



## Health Navigator Frequently Asked Questions

### **What is Health Navigator, powered by PinnacleCare?**

Health Navigator, powered by PinnacleCare provides care navigation and health advisory solutions to employers for their employee population and their dependents. By adding Health Navigator services to your current employee benefits, you can provide your employees with personal support when making the right decision matters. Sun Life has always been there to provide financial protection from high-cost claims, but we wanted to be able to do more to help members with the healthcare journey to have a positive impact on health outcomes and employee experience. Health Navigator does just that!

### **How does Health Navigator support members?**

By providing hands on support for anything from a routine appointment to navigating access to top specialists for complicated medical diagnoses, the team of care advisors is there to both reduce stress and make the healthcare experience less complicated. Health advocacy and care navigation is provided through:

- Connecting with specialists who can provide expert opinions
- Treatment decision support to ensure the right treatment plan is in place to improve health outcomes for the member
- Facilitated access to top medical experts for a better member experience from scheduling to recovery

### **Who is PinnacleCare?**

PinnacleCare is a leading care navigation and health advocacy company with over 20 years of experience helping members access the support and expertise they need as they navigate the complicated healthcare system. When PinnacleCare joined the Sun Life family we had a simple goal in mind – provide members a personal care advisor to help them navigate their healthcare journey.

### **What makes our solution different?**

We are not an algorithm – our team is people helping people. We know each person who comes to us has a unique situation and set of circumstances, so there is no one size fits all in terms of health advocacy and care navigation. We work closely with each member to really understand their circumstances and help direct them to the right support – wherever they are. We take the time to understand the details, so we can support each individual on a personal level – not through an automated process.

### **Does the implementation of Health Navigator have to be aligned with the date of our health benefit enrollment?**

No, Health Navigator can be implemented at any time throughout the year. Health Navigator is available to all employees and dependents once implemented, individual enrollment is not required.

### **Are services available in-network or out-of-network?**

The majority of our members stay in-network and within their region. Most of the second opinions are located within the member's local area, however, we have access to top expertise around the country that is available virtually, if needed.

### **Is this solution available only for new diagnoses?**

Health Navigator is available for new and pre-existing diagnoses. We are here to help members find the answers they need whether it is a new diagnoses or one they have been trying to manage for a long time.

### Does Health Navigator only apply for high-cost claim conditions?

No, Health Navigator can help with any health issue a member is facing. We use our high-touch, personalized model to get each member the guidance that is right for them. The process (regardless of condition) is fast, seamless and objective.

### Can you provide me some examples of the types of medical conditions covered by Health Navigator?

Our care advisors have helped members with a wide range of medical conditions from a common sports injury to rare conditions to complex gastrointestinal disorder to cancer conditions. Ask your sales representative for our detailed success stories.

### Is Health Navigator also offered to members' extended family members?

For an additional PEPM fee, Health Navigator's services, through the Extended Care plan, are available to cover members' parents, parents in-law, and non-dependent adult children over the age of 26.

### What are the requirements to offer Health Navigator to my employees and their dependents?

- Minimum of one employee engagement communication each quarter, after initial welcome communications
- Monthly payment of PEPM fee
- Eligibility file

### What is the average length of time for a member experience?

Our typical member experience from referral to consultation to recommendations and final follow-up is about 10 days. We know that our members need answers to their health concerns quickly and we have worked hard to provide a smooth and seamless process to make it an easy experience for our members.

### Can Health Navigator also provide support negotiating large medical bills?

Bill Resolve can be included as an additional service to Health Navigator for an added PEPM fee. It provides members with expert review and negotiation of healthcare bills and claims over \$800.

**To learn more, reach out to your Sun Life Stop-Loss Specialist or your PinnacleCare Group Sales Representative.**



#### Not approved for use in New Mexico.

PinnacleCare is a member of the Sun Life family of companies. PinnacleCare and its employees do not diagnose medical conditions, recommend treatment options or provide medical care, and any information or services provided should not be considered medical advice. Any medical decisions should be made only after consultation with and at the direction of your medical provider. Any person or entity who provides health care services following a referral or other service provided does so independently and not as an agent or representative of PinnacleCare.

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