PPO Prime 4000, 4500, and 6000.

Navigator PPO Choice Medical & Pharmacy Plans

		1000 Plan	1500 Plan	2000 Plan	2500 Plan
Tier 1	Deductible (Single / Family)	None	None	None	None
Care Advocate	Out-of-Pocket Limit (Single / Family)	None	None	None	None
Tier 2	Deductible (Single / Family)	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$2,500 / \$5,000
In-Network PPO	Out-of-Pocket Limit (Single / Family)	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,700 / \$17,400
Tier 3	Deductible (Single / Family)	\$4,000 / \$8,000	\$5,000 / \$10,000	\$6,000 / \$12,000	\$7,000 / \$14,000
Out-of-Network	Out-of-Pocket Limit (Single / Family)	Unlimited			

Physician & Ancillary Services	Care Advocate	In-Network	Out-of-Network	
Primary Care Office Visit	N/A	\$5 Copay (Per Visit)	50% Coinsurance ***	
Specialist Office Visit		\$50 Copay (Per Visit)	50% Coinsurance ***	
Other Services (Performed in Office)		20% Coinsurance **	50% Coinsurance ***	
Physician Services (Performed In a Facility or ER)		20% Coinsurance **	50% Coinsurance ***	
Urgent Care Visit		\$50 Copay (Per Visit)	50% Coinsurance ***	
Maternity Physician Services		20% Coinsurance **	50% Coinsurance ***	
Lab Services (Non-Hospital)		20% Coinsurance **	50% Coinsurance ***	
Rehab & Therapy (Non-Hospital)		20% Coinsurance **	50% Coinsurance ***	
Alternative Care (Chiropractic, Acupuncture, Massage Therapy)		\$50 Copay (Per Visit)	50% Coinsurance ***	
Facility-Based Services			In-Network	Out-of-Network
Emergency Services Hospital ER (Facility Charge Only)	N/A	\$1,000 Copayment †	\$1,000 Copayment ††	
Ambulance (Ground Only)		\$500 Copayment †††	\$500 Copayment †	
Radiology (Hospital Outpatient)		20% Coinsurance **	50% Coinsurance ***	
Dialysis & Supplies		\$7,700 Copayment **	50% Coinsurance ***	
Outpatient Services (Cardiac, Pulmonary, PT, OT, ST)		\$0 Copay / 0% Coinsurance *	\$50 Copayment †††	\$50 Copayment †
Outpatient Surgeries		\$0 Copay / 0% Coinsurance *	\$1,000 Copayment †††	\$1,000 Copayment †
Inpatient Hospitalizations		\$0 Copay / 0% Coinsurance *	\$1,500 Copayment †††	\$1,500 Copayment †
Transplant Procedures		\$0 Copay / 0% Coinsurance *	\$7,700 Copayment **	50% Coinsurance ***
Prescription Drug Benefits		In-Network	Out-of-Network	
Preventative Prescription Services (Prescription Drugs, Pharmacy Retail - up to a 30-Day Supply)	N/A	Generic - \$0 Copay	Not Covered	
Non-Preventative Prescription Services (Prescription Drugs, Pharmacy Retail - 30-Day Supply)		Generic - \$10 Copay Preferred Brand - \$20 Copay	Not Covered	
Specialty Drugs		50% Coinsurance	Not Covered	

* Cannot guarantee a "Care Advocate" option will be available in your area for every medical service or procedure in this category. Some travel may be necessary to receive \$0 Copay for larger-cost, non-emergency procedures. ** After Annual Deductible. *** After Annual Deductible plus amounts that exceed the Maximum Allowed Charge. † After Annual Deductible, then 20% coinsurance (Copay waived if admitted). †† After Annual Deductible then 20% Coinsurance (copay waived if admitted) plus amounts that exceed the Maximum Allowed Charge. ††† After Annual Deductible then 20% coinsurance. ‡ After Annual Deductible, then 50% coinsurance plus amounts that exceed the Maximum Allowable Charge.

The benefit coinsurances and copayments listed above are for Navigator PPO Choice 1000. Please see the full Plan Summaries for Navigator PPO Choice 1500, 2000, and 2500.

Navigator PPO Advantage HDHP Medical & Pharmacy Plans

		4000 Plan	4500 Plan	6000 Plan	6500 Plan
Tier 1 Care Advocate	Deductible (Single / Family)	None	None	None	None
	Out-of-Pocket Limit (Single / Family)	None	None	None	None
Tier 2 In-Network PPO	Deductible (Single / Family)	\$4,000 / \$8,000	\$4,500 / \$9,000	\$6,000 / \$12,000	\$6,500 / \$13,000
	Out-of-Pocket Limit (Single / Family)	\$7,050 / \$14,100	\$7,050 / \$14,100	\$7,050 / \$14,100	\$7,050 / \$14,100
Tier 3 Out-of-Network	Deductible (Single / Family)	\$8,000 / \$16,000	\$9,000 / \$18,000	\$12,000 / \$24,000	\$13,000 / \$26,000
	Out-of-Pocket Limit (Single / Family)	Unlimited			

Physician & Ancillary Services	Care Advocate	In-Network	Out-of-Network	
Primary Care Office Visit	N/A	20% Coinsurance **	50% Coinsurance ***	
Specialist Office Visit		20% Coinsurance **	50% Coinsurance ***	
Other Services (Performed in Office)		20% Coinsurance **	50% Coinsurance ***	
Physician Services (Performed In a Facility or ER)		20% Coinsurance **	50% Coinsurance ***	
Urgent Care Visit		20% Coinsurance **	50% Coinsurance ***	
Maternity Physician Services		20% Coinsurance **	50% Coinsurance ***	
Lab Services (Non-Hospital)		20% Coinsurance **	50% Coinsurance ***	
Rehab & Therapy (Non-Hospital)		20% Coinsurance **	50% Coinsurance ***	
Alternative Care (Chiropractic, Acupuncture, Massage Therapy)		20% Coinsurance **	50% Coinsurance ***	
Facility-Based Services			In-Network	Out-of-Network
Emergency Services Hospital ER (Facility Charge Only)	N/A	20% Coinsurance **	50% Coinsurance ***	
Ambulance (Ground Only)		20% Coinsurance **	50% Coinsurance ***	
Radiology (Hospital Outpatient)		20% Coinsurance **	50% Coinsurance ***	
Dialysis & Supplies		\$3,050 Copayment **	50% Coinsurance ***	
Outpatient Services (Cardiac, Pulmonary, PT, OT, ST)		\$0 Copay / 0% Coinsurance *	20% Coinsurance **	50% Coinsurance ***
Outpatient Surgeries		\$0 Copay / 0% Coinsurance *	20% Coinsurance **	50% Coinsurance ***
Inpatient Hospitalizations		\$0 Copay / 0% Coinsurance *	20% Coinsurance **	50% Coinsurance ***
Transplant Procedures	\$0 Copay / 0% Coinsurance *	\$3,050 Copayment **	50% Coinsurance ***	
Prescription Drug Benefits		In-Network	Out-of-Network	
Preventative Prescription Services (Prescription Drugs, Pharmacy Retail - up to a 30-Day Supply)	N/A	Generic \$0 Copay	Not Covered	
Non-Preventative Prescription Services (Prescription Drugs, Pharmacy Retail - up to a 30-Day Supply)		Generic / Preferred Brand - 20% Coinsurance **	Not Covered	
Specialty Drugs		20% Coinsurance **	Not Covered	

* Cannot guarantee a "Care Advocate" option will be available in your area for every medical service or procedure in this category. Some travel may be necessary to receive \$0 Copay for larger-cost, non-emergency procedures. ** After Annual Deductible. *** After Annual Deductible plus amounts that exceed the Maximum Allowed Charge.

The benefit coinsurances and copayments listed above are for Navigator PPO Advantage HDHP 4000. Please see the full Plan Summaries for Navigator PPO Advantage HDHP 4500, 6000, and 6500.

Navigator PPO Value Medical & Pharmacy Plans

		2500 Plan	3500 Plan	6850 Plan
Tier 1	Deductible (Single / Family)	None	None	None
Care Advocate	Out-of-Pocket Limit (Single / Family)	None	None	None
Tier 2	Deductible (Single / Family)	\$2,500 / \$5,000	\$3,500 / \$7,000	\$6,850 / \$13,700
In-Network PPO	Out-of-Pocket Limit (Single / Family)	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,700 / \$17,400
Tier 3	Deductible (Single / Family)	\$7,000 / \$14,000	\$9,000 / \$18,000	\$15,700 / \$31,400
Out-of-Network	Out-of-Pocket Limit (Single / Family)	Unlimited		

Physician & Ancillary Services	Care Advocate	In-Network	Out-of-Network
Primary Care Office Visit	N/A	\$5 Copay (Per Visit)	70% Coinsurance ***
Specialist Office Visit		\$50 Copay (Per Visit)	70% Coinsurance ***
Other Services (Performed in Office)		50% Coinsurance **	70% Coinsurance ***
Physician Services (Performed In a Facility or ER)		50% Coinsurance **	70% Coinsurance ***
Urgent Care Visit		\$50 Copay (Per Visit)	70% Coinsurance ***
Maternity Physician Services		50% Coinsurance **	70% Coinsurance ***
Lab Services (Non-Hospital)		50% Coinsurance **	70% Coinsurance ***
Rehab & Therapy (Non-Hospital)		50% Coinsurance **	70% Coinsurance ***
Alternative Care (Chiropractic, Acupuncture, Massage Therapy)		\$50 Copay (Per Visit)	70% Coinsurance ***

Facility-Based Services		In-Network	Out-of-Network	
Emergency Services Hospital ER (Facility Charge Only)	N/A	\$1,000 Copay †	\$1,000 Copay ††	
Ambulance (Ground Only)		\$500 Copay †††	\$500 Copay ††	
Radiology (Hospital Outpatient)		50% Coinsurance **	70% Coinsurance ***	
Dialysis & Supplies		\$6,200 Copayment **	70% Coinsurance ***	
Outpatient Services (Cardiac, Pulmonary, PT, OT, ST)		\$0 Copay / 0% Coinsurance *	\$50 Copay †††	\$50 Copay ††
Outpatient Surgeries		\$0 Copay / 0% Coinsurance *	\$1,000 Copay †††	\$1,000 Copay ††
Inpatient Hospitalizations		\$0 Copay / 0% Coinsurance *	\$1,500 Copay †††	\$1,500 Copay ††
Transplant Procedures	\$0 Copay / 0% Coinsurance *	\$6,200 Copayment **	70% Coinsurance ***	

Prescription Drug Benefits		In-Network	Out-of-Network
Preventative Prescription Services (Prescription Drugs, Pharmacy Retail - up to a 30-Day Supply)	N/A	Generic - \$0 Copay	Not Covered
Non-Preventative Prescription Services (Prescription Drugs, Pharmacy Retail - up to a 30-Day Supply)		Generic - \$10 Copay Preferred Brand - \$20 Copay	Not Covered
Specialty Drugs		50% Coinsurance	Not Covered

* Cannot guarantee a "Care Advocate" option will be available in your area for every medical service or procedure in this category. Some travel may be necessary to receive \$0 Copay for larger-cost, non-emergency procedures. ** After Annual Deductible. *** After Annual Deductible plus amounts that exceed the Maximum Allowed Charge. † After Annual Deductible then 50% Coinsurance plus amounts that exceed the Maximum Allowable Charge. †† After Annual Deductible then 70% Coinsurance plus amounts that exceed the Maximum Allowable Charge. ††† After Annual Deductible, then 50% Coinsurance. ‡ After Annual Deductible, then 50% Coinsurance (copay waived if admitted). †† After Annual Deductible, then 50% Coinsurance (Copay waived if admitted) plus amounts that exceed the Maximum Allowable Charge

The benefit coinsurances and copayments listed above are for Navigator PPO Value 2500. Please see the full Plan Summaries for Navigator PPO Value 3500 and 6850.



Navigator VBP Plans.

Navigator VBP. Navigator VBP HDHP.

There are three levels of coverage:

- **In-Network:** Coverage applies when you use a Preferred Plan Provider for Covered Benefits
- **Out-of-Network:** Coverage applies when you use a Non-Plan Provider for Covered Benefits
- **Value-Based Payment (VBP):** Coverage applies when accessing certain types of providers and services including but not limited to Facilities, Dialysis, and Ambulance

For services obtained under the VBP option, providers will be reimbursed based on the “Maximum Allowable Charge.”

If a Non-Plan Provider charges any amount in excess of the Allowed Amount, you are responsible for the excess amount. In a Medical Emergency, you should go to the nearest emergency facility or call 911 or another local emergency number. Your emergency room Member Cost Sharing is listed in the Schedule of Benefits.

Prior Approval

Prior Approval is required for certain benefits. Before you receive services from a Non-Plan Provider or a Plan Provider outside the Service Area, please contact member services at 1-866-826-5335 for the complete listing of services that require Prior Approval. Additional information about Prior Approval can be found in your Benefit Handbook.

To obtain Prior Approval please call: 1-866-826-5335 for medical services.

Clinical Review Criteria

Plans use Clinical Review Criteria to evaluate whether certain services or procedures are Medically Necessary for a member’s care.

Covered Benefits

Covered Benefits are administered on a Plan Year basis. Your Plan Year begins on your Employer’s Anniversary Date. Please see your Benefit Handbook for more details. If you have any questions about your Schedule of Benefits or you do not know your Employer’s Anniversary Date, please contact your Employer’s benefits office or call member services at 1-866-826-5335.

Member Cost Sharing will depend upon the type of service provided and the tier each service is accessed, as listed in this Schedule of Benefits. For example, for services provided in a physician’s office, Urgent Care, or a free-standing non-facility based setting, see “Physician & Ancillary Services.” For services provided in a hospital emergency room, see “Emergency Services,” and for outpatient surgical procedures, please see “Outpatient Surgeries” under the Facility-Based Services section.

All plans are administered by Hawaii Mainland Administrators (“HMA”), a licensed third-party administrator located at 1600 W Broadway Rd #300, Tempe, AZ 85282. Products and services are not available in Florida, Georgia, Louisiana, New Jersey, Washington, Hawaii, and the US Virgin Islands. Peoni is the digital platform contracted with HMA to provide information about HMA’s services and the self-insured plans administered by HMA. Peoni does not perform any insurance producer or third-party administrator services, and Peoni is not licensed or registered as an insurance producer or a third-party administrator. All plans are self-funded, meaning that the employer group is responsible for funding the plan and claim costs up to applicable stop-loss limits.

Navigator VBP Medical & Pharmacy Plans

		1000 Plan	2000 Plan	3000 Plan	5000 Plan
Tier 1 In-Network	Deductible (Single / Family)	\$1,000 / \$3,000	\$2,000 / \$6,000	\$3,000 / \$6,000	\$5,000 / \$10,000
	Out-of-Pocket Limit (Single / Family)	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,700 / \$17,400
Tier 2 Out-of-Network	Deductible (Single / Family)	\$2,000 / \$6,000	\$4,000 / \$12,000	\$6,000 / \$12,000	\$10,000 / \$20,000
	Out-of-Pocket Limit (Single / Family)	\$17,400 / \$34,800	\$17,400 / \$34,800	\$17,400 / \$34,800	\$17,400 / \$34,800

Physician & Ancillary Services	In-Network	Out-of-Network
Primary Care Office Visit	\$35 Copay (Per Visit)	40% Coinsurance **
Specialist Office Visit	\$35 Copay (Per Visit)	40% Coinsurance **
Other Services (Performed in Office)	20% Coinsurance *	40% Coinsurance **
Physician Services (Performed In a Facility or ER)	20% Coinsurance *	20% Coinsurance **
Urgent Care Visit	\$75 Copay (Per Visit)	40% Coinsurance **
Maternity Physician Services	20% Coinsurance *	40% Coinsurance **
Lab Services (Non-Hospital)	Covered in Full	40% Coinsurance **
Rehab & Therapy (Non-Hospital)	\$35 Copay (Per Visit)	40% Coinsurance **
Alternative Care (Chiropractic, Acupuncture, Massage Therapy)	\$35 Copay (Per Visit)	40% Coinsurance **
Facility-Based Services		
Emergency Services Hospital ER (Facility Charge Only)		\$150 Copayment ***
Ambulance		\$200 Copayment †
Radiology (Hospital Outpatient)		20% Coinsurance †† ‡
Outpatient Services (Cardiac, Pulmonary, PT, OT, ST)		20% Coinsurance †† ‡
Outpatient Surgeries		\$150 Copayment *** ‡
Inpatient Hospitalizations		\$450 Copayment †† ‡
Dialysis & Supplies		20% Coinsurance ††
Prescription Drug Benefits	In-Network	Out-of-Network
Preventative Prescription Services (Prescription Drugs, Pharmacy Retail - up to a 30-day supply)	Generic - \$0 Copay	Not Covered
Non-Preventative Prescription Services (Prescription Drugs, Pharmacy Retail - up to a 30-Day Supply)	Generic - \$10 Copay Preferred Brand - \$20 Copay	Not Covered
Specialty Drugs	50% Coinsurance	Not Covered

* After Annual Deductible. ** After Annual Deductible plus amounts that exceed the Maximum Allowed Charge. *** Plus amounts that exceed the Maximum Allowable Charge (waived if admitted to Inpatient status) † Plus amounts that exceed the Maximum Allowable Charge. †† After Annual Deductible plus amounts that exceed the Maximum Allowed Charge. In-Network Annual Deductible and Annual Out-of-Pocket Maximum applies. Amounts in excess of the Maximum Allowable Charge DO NOT apply to the Annual Deductible NOR the Annual Out-of-Pocket Maximum. ‡ In certain cases, when the member works with a Care Advocate and chooses to be redirected, member cost sharing may be waived.

The benefit coinsurances and copayments listed above are for Navigator VBP 1000. Please see the full Plan Summaries for Navigator VBP 2000, 3000, and 5000.

Navigator VBP HDHP Medical & Pharmacy Plans

		3000 Plan	5000 Plan
Tier 1 In-Network	Deductible (Single / Family)	\$3,000 / \$6,000	\$5,000 / \$10,000
	Out-of-Pocket Limit (Single / Family)	\$7,050 / \$14,100	\$7,050 / \$14,100
Tier 2 Out-of-Network	Deductible (Single / Family)	\$6,000 / \$12,000	\$10,000 / \$20,000
	Out-of-Pocket Limit (Single / Family)	\$8,000 / \$16,000	\$13,200 / \$26,400

Physician & Ancillary Services	In-Network	Out-of-Network
Primary Care Office Visit	20% Coinsurance *	50% Coinsurance **
Specialist Office Visit	20% Coinsurance *	50% Coinsurance **
Other Services (Performed in Office)	20% Coinsurance *	50% Coinsurance **
Physician Services (Performed In a Facility or ER)	20% Coinsurance *	50% Coinsurance **
Urgent Care Visit	20% Coinsurance *	50% Coinsurance **
Maternity Physician Services	20% Coinsurance *	50% Coinsurance **
Lab Services (Non-Hospital)	20% Coinsurance *	50% Coinsurance **
Rehab & Therapy (Non-Hospital)	20% Coinsurance *	50% Coinsurance **
Alternative Care (Chiropractic, Acupuncture, Massage Therapy)	20% Coinsurance *	50% Coinsurance **
Facility-Based Services		
Emergency Services Hospital ER (Facility Charge Only)	20% Coinsurance ***	
Ambulance	20% Coinsurance ***	
Radiology (Hospital Outpatient)	20% Coinsurance *** †	
Outpatient Services (Cardiac, Pulmonary, PT, OT, ST)	20% Coinsurance *** †	
Outpatient Surgeries	20% Coinsurance *** †	
Inpatient Hospitalizations	20% Coinsurance *** †	
Dialysis & Supplies	20% Coinsurance ††	
Prescription Drug Benefits	In-Network	Out-of-Network
Preventative Prescription Services (Prescription Drugs, Pharmacy Retail - up to a 30-Day Supply)	Generic - \$0 Copayment	Not Covered
Non-Preventative Prescription Services (Prescription Drugs, Pharmacy Retail - up to a 30-Day Supply)	20% Coinsurance *	Not Covered
Specialty Drugs	20% Coinsurance *	Not Covered

* After Annual Deductible. ** After Annual Deductible plus amounts that exceed the Maximum Allowed Charge. *** After Annual Deductible plus amounts that exceed the Maximum Allowable Charge. In-Network Annual Deductible and Annual Out-of-Pocket Maximum applies. Amounts in excess of the Maximum Allowable Charge DO NOT apply to the Annual Deductible NOR the Annual Out-of-Pocket Maximum. † In certain cases, when the member works with a Care Advocate and chooses to be redirected, member cost sharing may be waived.