NAVINA MEMBER TYPES

This page is referenced in, and incorporated by reference into, the Navina Products and Services Schedule (the "Schedule"). It sets out the Member types supported by Navina, as updated by Navina from time to time. The plans, and the Member types eligible under a customer's subscription, are as determined in the applicable Order Form. Capitalized terms used but not defined on this page have the meanings given to them in the Schedule, the Navina Master SaaS Agreement, or the applicable Order Form.

"**VBC Member**" means a Member who is attributed to, aligned with, or under the responsibility of Customer or an Affiliated Provider pursuant to a value-based, shared savings, capitated or otherwise risk-bearing arrangement, including Medicare Advantage Members, Medicare ACO Members, and Medicaid Members and Commercial Members covered under such arrangements.

"**Medicare Advantage Member**" means an individual enrolled in a Medicare Advantage plan under Part C of Title XVIII of the Social Security Act, including a Medicare Advantage special needs plan and a dual eligible special needs plan (D-SNP), for whom Customer or an Affiliated Provider, whether directly or through a contracted payer, provider network, management services organization or independent physician association, performs or supports risk adjustment, quality reporting or care management functions.

"**Medicare ACO Member**" means a Medicare fee-for-service beneficiary who is aligned, assigned or attributed to Customer or an Affiliated Provider under an accountable care or total cost of care program, including the Medicare Shared Savings Program (MSSP), ACO REACH and other models administered by the CMS Innovation Center.

"**Medicaid Member**" means an individual enrolled in a State Medicaid program, a Medicaid managed care plan or the Children's Health Insurance Program (CHIP), or who is dually eligible for Medicare and Medicaid other than through a D-SNP, for whom Customer or an Affiliated Provider performs or supports risk adjustment, quality reporting or care management functions.

"**Commercial Member**" means an individual enrolled in a commercial or employer-sponsored health plan, or in a qualified health plan offered through a Federally-facilitated or State-based health insurance marketplace under the Affordable Care Act (an "ACA Member"), for whom Customer or an Affiliated Provider performs or supports risk adjustment, quality reporting or care management functions.

"**Non-VBC Member**" means any individual included within the scope of the Services who is not a VBC Member, including an individual who is not attributed to Customer or an Affiliated Provider under any value-based, shared savings, capitated or otherwise risk-bearing arrangement, a Medicare fee-for-service beneficiary who is not aligned to an accountable care program, and a self-pay individual.

"**Pediatric Member**" means a Member who is under eighteen (18) years of age, or such other age as is specified in the Order Form, as of the applicable Assessment Date. A Pediatric Member may be included only as a VBC Member other than a Medicare Advantage Member or a Medicare ACO Member, or as a Non-VBC Member, and is subject to Section 2.6 (Pediatric Functionality) of the Schedule.

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