We make Benefits Better.

Change the Game with a Direct Primary Care Health Plan

Direct Primary Care

Patients gain a real relationship with their physician, with full access for as much as 90% of all medical needs.

A trusted personal primary care physician knows the patient and guides them through the complicated and expensive healthcare system.

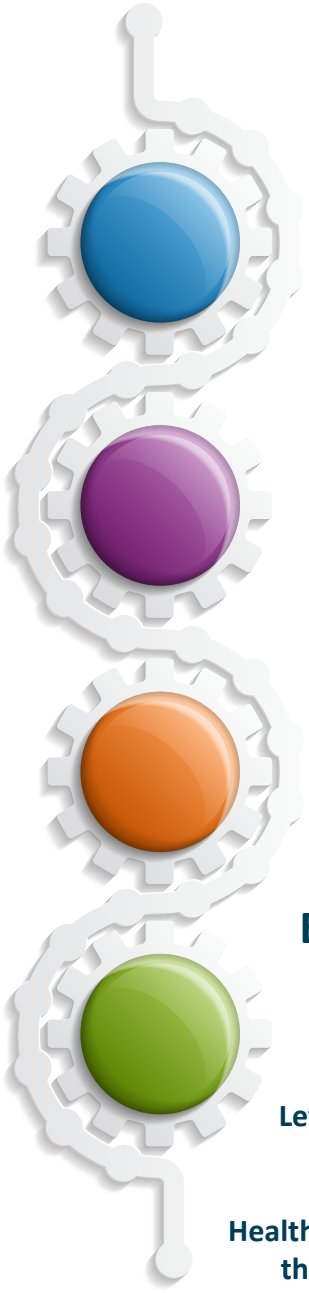
Patients report little to no wait time, and longer appointments at their convenience -in person, virtually or by phone.

Prevent Surprises

If claims exceed claim fund, stop loss insurance advances the difference.

Once claims are settled for the plan year PAI returns surplus to the employer - and stop loss covers any deficit.

Most years most groups see a surplus.



Follow the Money

Self-insured plan with a fixed monthly budget - similar to a fully-insured plan.

Pay one fixed monthly payment that includes:

- claim account fund
- stop loss insurance to cover excssive claims, and
- plan administration, including broker services

Enjoy Your Own Private Pool

Fully-insured premiums are “pooled” to pay claims in other groups.

Level-funded groups pay for their own claims, not the “community pool.”

Health management services help members improve their health and slow your health care spend.

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Direct Primary Care (DPC)

Direct Primary Care (DPC) physicians provide up to 90% of members' health care services including clinical and laboratory services, consultative services, care coordination, and comprehensive care management. DPC allows family physicians to care for the whole person while reducing the overhead and negative incentives associated with fee-for-service billing.

The DPC receives a separate monthly membership fee from the health plan sponsor to provide most primary care services with no member out-of-pocket payment.

The DPC program gives patients a greater degree of access to, and time with, their physician. The DPC provides Urgent Care services, and on-call telephone Virtual Care consultations as well. When members need specialty care or other services outside the scope of the DPC clinic, the physician will coordinate their continuum of care to deliver the optimal health outcome at the lowest possible cost to the patient.

Unlike a conventional group health insurance policy, this Level Funding program lowers your group health plan cost in recognition of the value of the membership-based Direct Primary Care services.

PAI Pharmacy Benefits powered by OptumRx®

Pharmacy spending represents a significant and growing portion of health care costs. That is why our preferred partner is PAI Pharmacy Benefits powered by OptumRx®. Optum is an independent company that provides pharmacy benefit management (PBM) services on behalf of PAI. Our pharmacy solution is one of the largest PBM offerings available, with access to more than 68,000 pharmacies nationwide and serving more than 13.5 million members. By creating better health care connections, PAI helps your members realize improved care, lower costs and a better overall experience.

Tools and Programs

Never sacrificing care for cost, our tools and programs are chosen and managed by a team of medical directors, pharmacists and clinical professionals to ensure the member pharmacy experience we offer extends the best clinical and therapeutic benefit at the most reasonable cost. Ask how our tools and programs bring added value and enhance your member experience:

- Drug card
- Drug lists
- Optum® Specialty Pharmacy
- Mail-order pharmacy
- Drug management programs

Give your employees and their families the best health care at the best price

Direct Primary Care + Value-Based Plan Claims Savings Metrics

The Value-Based Plan creates pricing transparency, reduced member out-of-pocket, and health plan savings. The employer total plan cost can be much lower than conventional PPO network plans.

Most Direct Primary Care services are available to members at no out-of-pocket cost.

Other providers earn a reasonable profit margin above the Medicare reference amount – 140% of Medicare reference for hospitals and 120% for physicians. All providers are eligible for full benefits.

Members have free and open provider choice – no network restrictions or non-network benefit reductions.

Discounts Much Better than PPO Network Plans

PPO network plans typically reduce provider charges by 30% to 50% while Value-Based Plan clients currently achieve average discounts of ***70% below billed charges***. For example:

Hospital Claim	PPO Plan	Value-Based Plan
Where we begin:	**$40,000** billed charges	**$9,000** actual cost
Plan payment:	**$22,000** discount of 45%	**$12,600** cost + 40% profit
Employer pays claim at 90%:	**$19,800**	**$11,340**
Employee pays coinsurance at 10%:	**$2,200**	**$1,260**

Protect Your Members from Balance Bills

Value-Based Plan members do not pay a provider balance bill for charges in excess of the allowed amount. In the rare event that a member receives a balance bill, we negotiate plan payment in full. All plan payments are allowable charges eligible for stop loss coverage. By law (Federal Fair Credit Reporting Act), a provider may not report the member to credit bureaus, nor attempt collection.

With traditional PPO network plans, one in six hospital patients comes home to receive an unexpected balance bill. With the Value-Based Plan, fewer than one in fifty hospital claims generates a balance bill. Overall, fewer than one in five hundred Value-Based Plan claims generates a balance bill, and members do not have to pay.

Member Concierge Service for Specialty, Ancillary and Hospital Care

Your employer group PPO health plan comes with a provider directory with zero information on quality or cost. Value-Based Plan offers a free Concierge service to help members identify the best providers based on costs, quality outcomes and geographic proximity. When services are needed beyond the scope of the Direct Primary Care physician, the Concierge will coordinate with the Direct Primary Care physician to help members find the most appropriate specialty care.

How Does My Health Plan Work?

Instead of a traditional PPO Network, your benefit plan utilizes Value-Based-Payments (VBP) for all healthcare services that are performed in a medical facility, such as a hospital or outpatient surgical center as well as physician visits outside the Direct Primary Care clinic. For services requiring precertification, MedWatch confirms allowable charges with the provider based upon a significant percentage above the charges Medicare would allow the provider to bill for such services. Often referred to as Reference-Based-Pricing or RBP, this payment process provides a price for those services that is fair for the provider and the patient.

What Should I Do When I Need Care Outside Of The Direct Primary Care Clinic?

CALL MEDWATCH! When you have an upcoming medical appointment arranged or have need to schedule an appointment, call us first at (866) 270-7986 and let MedWatch help pave the way to making sure that the provider's office understands your benefit plan.

MedWatch will educate the provider on how your benefit plan works and how they will be paid. We will confirm that they will accept your type of insurance plan and know to submit the claim to your plan administrator for payment.

If necessary, we will secure a formal agreement with the provider and provide that documentation to your administrator for their records and correct processing of payment.

Should the provider not agree to accept your benefit plan, MedWatch will work with you to find an alternative provider who will. This is a very rare occurrence as your benefit plan is welcomed by most due to the fairness and fast payment of the claim.

What Happens If I Am Over Charged Or Receive A Balance Due Invoice?

Do Not Pay! In the rare event that you receive a bill after your services from an approved provider, MedWatch has a Concierge Team to help patients with their questions as well as any problems or concerns they may have. They act as a liaison between the provider and patient to resolve any issues. Contact the Pathways Concierge Team at: (866) 270-7986 or PathwaysConcierge@urmedwatch.com.

We will collect the information we need to work towards a resolution for you. You must pay your patient responsibility (i.e., your copay and / or deductible amount – but not any balance bill over charge amount) for us to provide our support services. Please understand that billing issues may take days or even weeks to resolve. We will keep you informed of our progress and when the process is completed.

(866) 270-7986 PathwaysConcierge@urmedwatch.com

Funding Program Details:

Employer Group Health Risk Evaluation – Is Level Funding Right for Your Group?

Level Funding self-insured plans abide by different rules than fully insured plans. Level Funding plans are subject to underwriting review and approval of each employer group.

If your group demographics and health status indicate favorable risk, then a Level Funding program could be an optimal solution. However, if they are unfavorable, then a fully insured plan could be the better option.

Unlike fully insured plans, in which the bulk of the premium is "pooled" to pay catastrophic claims for the community at large, your Level Funding claim account only pays for the benefits that your employees and dependents actually use. Level Funding plans transfer the risk of catastrophic claims more efficiently through stop loss insurance. Why pay for other groups' claims?

Experience (since 1974) has shown that 4 out of 5 employer groups typically qualify for underwriting approval.

One Fixed Monthly Payment + Full Accounting + Full Return of Unspent Claim Funds

No one likes surprises, particularly on your group health plan. PAI Level Funding provides a 12-month guarantee that your monthly payment fully funds your group health plan with no additional exposure. And after each year's program term, PAI returns 100% of any leftover claim fund (surplus) directly to the employer. It's your money.

- ***Your monthly payment remains fixed for 12 full months - only varies with enrollment changes***
- ***A portion of your payment funds a claim account from which routine benefits are paid***
- ***We report to you monthly the exact amount your account paid out in benefits***
- ***Specific stop loss insurance reimburses any individual's large medical benefit payments***
- ***If plan benefits exhaust your account, then aggregate stop loss advances "overdraft" funds***
- ***Stop loss protection extends for 12 months after plan year to cover all "run-out" claims***
- ***Once "run-out" is complete, PAI returns 100% of the account surplus to the employer***

Many Level Funding clients tell us "heads you win, tails you break even." And heads comes up most years.

We make Benefits Better.

Direct Primary Care Value-Based Plan
Level Funding Benefit Plan Options

	Plan #	DPC1	DPC2	DPC3	DPC4	DPC5	DPC6	DPC7	DPC8	DPC9	DPC10	DPC11	DPC12	DPC13	DPC14
	Deductible	$1,500	$2,000	$3,000	$2,000	$2,500	$3,500	$2,500	$3,000	$4,000	$5,000	$3,000	$5,000	$6,650	$7,350
	Family Ded.	$3,000	$4,000	$6,000	$4,000	$5,000	$7,000	$5,000	$6,000	$8,000	$10,000	$6,000	$10,000	$13,300	$14,700
	Coinsurance	90%	90%	90%	80%	80%	80%	70%	70%	70%	70%	100%	100%	100%	100%
	Out of Pocket Maximum	$2,500	$3,000	$3,500	$4,000	$5,000	$6,000	$6,500	$7,000	$7,350	$7,350	$3,000	$5,000	$6,650	$7,350
	Family OOP	$5,000	$6,000	$7,000	$8,000	$10,000	$12,000	$13,000	$14,000	$14,700	$14,700	$6,000	$10,000	$13,300	$14,700
	Direct Primary Care	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Copays	Other Physicians	$50	$50	$50	$60	$60	$60	$90	$90	$90	$90	--	--	--	--
	ER	$300	$300	$300	$400	$400	$400	$500	$500	$500	$500	--	--	--	--
Pharmacy	Generic	$10	$10	$10	$10	$10	$10	$10	$10	$10	$10	--	--	--	--
	Preferred	$25	$25	$25	$40	$40	$40	$60	$60	$60	$60	--	--	--	--
	Non-Preferred	$50	$50	$50	$75	$75	$75	$100	$100	$100	$100	--	--	--	--
	90-day Mail Service	2.5x	2.5x	2.5x	2.5x	2.5x	2.5x	2.5x	2.5x	2.5x	2.5x	--	--	--	--

These plans require a designated Direct Primary Care provider (DPC), through which members may access primary care.
All members must be enrolled with a Direct Primary Care (DPC) provider to be eligible for benefits.
Primary care services provided outside of the designated Direct Primary Care (DPC) provider are covered subject to plan benefits listed above.

Preventive services required under the PPACA are covered at no out-of-pocket expense when provided by the Direct Primary Care (DPC) provider.
Copays do not apply to the deductible. Copays apply to the Out of Pocket Maximum limits. Outpatient surgical, diagnostic, and therapeutic services, inpatient hospitalization, home health care, skilled nursing facilties, and durable medical equipment expenses are covered subject to deductible and coinsurance. Plans DPC11-DPC14 all benefits are subject to the plan deductible and coinsurance.

Plans DPC1-DPC10: dependent coverage individual deductibles are "embedded." Coinsurance begins for a member who meets the individual deductible.

Plans DPC11-DPC14: dependent coverage deductibles are "aggregate." Any combination of family members may meet the family deductible.

Precertification is required for all inpatient and some outpatient services. If Precertification is not obtained, appropriate benefits will be paid after 50% reduction in the Reasonable and Allowed Amount.

All plans include Concierge Services through an episode of care, providing provider cost and quality information.

PAI Pharmacy Benefits powered by OptumRx®.
All plans Specialty Rx subject to OptumRx® and participating providers plan deductible and coinsurance.

The Plan of Benefits document is the final determination of benefits.

revised 04/06/2022

Participation

- We require 75% of all eligible* employees participate in the plans for 50 and fewer lives enrolled and 60% of all eligible employees participate in plans for 51 or more lives enrolled. If the employer contributes 100% of the employee premium, we require 100% participation.
- Participation will be verified throughout the lifetime of the account.

* Eligible employees are those full-time employees who do not have coverage elsewhere.

Ineligible and Special Consideration Groups/Industries

- ***Ineligible:***
  Multiple Employer Trust
  Multiple Employer Welfare Associations
  Associations
  Taft-Hartley Trusts
  Employee Leasing Firms
  Professional Employer Organizations
  Human Resource Management Companies

- ***Special Consideration:***
  Religious Organizations
  Metal/Coal Mining
  Oil and Gas Exploration/Extraction
  Tobacco Stores and Products
  Explosives
  Asbestos Products
  Long Haul Trucking
  Commercial Sports
  Legal Services
  Medical Services

Quote Requirements:

Manual quotes are available for groups with 30-150 lives without experience. Some states may require higher minimum life counts. The rates are contingent upon the completion of enrollment forms. Enrollment forms do not have to be completed in order to receive a quote, however they may be completed for a pre-qualified rate.

The following information is required to receive a quote:

- *Group Name, Address(es), SIC.*
- *Employee Census to include birth date, gender, coverage tier, city, state, employee zip codes*
- *Desired Plan/Product Designs and PPO Network*
- *Desired Specific Deductible and Incurred/Paid Contract (Standard 12/24)*

If the group has 50+ employees and experience is available, the additional requirements are as follows:

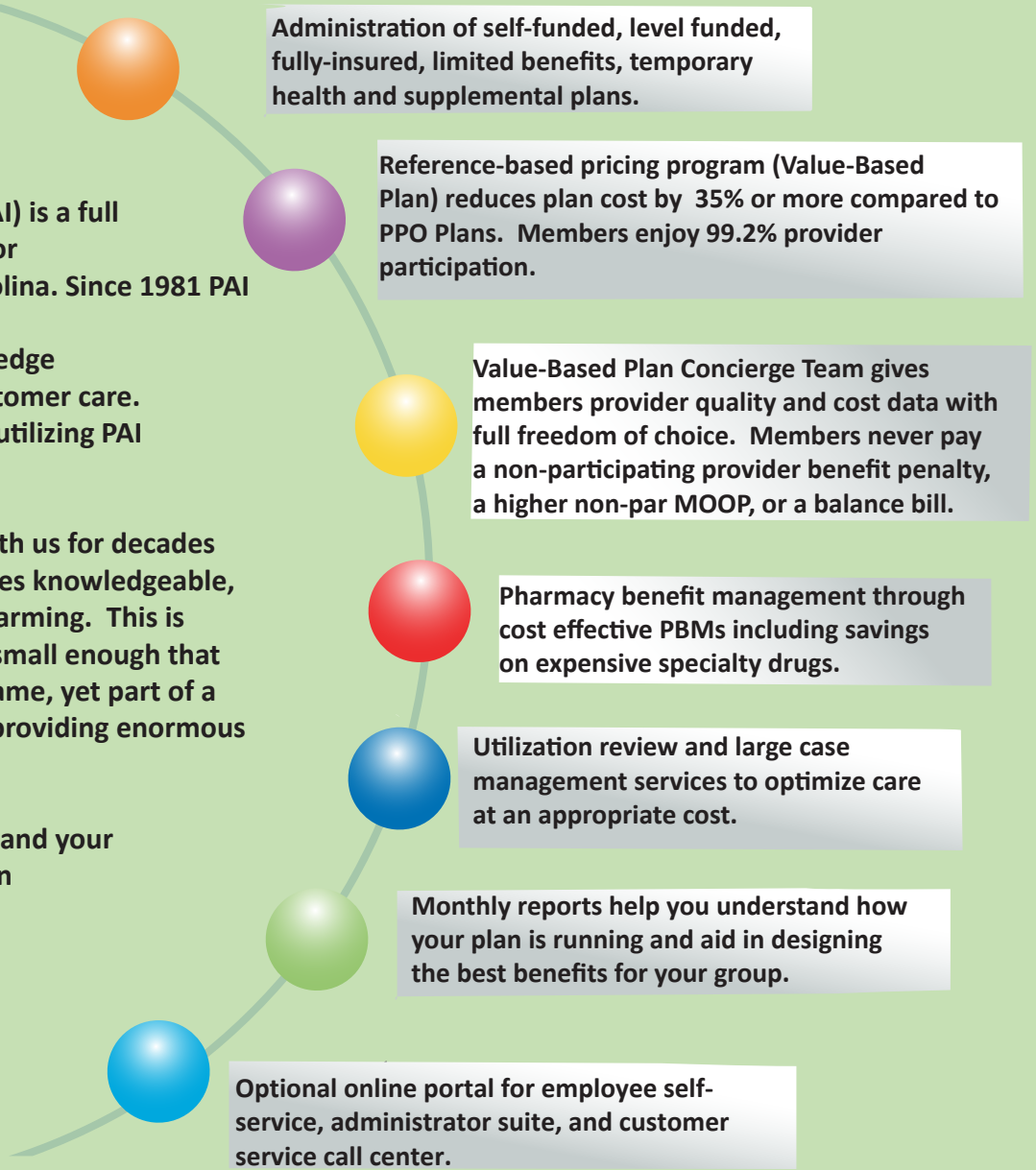
- *Monthly paid claims and corresponding enrollment for the past 24 months.*
- *Detailed shock loss data to include details for all claims paid at or above 50% of the specific deductible*
- *The current schedule of benefits to include plan change information within the past 24 months.*
- *Current and renewal rates, specific levels and contracts to include specific and aggregate premium rates, aggregate factors, administration fee (with all included services).*

We make Benefits Better.

Planned Administrators Inc. (PAI) is a full service third party administrator located in Columbia South Carolina. Since 1981 PAI has earned a reputation for self-funding expertise, leading edge technology, and legendary customer care. Many of our clients have been utilizing PAI services for decades.

Many of our staff have been with us for decades as well. You'll find our associates knowledgeable, efficient and charming. Yes, charming. This is South Carolina after all. PAI is small enough that you'll know your contacts by name, yet part of a large, health insurance group, providing enormous resources.

We put it all together with you and your broker. Consider all that PAI can provide:



- Administration of self-funded, level funded, fully-insured, limited benefits, temporary health and supplemental plans.
- Reference-based pricing program (Value-Based Plan) reduces plan cost by 35% or more compared to PPO Plans. Members enjoy 99.2% provider participation.
- Value-Based Plan Concierge Team gives members provider quality and cost data with full freedom of choice. Members never pay a non-participating provider benefit penalty, a higher non-par MOOP, or a balance bill.
- Pharmacy benefit management through cost effective PBMs including savings on expensive specialty drugs.
- Utilization review and large case management services to optimize care at an appropriate cost.
- Monthly reports help you understand how your plan is running and aid in designing the best benefits for your group.
- Optional online portal for employee self-service, administrator suite, and customer service call center.

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