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HEALTH PARTNERS

Complete PPO Plus ***for Individuals and Small Group Employers***

Member Handbook

Effective January 1, 2019

A MEMBER OF PARTNERS® HEALTHCARE

Your AllWays Health Partners Complete PPO Plus Member Handbook

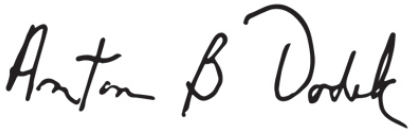
Welcome to AllWays Health Partners.

AllWays Health Partners is a not-for-profit Health Maintenance Organization (HMO) based in Massachusetts. We are pleased to have you as a Member of one of our Preferred Provider Organization (PPO) plans, and we look forward to working with you to keep you healthy.

Any time you need help understanding your AllWays Health Partners Complete PPO Plus Benefits or Membership, you can view all of your Benefit information on allwaysmember.org or call AllWays Health Partners Customer Service toll-free at 866-414-5533 (TTY 711), Monday through Friday, 8:00 a.m. to 6:00 p.m., and Thursdays
8:00 a.m. to 8:00 p.m.

This handbook gives you important information about your AllWays Health Partners Complete PPO Plus Benefits. It also has some technical terms you may not know. If you need help understanding this handbook, Customer Service Representatives are available to help you. AllWays Health Partners also provides Members with free translation services.

David Segal
President and Chief Executive Officer



Anton Dodek, MD
Chief Medical Officer

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AllWays Health Partners Translation Services

English

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-462-5449 (TTY: 711).

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
Llame al. 1-800-462-5449 (TTY: 711).

Português (Portuguese)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis.
Ligue para 1-800-462-5449 (TTY: 711).

Italiano (Italian)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti.
Chiamare il numero 1-800-462-5449 (TTY: 711).

Kreyòl Ayisyen (Haitian/French Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou.
Rele 1-800-462-5449 (TTY: 711).

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-462-5449 (TTY: 711)。

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.
Звоните 1-800-462-5449 (TTY: 711).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.
Gọi số 1-800-462-5449 (TTY: 711).

ខ្មែរ (Khmer/Cambodian)

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-462-5449 (TTY: 711).

ພາສາລາວ (Laotian)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-800-462-5449 (TTY: 711).

ελληνικά (Greek)

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-462-5449 (TTY: 711).

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-462-5449 (رقم هاتف الصم والبكم:711).

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.
Appelez le 1-800-462-5449 (ATS : 711).

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: 1-800-462-5449 (TTY: 711).

Polski (Polish)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.
Zadzwoń pod numer 1-800-462-5449 (TTY: 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-462-5449 (TTY: 711) 번으로 전화해 주십시오.

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-462-5449 (TTY: 711) पर कॉल करें।

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Section 1.

Your AllWays Health Partners Evidence of Coverage

Your AllWays Health Partners Complete PPO Plus Member Handbook and Schedule of Benefits represent your complete AllWays Health Partners Evidence of Coverage.

AllWays Health Partners is a Health Maintenance Organization (HMO) licensed by the Commonwealth of Massachusetts. AllWays Health Partners provides or arranges for health care Benefits to our AllWays Health Partners Complete PPO Plus Members through a network of physicians, specialists, and other Providers.

As a licensed HMO, there are some requirements that you, as a Member, must meet in order for AllWays Health Partners to cover the Health Care Services you receive. If you do not meet these requirements, AllWays Health Partners may not pay for your health care Benefits. AllWays Health Partners also has certain responsibilities we must fulfill as part of our agreement with you. These are listed in your Evidence of Coverage (EOC). Your EOC contains two (2) documents: the *Member Handbook* and the *Schedule of Benefits*.

If AllWays Health Partners makes changes to any Covered Service, clinical review criteria, or what you must pay for covered services, or makes a change to your Evidence of Coverage, we will send you notice at least 60 days before the change is effective. We will do this by sending you an amendment to your Evidence of Coverage and ask that you keep it with this *Member Handbook*.

Member Handbook

Your *Member Handbook* is an important document and explains how your Membership works.

It's also your guide to the most important things you need know, including:

- Covered Benefits
- Exclusions
- Differences in coverage when you get covered services from Preferred (In-Network) and Non-preferred (Out-of-Network) Providers, including how to access Emergency Services
- Any limits or special rules for coverage

To review a copy of this *Member Handbook* online, please visit www.allwayshealthpartners.org and log in to our secure Member portal, www.allwaysmember.org. For assistance, interpretation, or to request a free paper copy of the *Member Handbook* or other documents, please contact AllWays Health Partners:

AllWays Health Partners
Customer Service
399 Revolution Drive, Suite 810
Somerville, MA 02145

866-414-5533 (TTY 711)
customerservice@allwayshealth.org

Health Savings Accounts

A Health Savings Account (HSA) is a fund you can establish to pay for medical expenses that come with a High Deductible Health Plan or that you can use to save for your future health needs. Under federal rules, you need to enroll in a High Deductible Health Plan to be able to set up a HSA. If your AllWays Health Partners plan is a qualified High Deductible Health Plan*, you may be able to set up and contribute to a HSA. Check with your employer to find out whether they have planned for an administrator to manage HSAs, or call AllWays Health Partners Customer Service for information about HSA administrators who can help you understand how you may establish and fund a HSA. Once you set up a HSA, you should contact your HSA administrator to find out how to get the most from your account.

*Your plan is a HSA-compatible High Deductible Health Plan if the product name at the top of your *Schedule of Benefits* contains "HSA."

Dental Care Coverage

This policy includes coverage of pediatric dental services as required under the Federal Patient Protection and Affordable Care Act. For questions about the pediatric dental benefit, please call **1-855-264-7898**.

Vision Care Coverage

This policy includes coverage of pediatric vision services as required under the Federal Patient Protection and Affordable Care Act. For questions about the pediatric vision benefit, please call **1-844-201-3993** (TTY users dial 711)**.**

Words with Special Meaning

Some words in this *Member Handbook* have special meaning. These words will be capitalized throughout the handbook, and defined in the Glossary at the end of the handbook. For the purposes of this *Member Handbook*, the word "you" means "Members of a AllWays Health Partners Complete PPO Plus plan."

Two Levels of Coverage

Your AllWays Health Partners Complete PPO Plus Plan gives you the choice of using any health care Provider. There are two levels of coverage based on the type of Provider you see:

- **In-Network** coverage is when you see a Preferred Provider
- **Out-of-Network** coverage is when you see a Non-preferred Provider

When you choose a Preferred (In-Network) Provider, you will pay less out-of-pocket costs, in most cases. When using Non-preferred (Out-of-Network) Providers, the Plan pays only a percentage of the cost of the care you receive up to the Allowed Amount* for the service. If an Out-of-Network Provider charges any amount over the Allowed Amount for that service, you must pay the balance. Please see Section 12 for more information about Out-of-Network charges over the Allowed Amount.

*The Allowed Amount is the maximum amount that we will pay for Covered Benefits minus any applicable Member Cost-sharing.

In-Network Provider Directory

To determine if a Provider is an In-Network provider, please visit www.allwayshealthpartners.org and click on the Find-a-doctor link. Then you can search for Providers by name, location, specialty, gender, languages spoken, and hospital affiliation.

The web-based PPO Plus Provider Directory contains the most up-to-date information about In-Network Providers. For help or to request a free copy of the PPO Plus Provider Directory by mail, please contact AllWays Health Partners Customer Service.

National Coverage

Your AllWays Health Partners Complete PPO Plus Plan gives you coverage wherever you go in the continental U.S. You may access the PPO Plus Provider Directory at www.allwayshealthpartners.org to locate In-Network Providers by state. You may also contact AllWays Health Partners Customer Service for assistance in locating In-Network Providers nationwide.

Information about Providers and AllWays Health Partners

- You can get more information about Physicians licensed in Massachusetts from The Board of Registration in Medicine at https://www.mass.gov/orgs/board-of-registration-in-medicine. There you can find information on your physician's education, hospital affiliations, board certification status, and more.
- You can find information about Nurse Practitioners at the Massachusetts Division of Health Professionals Licensure website at www.mass.gov.
- You can find information on Physician Assistants at www.mass.gov/eohhs/Provider.

The websites below also provide helpful information about choosing quality health care Providers:

- **Leapfrog—**www.leapfroggroup.org (for information on health care quality, so you can compare hospitals)
- **Massachusetts Health Quality Partners—** www.mhqp.org (to learn how different medical groups treat the same type of illness, so you can compare)
- **Joint Commission for the Accreditation of Healthcare Organizations (JCAHO)—** www.qualitycheck.org (for information that allows you to compare quality of care at many hospitals, home care agencies, labs, nursing homes, and Behavioral Health programs)

For information about AllWays Health Partners, you may contact the Office of Patient Protection (OPP) any time:

Office of Patient Protection
800-436-7757
Fax 1-617-624-5046
www.mass.gov/hpc/opp

Information you can get from the OPP:

- A list of sources of independently-published information rating insurance plan Members' satisfaction about the quality of Covered Health Care Services offered by AllWays Health PartnersThe percentage of physicians who voluntarily and involuntarily ended contracts with AllWays Health Partners during the last calendar year, plus the three most common reasons why they left
- The medical loss ratio, which is percentage of premium revenue spent by AllWays Health Partners for Health Care Services provided to Members for the most recent year for which information is available
- A report detailing, for the previous calendar year, the total number of filed Grievances, the type of medical or Behavioral Health treatment at issue where applicable, the number of Grievances that were approved internally, the number of Grievances that were denied internally, and the number of Grievances that were withdrawn before resolution
- The number of Grievances which resulted from an Adverse Determination, the type of medical or Behavioral Health treatment at issue, and the outcomes of those Grievances
- The percentage of Members who filed internal Grievances with AllWays Health Partners
- The total number of internal Grievances that were reconsidered, the number of re-considered Grievances that were approved internally, the number of reconsidered Grievances that were denied internally, and the number of reconsidered Grievances that were withdrawn before resolution
- The total number of external reviews pursued after exhausting the internal Grievance process and the resolution of all such external reviews

AllWays Health Partners' Member Portal

Visit allwayshealthpartners.org and log into your own secure, Member
portal called allwaysmember.org. Allwaysmember.org has everything you need to manage your plan 24 hours a day, 7 days a week. You can:

- Access your Benefits, coverage, and out of pocket costs
- Select or change your Primary Care Provider
- Manage your pharmacy Benefits
- Order or print a temporary ID card
- Estimate the cost of services
- Shop, compare, and earn incentives

Visit allwayshealthpartners.org to register and log in to allwaysmember.org.

Section 2.

Eligibility and Enrollment

Enrollment

There is no waiting period or pre-existing condition limitation when enrolling with AllWays Health Partners. In addition, AllWays Health Partners does not use the results of genetic testing in making any decisions about Enrollment, renewal, payment or coverage of Health Care Services nor does AllWays Health Partners consider any history of domestic abuse or actual or suspected exposure to diethylstilbestrol (DES) in making such decisions.

AllWays Health Partners will accept you into our plan regardless of your income status, source of income, occupation, physical or mental condition, age, expected length of life, gender, gender identity, sexual orientation, religion, creed, personal appearance, national origin, English proficiency, ancestry, ethnicity, color, or race; marital status, veteran's status, occupation or political connection; claims experience, physical or mental disability, duration of medical coverage, pre-existing conditions, need for Health Care Services, ultimate payer for your services, or your actual or expected health status as a Member.

After you are enrolled, AllWays Health Partners will mail you a Member ID Card. You should use this card to access your plan's Covered Services.

AllWays Health Partners is not responsible for any services you receive prior to your Effective Date of Enrollment with AllWays Health Partners.

The AllWays Health Partners Enrollment Area

As an Eligible Individual, you may enroll in an AllWays Health Partners plan if you reside within the AllWays Health Partners Enrollment Area. As an Eligible Employee, you may enroll in an AllWays Health Partners plan if you are actively working for an employer who is based in the AllWays Health Partners Enrollment Area and are enrolling in AllWays Health Partners through your employer's group plan.

The AllWays Health Partners Enrollment Area consists of the following counties:

- Barnstable
- Bristol
- Dukes
- Essex
- Hampden
- Middlesex
- Nantucket
- Norfolk
- Plymouth
- Suffolk
- Worcester

You are not restricted to getting your Covered Health Care Services within the AllWays Health Partners Enrollment Area. Your AllWays Health Partners Complete PPO Plus Plan allows you to receive Covered Services from an In-Network or Out-of-Network Provider anywhere in the Continental United States (excludes Alaska and Hawaii).

Subscriber Eligibility

Eligible Subscribers of AllWays Health Partners include:

- Individuals who have a permanent residence in the AllWays Health Partners Enrollment Area
- Employees of a sole proprietorship, firm, corporation, partnership or association actively engaged in a business that is based within the AllWays Health Partners Enrollment Area. Eligible employees may enroll in AllWays Health Partners through their employer group if they:
  - » Meet all eligibility rules approved by the employer and AllWays Health Partners,
  - » Are enrolled through an employer group that is up-to-date in the payment of the applicable payments for coverage, and
  - » Reside in the continental United States (excludes Alaska and Hawaii).

Dependent Eligibility

Unless an employer has elected different types of coverage for Dependents, a Dependent must meet one of the requirements for coverage listed below to be eligible for coverage under the Plan.

Employers may elect different coverage for Dependents and different ages for the termination of Dependents and student Dependents. Please consult your Employer Group's Benefits Office to determine the specific Dependent eligibility requirements that apply to your Plan.

- A legally married spouse of a subscriber. A legal spouse means the same sex or opposite sex spouse of the subscriber who has entered into a legally valid marriage or civil union in a jurisdiction where such marriage or civil union is

legal. We recognize same-sex spouses and partners in a civil union subject to the employer's eligibility policies.

- A divorced spouse of a subscriber is eligible to remain covered until they or the subscriber remarries or unless the divorce decree states otherwise, the date or event stated in the decree.
- A child of the subscriber or subscriber's spouse, by birth, legal adoption (including a child for whom legal adoption proceedings have been started), under custody due to a court order, or under legal guardianship, until the age of 26 in accordance with the Patient Protection and Affordable Care Act.
- A child who has been residing in the home as a foster child and for whom the sub-scriber has received foster care payments.
- A child who is under legal guardianship with a subscriber or subscriber's spouse is eligible for coverage as a Dependent up to the Dependent's 26th birthday. Documentation must be supplied that includes a court document signed by a judge with the child's name, the legal guardian(s), the temporary or permanent designation, the effective date and, if temporary legal guardianship, the termination date.
- A child of a Dependent of the subscriber or subscriber's spouse is eligible for cover- age as a Dependent up to the child's 26th birthday. However, when the parent of such child is no longer an eligible Dependent of the subscriber or subscribers spouse, the child shall no longer be covered.
- Children who are recognized under a qualified medical child support order as having the right to enroll for coverage under the plan are eligible for coverage as Dependents up to the Dependent's 26th birthday.
- A mentally or physically disabled child who is incapable of earning his or her own living and who is enrolled under the subscriber's plan will continue to be covered after he or she would otherwise lose Dependent eligibility, so long as the child continues to be mentally or physically incapable of earning his or her own living. Dependents at age 26 that are mentally or physically incapable of earning their own living may be eligible for disabled Dependent coverage.

Please contact AllWays Health Partners for the AllWays Health Partners Disabled Dependent Application to apply for this coverage. Your Dependent's application will be reviewed and if approved, the child's coverage will continue on either a temporary or permanent basis.

Effective Date and Enrollment Requirements

Persons who meet the requirements of the section titled "Eligibility" and subsections titled "Subscriber," and "Dependent," may enroll in AllWays Health Partners.

For individuals enrolling directly with AllWays Health Partners

The Effective Date for an eligible individual and their Dependents is usually the first of the month after AllWays Health Partners receives a completed enrollment application. Enrollment is subject to AllWays Health Partners verification of eligibility. Enrollment applications must be complete, accurate and true to the best of your knowledge. AllWays Health Partners may request additional proof to confirm your eligibility for enrollment.

For individuals enrolling through a qualified Massachusetts employer

Please see your employer group's Benefit Administrator to confirm your enrollment and Effective Dates of coverage. To be enrolled in AllWays Health Partners through an employer group, your employer must be up-to-date in the payment of applicable premium for coverage. AllWays Health Partners has the right to examine an employer groups' records, including payroll records, to verify eligibility and premium payments.

Effective Date

Under the Health Insurance Portability and Accountability Act (HIPAA), individuals may enroll in AllWays Health Partners within 30 days of losing other coverage if:

1. The subscriber's spouse or eligible Dependent has lost other insurance.
2. The subscriber marries.
3. The subscriber has a newborn or adopts a child.
4. The subscriber's contributions toward the Dependent's coverage are terminated.

For items 1, 2, and 4, the Effective Date must be no later than the first day of the first month after AllWays Health Partners receives the Enrollment request. For item 3, the Effective Date will be the date of birth in

the case of a newborn Dependent or in the case of an adoptive Dependent the Effective Date will be the date of adoption or placement for adoption.

Status Changes

It is your responsibility to alert AllWays Health Partners and/or your employer about any changes that may affect your or your Dependents' eligibility for cover- age, such as:

- An addition to the family
- The marriage of a Dependent
- An address change
- Death of a Member
- Change in marital status

AllWays Health Partners must have your current address and tele- phone number on file so that we can contact you when necessary. Call AllWays Health Partners Customer Service to make any changes or corrections to your address and telephone number.

Disenrollment

Voluntary Termination

Individuals, not enrolled though an employer group, may elect to end their contract at any time and for any reason. You must notify AllWays Health Partners in writing, at least 15 days prior to the requested end date. If no end date is requested, or if the requested end date is less than 15 days from the day AllWays Health Partners receives your written request, termination will be effective 15 days after receipt by AllWays Health Partners of the written request.

A Subscriber who is enrolled through an employer group may terminate coverage following your employer group's approval. Your employer group must notify AllWays Health Partners of your termination within sixty (60) days of the date you want your Membership to end.

Membership Termination for Cause

AllWays Health Partners may terminate or refuse to renew a Member's coverage only for the following reasons:

- The failure by the Member or other responsible party to make payments required under the contract.
- Making an intentional misrepresentation of a material fact or performing an act, practice, or omission that constitutes fraud.
- Acts of physical or verbal abuse by a Member that pose a threat to Providers, staff at Providers' offices, or other Members, and that are unrelated to the Member's physical or mental condition.
- Relocation of an individual, who is not enrolled through an employer group, to outside AllWays Health Partners' designated Enrollment Area.
- Non-renewal or cancellation of the group contract through which an eligible sub- scriber receives coverage.
- For individuals not enrolled through an employer group, the full premium is due by the first of the month in which coverage is provided. AllWays Health Partners allows a 60-day grace period for any outstanding premium owed. If your premium is not received in full by the end of the month in which your premium is due, you will receive a letter that your late payment is due. If any outstanding premium is not paid in full by the end of the second month in which your premium is due, your coverage will be terminated. You are responsible for claims incurred following the date of non-payment.
- Employers are required to pay the full premium by the first of the month for that month's coverage. AllWays Health Partners allows a 60-day grace period for any outstanding premium owed. If the premium is not received in full by the end of the month in which it is due, the employer will be notified in writing their late payment is due. If any outstanding premium is not paid in full by the end of the second month in which it is due, then the employer's and your coverage will be terminated. In this case, AllWays Health Partners will notify you in writing of the termination of your Membership in accordance with the Code of Massachusetts Regulations. This notice will give you information about the termination of your Membership and your options, if any, to continue coverage offered by AllWays Health Partners.
- Termination of Membership for intentional misrepresentation or fraud will be made retroactive to the date of the misrepresentation, act, practice, or omission. You will be provided with written notification 30 days in advance of the retroactive termination taking place. Premiums paid for periods after the effective date of termination will not be refunded until AllWays Health Partners collects any payments made on your behalf for covered Health Care Services.

- Termination of Membership for all other causes will be effective fifteen (15) days after you are sent written notification. Premiums paid for periods after the effective date of termination will be refunded.

Termination for Loss of Eligibility

AllWays Health Partners may end or refuse to renew an Individual's or Subscriber's coverage for failing to meet any of the specified eligibility requirements. The AllWays Health Partners Subscriber will be notified in writing if coverage ends for loss of eligibility.

Continuation of Employer Group Coverage

Eligible employees who were covered through a qualified Massachusetts employer group may be eligible for continued Enrollment under state or federal law following their termination from the plan. Eligible employees who were covered through a qualified Massachusetts employer group with 2–19 employees may be eligible for continuation of group coverage under the Massachusetts Small Group Continuation Coverage law. You should contact your employer group for more information about coverage under this law. In addition to the Small Group Continuation Coverage law, there are other state laws which may apply.

If you or your family Members are covered by the plan on the day before coverage is lost due to one of the events noted below, coverage may be continued for up to the length of time associated with the event. You should contact your employer group within 60 days of the event for more information if your coverage ends due to:

- Termination of employment (other than for gross misconduct)—18 months
- Reduction of work-hours—18 months
- Dependent child's loss of eligibility—36 months
- Divorce or legal separation—36 months
- Death of covered employee—36 months
- Covered employee's entitlement to Medicare—36 months

If you are a terminated employee or if you lose coverage due to a reduction of work-hours your coverage may be extended from 18 months to 29 months if you become disabled. Notice of your disability must be provided to your employer within 60 days of the event and before the end of the 18 month continuation period. You must also notify your employer if your disability ends within 30 days of the date of a final determination that you are no longer disabled.

You or your covered Dependents have 60 days to decide to continue your coverage under the Massachusetts Small Group Continuation Coverage law. The election period runs 60 days from the later of the date on which coverage terminates, or the date the notice of your right to elect coverage is sent. To continue coverage, you or your Dependents may be charged up to 102% of the premium cost to your employer. If you are disabled, you may also be charged up to 150% of the premium cost after the initial 18 month continuation period expires.

Instead of continuing coverage through the Massachusetts Small Group Continuation Coverage Law, you also have the right to continue your policy in the following circumstances:

- **Plant Closing—**As a covered employee, you have a 90 day eligibility for continued coverage in the event of a plant closing or partial plant closing.
- **Involuntary Layoff or Death—**You also have a 39-week eligibility for continued coverage if you become ineligible for continued participation in a group plan because of involuntary layoff or death of the subscriber. Coverage will continue for 39 weeks from the date of the ineligibility or until the subscriber, spouse and Dependents become eligible for Benefits under another group plan, whichever occurs first. During the 39-week continuation period, your premium should not change.
- **Divorced Spouses—**In the event of divorce or legal separation, a former spouse is eligible to keep coverage under the employee's Membership. This is the case only until the employee is no longer required by law to provide health insurance for the former spouse or the employee or former spouse remarries, whichever comes first. The former spouse's eligibility for continued coverage will start on the date of divorce, even if he or she continues coverage under the employee's Member- ship. While the former spouse continues coverage under the employee's Member- ship, there is no additional premium. After remarriage, under state and federal law, the former spouse may be eligible to continue coverage under an individual Membership for additional premium.

Eligible employees who were covered through a qualified Massachusetts employer group of 20 or more employees may be eligible for continuation of group coverage under the Federal law known as the

Consolidated Omnibus Budget Reconciliation Act (COBRA). Under COBRA, if you or your family Members are covered by the plan on the day before coverage is lost due to one of the events noted below, coverage may be continued for up to the length of time associated with the event. You should contact your employer group within 60 days of the event for more information if your coverage ends due to:

- Loss of employment (other than for gross misconduct)—18 months
- Reduction of work hours—18 months
- Dependent child's loss of eligibility—36 months
- Divorce or legal separation—36 months
- Death of covered employee—36 months
- Covered employee's entitlement to Medicare—36 months

If you are a terminated employee or if you lose coverage due to a reduction of work-hours your coverage may be extended for up to 29 months following a disability determination by the Social Security Administration (SSA) or up to 36 months following a second COBRA qualifying event.

To be eligible for an extension, you or a family Member must notify your employer within 60 days of the event date, SSA's determination of your disability, or upon receiving notice of the event by your employer. You or your covered Dependents have 60 days to decide to continue your coverage under COBRA. The election period runs 60 days from the later of the date of the election notice, or the date you would lose coverage. The cost for continuing coverage is 102% of the premium cost to your employer. If you are disabled, the cost for continuing coverage during your extension period may be increased to 150% of the premium cost to your employer.

Continuation of coverage may not be extended beyond the applicable time allowed under federal law. The size of your employer group will determine whether you select your continuation of coverage rights under state or federal law. Please also note that AllWays Health Partners may not have current information concerning Membership status. Employer groups may notify AllWays Health Partners of Enrollment changes retroactively. As a result, if you are enrolled through your employer, the information we have may not be current. Only your employer group can confirm Membership status.

Individual Coverage

If your AllWays Health Partners coverage with your employer ends, you may be eligible to enroll in an individual plan offered by AllWays Health Partners. The Benefits and premium charges for these plans may differ from the coverage provided under your employer. For more information about individual coverage, call AllWays Health Partners Customer Service.

Your AllWays Health Partners Member Identification (ID) Card

AllWays Health Partners will mail you a AllWays Health Partners Member Identification Card (ID) following receipt of a complete and accurate Enrollment. Your AllWays Health Partners Member ID Card has important information about you and your Benefits. It informs Providers and pharmacists that you are a Member of AllWays Health Partners and how much your Cost-sharing for certain services should be.

Be sure to show your AllWays Health Partners Member ID Card whenever you get health care or fill a prescription. Always carry your Member ID card with you so it will be handy when you need care.

Please read your card carefully to make sure all the information is correct. If you have questions or concerns about your AllWays Health Partners Member ID Card, or if you lose it, call AllWays Health Partners Customer Service. You may order a new ID card by logging on to allwaysmember.org. Do not let anyone else use your AllWays Health Partners Member ID Card for any purpose, including obtaining Health Care Services.

Section 3.

Accessing Care

Accessing Primary Care

You are not required to choose a Primary Care Provider to manage your Covered Services. However, AllWays Health Partners encourages you to select a Primary Care Provider from the online PPO Plus Provider Directory at www.allwayshealthpartners.org to help manage your care. You may choose any Provider to provide your Health Care Services. However, your choice of Provider is important because it will impact your out-of-pocket costs for Covered Services. Your out-of-pocket costs will be less when you see an In-Network Provider for covered Benefits. If you choose an Out-of-Network Provider for your care, you will usually pay more out-of-pocket.

Accessing In-Network Care

To access care from an In-Network Provider and receive In-Network Benefits, use the online PPO Plus Provider Directory located at www.allwayshealthpartners.org to search for In-Network physicians, hospitals and other Providers. You can search for physicians and other practitioners by name, gender, specialty, hospital affiliation, languages spoken, and office locations.

In-Network Providers are under contract to provide Covered Services to Members of this Plan. Members should contact the Provider directly to verify a Provider's status. Members are responsible for telling Providers of their Membership in the Plan by showing them their ID card before receiving services.

Accessing Out-of-Network Care

Out-of-Network Benefits are available when you receive Covered Services from Out-of-Network Providers. Your Member out-of-pocket costs are generally higher for Out-of-Network services. However, you have more flexibility in getting care and may go to the licensed health care professional of your choice.

When receiving Out-of-Network Benefits, some services require prior approval by the Plan. Please see "Out-of-Network Prior Authorization Requirements" in Section 4 on these requirements. To request Prior Authorization for medical and surgical services, please call AllWays Health Partners at 866-414-5533 (TTY 711). To request Prior Authorization for Behavioral Health (mental health and substance use) services, please call our Behavioral Health Manager, Optum, at 844-451-3518 (TTY 711).

Payments to In-Network Providers are usually based on a contracted rate between the Provider and AllWays Health Partners. Since there may not be a contract arrangement with certain Out-of-Network Providers, there is no limit on what certain Out-of-Network Providers can charge. You are responsible for any amount charged by an Out-of-Network Provider that is more than the Allowed Amount for the service. For more information on this rule, please see Section 12.

You have the right to request assistance from AllWays Health Partners or Optum if your Primary Care or treating Provider has a hard time finding an In-Network Provider for Medically Necessary services. Please call AllWays Health Partners Customer Service or Optum's Member Services for such assistance. Upon your request, AllWays Health Partners or Optum will identify and confirm the availability of these services and, if necessary, will arrange and pay for Medically Necessary Out-of-Network services at In-Network coverage levels if they are not available to you In-Network.

Emergency Care

In an Emergency, go to the nearest Emergency facility, call 911, or call your local Emergency Service Program (ESP)*. You are always covered for care in an Emergency.

*Emergency Services Programs may only be available in certain states, such as Massachusetts.

An Emergency is defined as a medical condition, whether physical, behavioral, related to substance use disorder, or a mental disorder, manifesting itself by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine, to result in placing the health of the insured or another person in serious jeopardy, serious impairment to body function, or serious dysfunction of any body organ or part. With respect to a pregnant woman who is having contractions, an emergency also includes having inadequate time to affect a safe transfer to another hospital before delivery or a threat to the safety of the member or her unborn child in the event of transfer to another hospital before delivery.

You or your representative (such as another member of your family) must call your Primary Care Site for emergency medical conditions within 48 hours of any Emergency care. Notification by the attending Emergency physician to AllWays Health Partners or to your PCP within 48 hours of receiving Emergency services will also satisfy this requirement. Your treating

provider will arrange for any follow-up care you may need. You will not be denied coverage for medical and transportation expenses incurred as a result of any such Emergency.

If you are admitted to the hospital as a result of an emergency visit, your treating provider or the Hospital Emergency department must notify AllWays Health Partners within 24 hours of being admitted.

After you have been stabilized for discharge or transfer, AllWays Health Partners may require a Hospital Emergency department to contact a physician on-call designated by AllWays Health Partners, Optum, or its designee for Authorization of post-stabilization services to be provided. The Hospital Emergency department shall take all reasonable steps to initiate contact with AllWays Health Partners, Optum, or its designee within 30 minutes of stabilization. Such Authorization shall be deemed granted if AllWays Health Partners, Optum, or its designee has not responded to said call within 30 minutes. In the event the attending physician and on call physician do not agree on what constitutes appropriate medical treatment, the opinion of attending physician will prevail and treatment shall be considered appropriate treatment for an Emergency medical condition, provided, that such treatment is consistent with general accepted principles of professional medical practice and is a Covered Health Care Service under the policy or contract with AllWays Health Partners.

Urgent Care

Urgent Care is care for a health problem that needs medical attention right away but you do not think it is an Emergency. To locate an In-Network Urgent Care Provider, use the online PPO Plus Provider Directory at www.allwayshealthpartners.org or call AllWays Health Partners Customer Service. Urgent Care does not include care that is elective, Emergency, preventive, or health maintenance. Examples of conditions requiring Urgent Care include but are not limited to fever, sore throat, and earache.

Behavioral Health Hospital Care

If you need Inpatient hospital care for Behavioral Health needs, call 911 or go to the nearest emergency room, or contact an Emergency Services Provider (ESP), if available, in your area. A Behavioral Health clinician at the ESP or the Emergency room will screen and evaluate you for a potential admission. For a listing of Emergency Rooms in your area, refer to the online PPO Plus Provider Directory at www.allwayshealthpartners.org or contact AllWays Health Partners Customer Service.
Prior Authorization must be obtained before receiving Inpatient Behavioral Health services. To obtain Prior Authorization for mental health or substance use services from an Out-of-Network Provider, you should call our Behavioral Health Manager, Optum, at 844-451-3518 (TTY: 711). In-Network Providers will contact Optum in order to obtain Prior Authorization on your behalf.

Intermediate or Diversionary Behavioral Health Services

AllWays Health Partners offers an array of Behavioral Health services to our Members. “Section 7: Behavioral Health
Services” provides detailed information on Behavioral Health services that AllWays Health Partners covers and how to access these services.

In addition to traditional outpatient services (which includes individual, couples, family and group counseling as well as medication management), a number of diversionary services are available to AllWays Health Partners Members. Examples of diversionary Behavioral Health Services include: Partial Hospitalization Programs
(PHP); and Community Support Services (CSP). PHPs have structured intensive therapeutic services for up to six hours a day, and CSPs offer outreach and support to assist a Member/Family in accessing their mental health or substance use treatment in the community.

Some Diversionary Behavioral Health services require prior Authorization. You or your provider may obtain prior Authorization by calling our Behavioral Health Manager, Optum, at 1-844-451-3518 (TTY 711).

Structured Outpatient Addiction Programs (SOAPs) provide short-term, clinically-intensive structured day and/or evening addiction treatment services, usually provided in half- or full-day units, up to six or seven days per week. This program is designed to enhance continuity for Members being discharged from Level III or Level IV detoxification programs as they return to their homes and communities. These services do not require a prior Authorization.

After-hours Care

If you choose an In-Network Provider from the PPO Plus Provider Directory as your Primary Care or treating Provider, then no matter when you are sick—day or night, any day of the year—your In-Network Provider or a covering Provider will be available to direct your care. Talk to your In-Network Provider to find out what arrangements are available for care after normal business hours.

Some doctors may have covering physicians after hours and others may have extended office/clinic hours.

If you think your health problem is an Emergency and you need immediate attention, call 911 or go to the nearest Emergency room.

Family Planning Services

Family Planning Services include birth control methods as well as exams, counseling, pregnancy testing, and some lab tests. You may call any Family Planning clinic for an appointment. You may also see a Primary Care Provider for Family Planning Services. Call AllWays Health Partners Customer Service if you need help finding a Provider for Family Planning Services.

Maternity Care

AllWays Health Partners covers many services to help you have a healthy pregnancy and a healthy baby. If you think you might be pregnant, call your family doctor or Primary Care Provider. Your Provider will make an appointment for a pregnancy test. If you are pregnant, your Primary Care Provider can arrange your maternity care with an obstetrician or nurse midwife. You will be scheduled for regular checkups during your pregnancy. It is important to keep these appointments even if you feel well. During these appointments, your obstetrician or nurse midwife will check your baby's progress. He or she will tell you how to take good care of yourself and your baby during your pregnancy. He or she will also take care of you when you have your baby.

You must obtain Prior Approval for Inpatient services when using an Out-of-Network Provider. The Prior Approval process is initiated by calling AllWays Health Partners at 866-414-5533. Further information about Prior Approval may be found in Section 4.

Transplants

Transplant services are only covered at the In-Network Benefit level when you receive them from a designated In-Network Provider that has special training in that area. In order to receive In-Network Benefits for transplants, you must get the care at an In-Network facility. If you choose to receive treatment at a facility that is not In-Network, then your coverage will be at the Out-of-Network Benefit level. For more information, please contact AllWays Health Partners Customer Service.

Concierge Services

Some physicians charge an annual fee to patients as a condition to be part of the physician's panel of patients and to receive special customer service from the Provider (e.g. access to the Provider's cellular telephone, more personalized service). Members who use physicians who provide additional customer service for a fee (also known as concierge service) should be advised that those concierge services are not part of AllWays Health Partners' health plan coverage.

Relationship of AllWays Health Partners to Providers

In-Network Providers participate through contractual arrangements that can be terminated by the Provider or AllWays Health Partners. A Provider may leave the network because of retirement, relocation, or other reasons. AllWays Health Partners cannot guarantee the availability of individual Providers or Provider groups. This means that we cannot guarantee that the physician you choose will continue to participate in the PPO Plus Network for the duration of your Membership. All In-Network Providers listed in print editions of the PPO Plus Provider Directory were available to AllWays Health Partners Members at the time the directories were printed.

Providers may not change the Evidence of Coverage or create or imply any obligation for AllWays Health Partners. AllWays Health Partners is not liable for statements about this agreement made by Network Providers, their employees, or agents.

Continuity of Medical Care

In order to ensure continuity of care, there are some circumstances when AllWays Health Partners will provide coverage for Health Services from a Provider who is not participating in AllWays Health Partners' Network.

- **Pregnancy—**If you are a female Member in your second or third trimester of pregnancy, and the In-Network Provider you are seeing in connection with your pregnancy is involuntarily disenrolled, for reasons other than fraud or quality of care, you may continue to receive In-Network coverage for services delivered by the disenrolled Provider, under the terms of this handbook and your *Schedule of Benefits*, for the period up to, and including, your first postpartum visit.

- **Terminal Illness—**A Member with a terminal illness whose In-Network Provider in connection with such illness is involuntarily disenrolled, for reasons other than fraud or quality of care, may continue to receive In-Network coverage for services delivered by the disenrolled Provider, under the terms of this handbook and your *Schedule of Benefits*, until the Member's death.
- **New Membership—**If you are enrolling in AllWays Health Partners as a new Member, we will provide In-Network coverage for services delivered by a physician or nurse practitioner who is not an In-Network Provider, under the terms of this handbook and your *Schedule of Benefits*, for up to 30 days from your effective date of coverage if:
  - » Your Employer only offers employees a choice of plans in which the physician or nurse practitioner is an -of-Network Provider, and
  - » The physician or nurse practitioner is providing you with an ongoing course of treatment.

If a Member is enrolling in AllWays Health Partners as a new Member and is in her second or third trimester of pregnancy, we will provide In-Network coverage for services delivered by her Out-of-Network maternity care Provider through her first postpartum visit. If a Member is enrolling in AllWays Health Partners as a new Member and has a terminal illness, we will provide In-Network coverage for services delivered by the Member's Out-of-Network treating Provider until the Member's death.

- **Primary Care Providers—**If you select an In-Network Primary Care Provider from the PPO Plus Network, and he/she subsequently disenrolls from the PPO Plus Network, AllWays Health Partners will permit you to continue to be covered for Health Services, consistent with the terms of this handbook, by this same Primary Care Provider for 30 days after the Provider has disenrolled for reasons other than fraud or quality of care. If we learn of your In-Network Primary Care Provider's disenrollment before the effective date of his/her disenrollment, we will notify you. You may choose an alternative Primary Care Provider by using the online PPO Plus Provider Directory available at www.allwaysealthpartners.org.
- **Conditions for Coverage of Services by a Disenrolled or Out-of-Network Provider—** Services received from a disenrolled or

- Out-of-Network Provider as described in the paragraphs above, are only covered when the Provider agrees to:
  - » Accept reimbursement from us at the rates applicable prior to notice of disenrollment (or, in the case of a new Member, our applicable rate) as payment in full and not to impose Member Cost-sharing with respect to the Member in an amount that would exceed the Member Cost-sharing that could have been imposed if the Provider had not been disenrolled;
  - » Meet the quality assurance standards of the Plan and to provide us with necessary medical information related to the care provided; and
  - » Follow AllWays Health Partners policies and procedures, including procedures regarding obtaining Prior Authorization and providing Covered Benefits according to a treatment plan, if any, approved by AllWays Health Partners

Section 4.

Prior Authorization

A Prior Authorization is a special approval by AllWays Health Partners or Optum (our designated Behavioral Health Manager) for payment of certain services. Not all services require Prior Authorization. If a service does require a Prior Authorization, such Prior Authorizations must occur before you receive the service in order for the service to be covered. Your In-Network Provider will request a Prior Authorization if it is necessary. However, if you receive care from an Out-of-Network Provider, you are responsible for getting the necessary Prior Authorization.
Examples of services that may require Prior Authorization are surgical procedures and elective admissions, Inpatient psychiatric care, etc. AllWays Health Partners and Optum give Authorizations as soon as possible.

For Initial or prior Authorization regarding a proposed elective admission, procedure, or service, Authorization decisions are made within two (2) business days after all necessary information has been received and no longer than 14 calendar days. Once the decision is made, Providers are verbally notified of the decision within 24 hours. The Provider and the Member are sent written notification of the decision within one (1) business day of the verbal notification for denied or reduced Benefits (an "Adverse Determination"), and within two (2) business days for approvals.

Initial Authorization decisions determined by AllWays Health Partners as urgent are made within 72 hours/three (3) calendar days of receipt of the request and Providers are informed of the decision within 24 hours. The Provider and the Member are sent written notification of the decision within one (1) business day of the notification for denied or reduced Benefits (an "Adverse Determination"), and within two (2) business days for approvals.
Emergency care through the hospital Emergency department, Emergency admissions and care that must be provided during non-business hours (such as home skilled nursing) require notification by the next business day.

Concurrent Authorization decisions determined by AllWays Health Partners or Optum as urgent are made within 24 hours.
Concurrent Authorization decisions determined by AllWays Health Partners or Optum as non-urgent are made within one (1) business day of obtaining all necessary information and no longer than 14 calendar days. Providers are verbally informed of an urgent decision within twenty-four (24) hours and one (1) business day for non-urgent requests. Written or electronic confirmation of approval is sent to the Provider and Member within one (1) business day thereafter. Written or electronic notification includes the number of extended days, visits or service approved in a service date range. In the case of an Adverse Determination, written notification is sent to the Provider and Member within one (1) business day thereafter.

Once AllWays Health Partners or Optum reviews the request for service(s), we will inform your Provider of our decision. If we authorize the service(s), we will send you and your Provider an Authorization letter. When you get the letter, you can call your Provider to make an appointment. The Authorization letter will state the service(s) the plan has approved for coverage. Make sure you have this Authorization letter before any service(s) requiring Authorization are provided to you. If your Provider feels that you need a service(s) beyond those authorized, he or she will ask for Authorization directly from AllWays Health Partners or Optum.

If we approve the request for more service(s), we will send both you and your Provider another Authorization letter.

If we do not authorize any of the services requested, authorize only some of the services requested, or do not authorize the full amount, duration or scope of services requested, AllWays Health Partners or Optum will send you and your Provider a denial letter. AllWays Health Partners will not pay for any services that were not authorized. AllWays Health Partners or Optum will also send you and your Provider a notice if we decide to reduce, suspend, or end previously authorized service(s). If you disagree with any of these decisions, you can file a Grievance. For complete details on filing a Grievance, please refer to "Section 14: Complaint and Grievance Process" of this handbook or contact AllWays Health Partners Customer Service for more information.

It is your responsibility to make sure that you have written Authorization for coverage prior to receiving services that require Authorization. You may confirm the need for Authorization by contacting AllWays Health Partners Customer Service.

Out-of-Network Prior Authorization Requirements

This section explains when Prior Authorization is needed and the process to follow to meet the requirements to receive medically necessary covered services from an Out-of-Network Provider. An Out-of-Network Provider is any Provider that is not part of

the PPO Plus Network. If any of the requirements are not met, no coverage will be provided and you may be responsible for the entire cost of these services.

When Prior Authorization is Required

Prior Authorization is required in advance of receiving specific medically necessary covered services. Providers and facilities in the PPO Plus Network are required to obtain Prior Authorization for you. If you visit an Out-of-Network Provider, it is your responsibility to obtain the Prior Authorization. The Out-of-Network Provider may also seek Prior Authorization on your behalf. Regardless of whether you visit an In-Network or Out-of-Network Provider, it is always a good idea to check with your Provider to see if the services have been authorized.

1) For Behavioral Health (Mental Health and Substance Use) specific services that require a prior authorization, please contact Optum at 1-844-451-3518 (TTY 711).
2) For a full list of medical and surgical services that require a Prior Authorization, please go to www.allwayshealthpartners.org, or call Customer Service for assistance. Please visit this site often as services can be added and updated to the list at any time.

How to Obtain Prior Authorization

To seek Prior Authorization for medically necessary covered services received from an Out-of-Network Provider, you should call AllWays Health Partners toll-free at 866-414-5533 for medical/surgical services. You should call Optum at 1-844-451-3518 (TTY 711) to seek Prior Authorization for Behavioral Health services. The following information must be given at least ten (10) business days in advance when seeking Prior Authorization for medical/surgical and Behavioral Health services:

- The Member's name
- The Member's ID number
- The treating physician's name, address and telephone number
- The diagnosis for which care is ordered
- The treatment ordered and the date it is expected to be performed

For Inpatient admission to an Out-of-Network Provider, the following additional information must be given:

- The name and address of the facility where care will be received
- The admitting physician's name, address and telephone number
- The admitting diagnoses and date of admission
- The name of any procedure to be performed and the date it is expected to be performed

The Effect of Prior Authorization on Coverage

If you obtain Prior Authorization and receive approval from AllWays Health Partners or Optum, the Plan will pay for services authorized according to this *Member Handbook* and your *Schedule of Benefits*. However, if you do not obtain Prior Authorization or receive approval from AllWays Health Partners or Optum when required, no coverage will be provided and you may be responsible for the entire cost of these services.

Non-medically Necessary Services

If AllWays Health Partners or Optum determines at any point that a service was not Medically Necessary, no coverage will be provided for these services at issue, and you will be responsible for the entire cost of these services.

Neither notification nor Prior Authorization entitles you to any Benefits not otherwise payable under this *Member Handbook* or the *Schedule of Benefits*.

If AllWays Health Partners or Optum denies a coverage request, AllWays Health Partners or Optum will send you a written notice that explains the decision, your Provider's right to obtain reconsideration of the decision, and your appeal rights. Please see Section 14 for information on the time limits for Prior Authorization decisions and reconsideration procedure for Providers if coverage is denied. Please see Section 14 for a description of your appeal rights if coverage for a service is denied by AllWays Health Partners.

Major Disasters

AllWays Health Partners will try to provide or arrange for services in the case of major disasters. Major disasters might include war, riot, epidemic, public emergency or natural disaster. Other causes include the partial or complete destruction of AllWays Health Partners facilities or the disability of service Providers. If AllWays Health Partners cannot provide or arrange services due to a major disaster, AllWays Health Partners is not responsible for the costs or outcome of its inability.

Section 5.

AllWays Health Partners' Pharmacy Benefit

AllWays Health Partners is committed to providing a high quality and cost effective pharmacy benefit for our members. Your coverage includes a variety of prescription drug programs that are designed to make paying for your medications and premiums affordable. The AllWays Health Partners pharmacy benefit places all covered drugs into tiers. Described below is how covered drugs are placed in the four or six tier structure. Cost sharing (e.g., Copays, Deductibles and/or Coinsurance) applies to each tier, and is listed in your *Schedule of Benefits*. More information about your financial obligations are included in Section 13 of this handbook.

4 Tier Placement

- **Tier 1 (low-cost generic)—** includes lower cost generic medications. Generic medications contain the same active ingredients as their brand name counterparts.
- **Tier 2 (generic)—** includes higher cost generic medications.
- **Tier 3 (preferred brand name)—** includes preferred brand name medications.
- **Tier 4 (non-preferred brand name)—** includes non-preferred brand name medications.

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6 Tier Placement

- **Tier 1 (low-cost generic)—** includes lower cost generic medications. Generic medications contain the same active ingredients as their brand name counterparts.
- **Tier 2 (generic)—** includes higher cost generic medications.
- **Tier 3 (preferred brand name)—** includes preferred brand name medications.
- **Tier 4 (non-preferred brand name)—** includes non-preferred brand name medications.
- **Tier 5 (preferred specialty)—** includes preferred specialty medications.
- **Tier 6 (non-preferred specialty)—** includes on-preferred medications as specified by AllWays Health Partners.

Each tier has a level of cost sharing. Your member cost sharing may include a Copay, Deductible, Coinsurance, or a combination of these. Please refer to your *Schedule of Benefits* for those amounts. In many cases, your cost sharing responsibility represents a fraction of the total cost for a prescription.

AllWays Health Partners' Drug List includes a list of medicines covered by your plan. Doctors and pharmacists have reviewed the medications for safety, quality, effectiveness and cost. You can determine the tier your drug is in by viewing the searchable Drug Lookup Tool at www.allwayshealthpartners.org or www.allwaysmember.org.

Copayments
Copayments are fixed dollar amounts you must pay for covered medications. Copayments are paid to the pharmacy at the time of purchase. Your copayment amounts are listed on your Schedule of Benefits.

Coinsurance
Coinsurance refers to a percentage of the cost of the drug that you are required to pay. The coinsurance percentage is listed in your Schedule of Benefits.

Per Script Maximum (Max)
Your plan may have a per script max amount for a specific tier. The per script max is the maximum amount you will have to pay at the pharmacy for each prescription fill. The per script max dollar amount is listed in your *Schedule of Benefits*.

Deductibles
Your plan may have a Deductible. A Deductible is a specific dollar amount that you must pay for certain covered services before any coverage is available for those services. If a Deductible applies to your coverage, you must first pay the Deductible amount for the purchase of prescription drugs before any coverage for drugs begins. The Deductible may apply to drugs on any tier. Please see your Schedule of Benefits for the amount of your Deductible and the tiers to which it applies. Once the Deductible is satisfied, the applicable Copay or Coinsurance amount applies.

Out of Pocket Maximum
Your plan includes an out of pocket maximum. It may apply to both medical and pharmacy cost sharing. This is the total amount you are required to pay in cost sharing. Please refer to your *Schedule of Benefits* to determine if you have a combined medical and pharmacy out of pocket maximum or a separate pharmacy out of pocket maximum.

Filling Prescriptions

To fill a prescription, bring it to one of the pharmacies in the AllWays Health Partners Network. Be sure to show your AllWays Health Partners Member ID Card so the

pharmacist will know you are a Member of AllWays Health Partners. For a listing of pharmacies, refer to www.allwayshealthpartners.org. Some prescription drugs need an Authorization. Your AllWays Health Partners Provider can ask for an Authorization so you can have the prescriptions you need.

If you have any questions about which drugs do require Authorization, visit www.allwayshealthpartners.org, or call Pharmacy Customer Service at 866-414-5533 (TTY 711).

Maintenance 90

Maintenance medications are those that treat chronic conditions such as high blood pressure, diabetes, etc. Short-term use medications (i.e., pain medication, antibiotics) do not have this requirement. To save money on your maintenance medications, AllWays Health Partners requires that you receive maintenance medications in a 90-day supply. To see if you must fill your medication with a 90-day supply, visit the Drug Lookup Tool on www.allwayshealthpartners.org.

In order to switch to 90-day supplies of your medication, you must ask your medication prescriber to write you a new prescription to allow 90 days of medication to be dispensed at a time. Besides the convenience of filling prescriptions less often, you may benefit from 90-day prescriptions because the Copay and Coinsurance for a 90-day supply is reduced for most medications. Members can opt out of the 90-day program for one or more of their medicines. This can be done for twelve months at a time. If needed, a member can use a one-time deferral until they get a new prescription from their provider for a 90-day supply. For a shorter 30-day deferral or to opt-out for more than 30 days a member should call Pharmacy Customer Service.

If a Provider feels that it is Medically Necessary for a member to get just a 30-day supply at a time, opting out of 90-day prescription would be based on a provider request to reduce the duration and medication(s). This process would require information from the provider: the medication(s) listed; the proposed time frame for exclusion; and the reason for only a 30-day supply.

If you have any questions about the mandatory 90-day supply, please call Pharmacy Customer Service.

Mail Order Pharmacy

For members who prefer the convenience of receiving prescriptions through the mail, certain maintenance medications (such as drugs used for asthma, blood pressure, high cholesterol, and arthritis) are available through AllWays Health Partners' pharmacy vendor. This service provides members with a 90-day supply of prescription medicines at a reduced cost. To find out your cost sharing for 90-day supplies, please see your Schedule of Benefits. To order your prescriptions through the mail, please visit www.allwayshealthpartners.org.

Click on the Benefits tab then Pharmacy to download the registration form. Members only need to complete the form once. Refills can be ordered by calling Pharmacy Customer Service at 866-414-5533 (TTY 711).

Access90

Access90 provides members with a 90-day supply of certain maintenance medications when purchased through participating pharmacies. This service provides members with a 90-day supply of most prescription medicines at a reduced cost.

Over-the-Counter Drug Benefit

Some over-the-counter (OTC) medications (including cough, cold, and allergy) are covered by your AllWays Health Partners pharmacy benefit with a valid prescription from your doctor. Some may be available up to a 90-day supply. Cost sharing may vary depending on drug prescribed.

For a complete listing of the OTC drugs, applicable cost sharing amounts and quantity limitations, please visit: www.allwayshealthpartners.org

Quantity Limit

AllWays Health Partners may limit the number of units for a specific medication you may receive in a given time period to ensure safe and appropriate use. These limits are based on recommended dosing schedules, and the availability of several strengths of the medication. Quantity limits automatically apply at the time the prescriptions are purchased.

Mandatory Generic Policy

AllWays Health Partners' mandatory generic policy requires a generic version of a medication be tried before the brand name medication is considered for coverage. A generic drug is the same medication and works in the same way as the brand name medication. Generic medications are approved by the US Food and Drug Administration (FDA) as safe and are the equivalent of the original brand name medication. In

addition, there are usually multiple manufacturers of a generic medication that may result with a lower cost compared to the branded alternative. Prior Authorization is required for exception to AllWays Health Partners' mandatory generic medication pharmacy benefit.

If you have already tried a generic equivalent, and wish to appeal the mandatory generic policy, you may call Pharmacy Customer Service.

Prior Authorization

Prior Authorization is a process in which a clinical review is required before a specific medication may be dispensed to a covered AllWays Health Partners member. The review entails the application of criteria approved by AllWays Health Partners' Pharmacy and Therapeutics Committee of physicians and pharmacists and is designed to assure the safe, effective and appropriate use of a medication. These criteria are based on clinical studies and standards of care. The Prior Authorization process may entail a delay in your ability to fill the prescription until the clinical review based on all required information provided by your physician (or his/her designee) has occurred. The clinical review process may take up to 48 hours after complete information has been received.

Exception Requests for Non-Formulary Drugs

AllWays Health Partners Members, their authorized representative on file, or Provider may request AllWays Health Partners to perform a review process (within 72 hours) in order to make a coverage determination for a non-covered/non-formulary drug. AllWays Health Partners will provide the Member, his/her authorized representative, and Provider notification of the coverage determination for the non-covered/non-formulary drug within 72 hours. If an expedited review process is requested due to an exigent (emergent) circumstance, AllWays Health Partners will provide the coverage determination for the non-covered/non-formulary drug within 24 hours.

To initiate the review process, a AllWays Health Partners Member, his/her authorized designee, or Provider must call Pharmacy Customer Service at 866-414-5533 (TTY 711) and provide the following information:

- Member Name
- Member Contact Information
- Diagnosis
- Provider Name
- Provider Contact Information
- Medication Requested

AllWays Health Partners has a number of online tools to help you understand your prescription drug benefits. Please visit www.allwayshealthpartners.org. Click on the Benefits tab and then Pharmacy for detailed information about your pharmacy coverage and information on each medication, including a list of covered drugs, and whether any tier, restrictions or limitations that applies.

Grievance Review for Coverage of Non-Formulary Drugs

AllWays Health Partners If your initial request for coverage of a non-covered/non-formulary drug is denied, you have the right to submit a Grievance to AllWays Health Partners. You may request in your Grievance that a coverage determination be performed by AllWays Health Partners or an Independent Review Organization (IRO). To submit a Grievance, you or your authorized representative on file or your Provider must contact AllWays Health Partners and state if you wish to have AllWays Health Partners or an IRO render a decision on your Grievance.

AllWays Health Partners will provide notification of the coverage determination for the non-covered/non-formulary drug within 72 hours of your request. If an expedited review process is requested due to an exigent (emergent) circumstance, AllWays Health Partners will provide notification of the coverage determination for the non- covered/non-formulary drug within 24 hours of your request.

If you choose to have your Grievance performed by AllWays Health Partners, and AllWays Health Partners denies coverage, you have the right to request a second review by an IRO.

Step Therapy

AllWays Health Partners automates the Prior Authorization criteria for some medications. AllWays Health Partners members who qualify for this program are provided immediate coverage without the requirement of a clinical review based on the prescriptions already filled through AllWays Health Partners. For more information, call Pharmacy Customer Service.

Specialty Pharmacy Program

The AllWays Health Partners Specialty Pharmacy Program offers a less costly method to purchase expensive medications that are used to treat complex medical conditions. Certain medications are covered only when obtained from AllWays Health Partners' preferred list of Specialty Pharmacies.

A complete list of prescriptions included in the Specialty Pharmacy program, along with the list of participating specialty pharmacies, are available at www.allwayshealthpartners.org. You may also determine if your drug is included in the program through the searchable Drug Lookup Tool, also available at www.allwayshealthpartners.org or www.allwaysmember.org.

Your prescribing Provider can help you with the purchase of the covered specialty medications. AllWays Health Partners Specialty Pharmacies have expertise in the delivery of the medications they provide, and offer special services not available at a traditional retail pharmacy, including:

- All necessary medication and supplies needed for administration (at no extra charge)
- Convenient delivery options to your home or office with overnight or same day delivery available when Medically Necessary
- Access to nurses, pharmacists and care coordinators specializing in the treatment of your condition, who are available 24 hours a day, seven days a week, to provide support and educational information about your medications
- Compliance monitoring, adherence counseling and clinical follow-up
- Educational resources regarding medication use, side effects, and injection administration

If you need help or have questions about AllWays Health Partners' Specialty Pharmacy Program, please call AllWays Health Partners Customer Service.

Limitations

There are a number of prescription drugs that are either not covered or for which coverage is limited. AllWays Health Partners only covers drugs that are Medically Necessary for Preventive Care or for treating illness, injury, or pregnancy.

Exclusions

AllWays Health Partners' prescription drug Benefit features a Preferred Drug List, in which the following drugs or services are excluded:

- Dietary supplements*
- Therapeutic devices or appliances (except where noted)*
- Biologicals, immunization agents or vaccines that are obtained through the medical benefit
- Blood or blood plasma**
- Medications which are to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a licensed Hospital, nursing home, or similar institution which operates on its premises or allows to be operated on its premises, a facility for dispensing pharmaceuticals**
- Charges for the administration or injection of any drug**
- If an FDA-approved generic drug is available, the brand name equivalent is not covered
- Drugs that are not FDA approved
- Anabolic steroids
- Progesterone supplements
- Fluoride supplements/vitamins for members over age 13 except for prenatal vitamins
- Drugs whose sole purpose is to promote or stimulate hair growth or for cosmetic purposes only
- Drugs labeled "Caution—limited by federal law to investigational use," or experimental drugs, even though a charge is made to the individual
- Medications for which the cost is recoverable under Worker's Compensation or Occupational Disease Law or any state or Governmental Agency, or medication furnished by any other Drug or Medical service for which no charge is made to the Member
- Any prescription refilled in excess of the number of refills specified by the physician, or any refill dispensed after one year from the physician's original order
- Schedule 1 controlled substances (e.g. marijuana)

For more information about AllWays Health Partners' Preferred Drug List call Pharmacy Customer Service or visit www.allwayshealthpartners.org.

*Covered in certain circumstances under the Durable Medical Equipment (DME) Benefit.

**Covered in certain circumstances under medical Benefit.

Section 6.

Your AllWays Health Partners Covered Health Care Services

The Affordable Care Act ensures Americans have access to quality, affordable health insurance. To achieve this, AllWays Health Partners offers a core package of items and services, known as Essential Health Benefits (EHB). Under the statute, AllWays Health Partners covers at a minimum the following 10 categories:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including Behavioral Health treatment*
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

To be covered by AllWays Health Partners, all Health Care Services and supplies must be:

- Provided by a licensed health care Provider
- Authorized by AllWays Health Partners when Authorization is required. For more information on Authorization requirements, check with your Provider or call AllWays Health Partners Customer Service. You should always check with your treating Provider to make sure that any required Notification or Prior Authorizations have been obtained before the services are performed or the supplies are provided. Failure to submit necessary Notifications or receive Prior Authorizations for Out-of- Network coverage may result in Member liability for payment.
- Medically Necessary, as defined in this handbook
- Listed as a Covered Health Care Service in this handbook
- Provided by a licensed health care Provider
- Provided to an eligible Member enrolled in AllWays Health Partners

AllWays Health Partners is not responsible for payment of any services provided prior to a Member's eligibility date or after your AllWays Health Partners disenrollment date.

If you have questions about your AllWays Health Partners Benefits, log on to allwaysmember.org or call AllWays Health Partners Customer Service.

*Information on Plan coverage of mental health and substance use disorder services may be found in "Section 7: Behavioral Health Services."

Abortion

AllWays Health Partners covers abortion when services are obtained by a licensed health care Provider. Cost-sharing may vary depending on the type of Provider selected.

Acupuncture

Acupuncture may be covered depending upon your specific plan. See your *Schedule of Benefits* or call AllWays Health Partners Customer Service.

Acute Hospital Care

AllWays Health Partners covers Acute Care Hospital services when Medically Necessary. Your treating Provider must arrange acute care Hospital services.

Ambulance Transportation

Emergency ambulance transportation, including air ambulance, is covered. AllWays Health Partners covers such ambulance transport to the nearest Hospital that can provide the care you need. Ambulance calls for transportation that is refused is not covered. Except in an Emergency, ambulance transportation is covered only when arranged by an AllWays Health Partners Provider. We also cover Medically Necessary transfer from one health care facility to another.

Ambulatory/Day Surgery

AllWays Health Partners covers Medically Necessary Outpatient surgical and related diagnostic and medical services. Your treating Provider must arrange Ambulatory/Day Surgery services.

Autism

AllWays Health Partners covers the Diagnosis and Treatment of Autism Spectrum Disorders (ASD) when Medically Necessary.

Diagnosis includes Medically Necessary assessments, evaluations including neuropsychological evaluations, genetic testing, or other tests to diagnose whether an individual has ASD. Autism Spectrum Disorders are defined as any of the pervasive developmental disorders as defined in the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders*, including autistic disorder, Asperger's Disorder, and pervasive developmental disorders not otherwise specified.

Treatment for autism includes habilitative or rehabilitative care, pharmacy care, psychiatric care, psychological care, and therapeutic care. Services for autism are provided by AllWays Health Partners Autism Service Providers.

Habilitative or rehabilitative care includes professional, counseling, and guidance services and treatment programs, including, but not limited to, Applied Behavior Analysis supervised by a Board Certified Behavior Analyst, that are necessary to develop, maintain, and restore, to the maximum extent practicable, the functioning of an individual. Applied Behavior Analysis includes the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences to produce socially significant improvement in human behavior including in the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.

Pharmacy care is defined as medications prescribed by a licensed physician and health-related services deemed Medically Necessary to determine the need or effectiveness of the medications, to the same extent that pharmacy care is provided by the policy for other medical conditions.

Therapeutic care is defined as services provided by licensed or certified speech therapists, occupational therapists, physical therapists, or social workers.

AllWays Health Partners coverage for the treatment of Autism Spectrum Disorder does not affect an obligation to provide services to an individual under an individualized family service plan, an individualized education program, or an individualized service plan. AllWays Health Partners coverage excludes services provided by school personnel under an individualized education program.

Behavioral Health Services

Please see "Section 7: Behavioral Health Services" of this handbook.

Blood and Blood Products

AllWays Health Partners covers administrative fees, supplies for administration, and self-donations for whole blood and its derivatives, including Factor 8, Factor 9, and immunoglobulin.

Cardiac Rehabilitation Coverage

AllWays Health Partners covers outpatient cardiac rehabilitation when Medically Necessary. Cardiac rehabilitation is defined as multidisciplinary, Medically Necessary treatment of persons with documented cardiovascular disease, which is provided in either a Hospital or other setting which meets the standards set by the Commissioner of the Department of Public Health. Your treating Provider must arrange for cardiac rehabilitation.

Chiropractic Care

Chiropractic care is covered. Refer to your *Schedule of Benefits* or contact AllWays Health Partners Customer Service for visit limitations that apply.

Cleft Lip and Cleft Palate Treatment for Children

AllWays Health Partners provides coverage of cleft lip and cleft pal- ate treatment for children under the age of 18, including oral and maxillofacial surgery, plastic surgery, speech therapy, audiology, and nutrition services as Medically Necessary. We also cover preventative and restorative dentistry and orthodontic treatment related to the treatment of cleft lip or palate. When dental and orthodontic services are covered by both AllWays Health Partners and a Member's dental plan, AllWays Health Partners and the dental plan may elect to coordinate Benefits. (See "Section 9: When You Have Other Coverage" for more information on coordination of Benefits.)

Clinical Trials

If you participate in an approved clinical trial while you are a Member of AllWays Health Partners, AllWays Health Partners will cover the Medically Necessary Covered Health Services listed in this Section 6 during the period of the clinical trial that you are a Member of AllWays Health Partners as long as you meet certain requirements. Members must qualify to participate in an approved clinical trial for the treatment of cancer

or other life-threatening medical condition and have been referred to the clinical trial by an In-Network Provider or have provided medical and scientific information to AllWays Health Partners proving they meet the conditions for participation in the clinical trial.

An approved clinical trial is defined as (a) having been funded or approved by at least one of the following entities: National Institutes of Health (NIH); Center for Disease Control and Prevention; Agency for Health Care Research and Quality; Centers for Medicare & Medicaid Services; a cooperative group or center of any of the above or the Department of Defense, Veterans Affairs or the Department of Energy; or a qualified non-governmental research entity identified in NIH guidelines for grants; or (b) a study or trial under a Food and Drug Administration approved investigational new drug application; or (c) a drug trial that is exempt from investigational new drug application requirements.

AllWays Health Partners coverage during approved clinical trials excludes the investigational item, device or service; items and services solely for data collection and analysis; and services that are clearly inconsistent with widely accepted and established standards of care for a particular diagnosis. Prior Authorization is required.

Cytological Screening (Pap smears)

AllWays Health Partners covers cytological screening for women as recommended by your provider.

Dental Services (Emergency)

An emergency dental service is covered only when there is a traumatic injury to sound/natural and permanent teeth caused by a source external to the mouth and the emergency dental services are provided by a physician in a hospital emergency room or operating room within 72 hours following the injury.

In these cases, go to the nearest Emergency facility or call 911 or the Emergency phone number in your area.

Dental Services (Other)

The extraction of impacted wisdom teeth is only covered when AllWays Health Partners determines that the Member has a serious medical condition that makes it essential for the Member to be admitted to an acute care hospital or to a surgical day care setting in order for wisdom teeth to be extracted safely. Prior Authorization is required.

Diabetic Services and Supplies

AllWays Health Partners will provide coverage for Medically Necessary services and supplies used in the treatment of insulin-dependent, insulin-using, gestational and non-insulin dependent diabetes. Services and supplies must be prescribed by an authorized health care professional. The following services and supplies are covered within the following categories of Benefits:

- Outpatient services: outpatient diabetes self-management training and education
- Laboratory/radiological services: all laboratory tests and urinary profiles
- Durable medical equipment: blood glucose monitors, voice-synthesizers and visual magnifying aids
- Prosthetics: therapeutic/molded shoes and shoe inserts
- Pharmacy: blood glucose monitoring strips, urine glucose strips, ketone strips, lancets, insulin syringes, insulin pumps and insulin pump supplies, insulin pens, insulin and oral medications. These items are covered for a minimum 30-day supply with the exception of an insulin pump.

Refer to your *Schedule of Benefits* for applicable member cost-sharing and limitations for Durable Medical Equipment and Pharmacy. When diabetic medications, such as insulin, are obtained through the prescription drug benefit, applicable cost sharing applies.

Dialysis

AllWays Health Partners covers dialysis on an Inpatient or Out- patient basis, or at home. You must apply for Medicare when federal law permits Medicare to be the primary payor for dialysis. You must also pay any Medicare premium. When Medicare is primary (or would be primary if the Member were timely enrolled) AllWays Health Partners will pay for services only to the extent payments would exceed what would be payable by Medicare. Your treating Provider must arrange dialysis services.

Disposable Medical Supplies

AllWays Health Partners covers disposable medical supplies that are necessary to meet a medical or surgical purpose and are non-reusable and disposable. This includes hypodermic syringes or needles. Your treating. Provider must order disposable medical supplies.

Durable Medical Equipment (DME)

AllWays Health Partners covers Durable Medical Equipment that is: used to fulfill a medical purpose; generally not useful in the absence of illness or injury; can withstand repeated use over an extended period of time; and is appropriate for home use.

Coverage includes but is not limited to the purchase of medical equipment, replacement parts, and repairs. Your treating Provider must order Durable Medical Equipment. Examples of equipment not covered includes but is not limited to: assisted listening devices, exercise equipment that is appropriate for a professional setting, but is not medically necessary for home use and includes Functional Electrical Stimulation, physiotherapy equipment and foot orthotics except for children 15 and under with symptomatic flat feet and pronation.

Early Intervention Services

AllWays Health Partners covers Early Intervention services for Members under the age of three (3) when the Member meets established criteria. Such Medically Necessary Services may be provided by early intervention Specialists who are working in early intervention programs approved by the Massachusetts Department of Public Health.

AllWays Health Partners reimburses for Medically Necessary Applied Behavioral Analysis provided as part of an Early Intervention plan—Applied Behavior Analysis (EI-ABA) for commercially insured children, up to age three years, who have a clinically determined diagnosis within the Autism Spectrum Disorders, and are currently receiving services through an Early Intervention Provider. EI-ABA services must be provided by a qualified Massachusetts Department of Public Health (MDPH) Specialty Services Program (SSP). ABA services beyond age three may be covered through Optum (the organization that manages AllWays Health Partners' Behavioral Health program) and may require Prior Authorization.

Emergency Services

AllWays Health Partners covers Emergency services including ambulance services needed for transportation to the nearest hospital that can provide the care you need. If you need Emergency care, AllWays Health Partners will cover those services from any licensed health care Provider. Simply go to the nearest Emergency facility or call 911 or the emergency phone number in your area.

An Emergency is defined as a medical condition, whether physical, behavioral, related to substance use, or mental disorder, manifesting itself by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine, to result in placing the health of the insured or another person in serious jeopardy, serious impairment to body function, or serious dysfunction of any body organ or part or, with respect to a pregnant woman, as further defined in section 1867(e)(1)(B) of the Social Security Act, 42 U.S.C. section 1395dd(e)(1)(B). Go to the nearest Emergency facility or call 911 or the emergency phone number in your area.

Eye Care/Examinations (Vision Care)

AllWays Health Partners covers routine eye exams for Members; please refer to your *Schedule of Benefits* for Benefit limits. You can find a list of In-Network Ophthalmologists or Optometrists in the online PPO Plus Provider Directory which you can access at www.allwayshealthpartners.org. There is no coverage for eyeglasses or contact lenses (except when Medically Necessary for certain eye conditions such as treatment of keratoconus and following cataract surgery), low vision aids (except for visual magnifying aids used by legally blind Members with diabetes) or ocular prostheses.

Family Planning Services

AllWays Health Partners covers consultations, examinations, procedures and other medical services provided on an outpatient basis and related to the use of all FDA-approved contraceptive methods including but not limited to lab tests, birth control counseling, pregnancy testing, voluntary sterilization, IUDs, diaphragms, and Norplant. You can obtain services from your Primary Care Provider, OB/GYN, Planned Parenthood, or any other Provider who offers these services.
To find an In-Network Provider, access the online PPO Provider Plus Directory by visiting www.allwayshealthpartners.org, or contact AllWays Health Partners Customer Service. All FDA- approved prescription contraceptive methods are covered.

Fitness Programs

Fitness programs may be covered depending upon your specific plan. See your *Schedule of Benefits* or call AllWays Health Partners Customer Service.

Gynecologic/Obstetric Care

AllWays Health Partners covers Medically Necessary Gynecological and Obstetrical services. Prior Authorization is not required for routine care but may be required for certain services such as surgery and infertility treatment. AllWays Health Partners does not require higher Copays, Coinsurance, Deductibles, or other Cost-sharing arrangements for these services.

Habilitation Services

AllWays Health Partners covers Medically Necessary habilitation services for qualified members with certain conditions. See your *Schedule of Benefits* for benefit limits.

Hearing Aids for Children

AllWays Health Partners provides coverage of hearing aids for children 21 years old or younger, including the initial hearing aid evaluation, fitting and adjustments, and supplies, including ear molds, when prescribed by your treating Provider. Please refer to your *Schedule of Benefits* for limitations. If you choose a higher-priced hearing aid, you must pay the difference between the cost and the AllWays Health Partners coverage limit. Batteries and assistive listening devices are not covered.

Hearing Examinations

AllWays Health Partners covers comprehensive exams and evaluations performed by a hearing Specialist. AllWays Health Partners also provides coverage for the cost of a newborn hearing-screening test performed before the infant is discharged from the hospital or birthing center.

HIV-Associated Lipodystrophy Treatment

AllWays Health Partners covers medically necessary medical or drug treatments to correct or repair disturbances of body composition related to HIV-associated lipodystrophy syndrome when prior authorized. Coverage includes, but not limited to, reconstructive surgery, such as suction assisted lipectomy, approved medically necessary restorative procedures and dermal injections or fillers for reversal of facial lipoatrophy syndrome. Your AllWays Health Partners treating provider must arrange for these services.

Home Health Care

AllWays Health Partners covers home health care according to a physician-approved home health care plan when such care is an essential part of medical treatment and there is a defined goal. Home Health Care Services are provided in a patient's residence by a public or private home health agency.

Services include, but are not limited to, nursing and Physical Therapy; Occupational Therapy, Speech Therapy, medical social work, and nutritional consultation, the services of a home health aide and the use of Durable Medical Equipment (DME) and supplies, if Medically Necessary.

No limits other than medical necessity and being part of a physician approved home Health Services plan are placed on home care services (e.g., a policy may have an annual or lifetime cap on Durable Medical Equipment (DME); however, if the equipment is prescribed as part of a physician-approved home Health Services plan, its use is not subject to limit). Your treating Provider must arrange services.

Home Infusion

AllWays Health Partners covers home infusion services. Your treating Provider must arrange home infusion services.

Hormone Replacement Therapy

AllWays Health Partners provides coverage for hormone replacement therapy services including outpatient prescription drugs for peri- and post-menopausal women under the same terms and conditions as for other outpatient services and prescription drugs. (Refer to "Section 6: AllWays Health Partners' Pharmacy Benefit" for more information.)

Hospice

AllWays Health Partners covers hospice care for terminally ill Members with a life expectancy of six months or less, provided such services are determined to be appropriate and authorized by the treating Provider and are equivalent to those services provided by a licensed hospice program regulated by the Department of Public Health.

House Calls

AllWays Health Partners covers house calls when Medically Necessary. Providers include Physicians, Nurse Practitioners and Physician Assistants. Your treating Provider must arrange for house calls.

Immunizations and Vaccinations

AllWays Health Partners covers immunizations and vaccinations, including travel vaccines. When rendered by In-Network Providers, these services are covered with no Copayments, Coinsurance, Deductibles, or dollar limits.

Infertility Treatment

AllWays Health Partners defines infertility as the condition of an individual who is unable to conceive or produce conception during a period of one year if the female is age 35 or younger or during a period of 6 months if the female is over the age of 35. For purposes of meeting the criteria for Infertility, if a person conceives but is unable to carry that pregnancy to live birth, the period of time she attempted to conceive prior to achieving that pregnancy shall be included in the calculation of the one-year or six-month period, as applicable. AllWays Health Partners will cover Medically Necessary expenses for the diagnosis and non-experimental treatment of infertility to the same extent that Benefits are provided for other Medically Necessary services and prescription medications. The following procedures are covered, but are not limited to:

- Artificial Insemination (AI) and Intrauterine Insemination (IUI)
- In Vitro Fertilization and Embryo Transfer (IVF-ET)
- Gamete Intrafallopian Transfer (GIFT)
- Zygote Intrafallopian Transfer (ZIFT)
- Intracytoplasmic Sperm Injection (ICSI) for the treatment of male factor infertility
- Sperm, egg and/or inseminated egg procurement and processing, and banking of sperm or inseminated eggs, to the extent such costs are not covered by the donor's insurer, if any (insurers may not limit Cover- age to sperm provided by the spouse)
- Assisted Hatching
- Cryopreservation of embryos, eggs, and sperm when the Member is undergoing authorized infertility services
- Cryopreservation of eggs and sperm is covered when authorized for a Member undergoing a medical treatment that may result in infertility.

AllWays Health Partners does not provide coverage for:

- Any experimental infertility procedure
- Surrogacy/gestational carrier
- Reversal of voluntary sterilization
- Fees associated with obtaining egg donors such as screenings, agency fees, and donor compensation

Laboratory Services

AllWays Health Partners covers services that are Medically Necessary for the diagnosis, treatment, and prevention of disease and for the maintenance of the health of the Member when ordered by your treating Provider from a licensed laboratory.

Long-Term Antibiotic Therapy for the Treatment of Lyme Disease

AllWays Health Partners provides coverage for long-term antibiotic therapy for a member with Lyme disease. Your AllWays Health Partners treating provider must arrange for this coverage.

Mammographic Examination (Mammogram)

AllWays Health Partners covers baseline Mammograms for women per clinical guidelines and as recommended by your provider.

Maternity Services (General Coverage)

AllWays Health Partners provides Inpatient and outpatient maternity Benefits for prenatal care, childbirth, and post-partum care to the same extent as is provided for medical conditions not related to pregnancy. AllWays Health Partners provides coverage for services rendered by an obstetrician, pediatrician, or certified nurse midwife attending the mother and child.

Maternity Services (Inpatient)

AllWays Health Partners covers Inpatient maternity care provided by an attending obstetrician, pediatrician, or certified nurse midwife for a mother and newborn child for at least 48 hours following a vaginal delivery or 96 hours following a cesarean delivery. If the mother and physician agree to an early discharge, Covered Health Care Services include one home visit by a registered nurse, physician, or certified midwife, and additional home visits when Medically Necessary. Your treating Provider, obstetrician, or certified nurse midwife must arrange for services.

Maternity Services (Outpatient)

AllWays Health Partners covers prenatal and postpartum care for Members. Services include: prenatal exams; diagnostic tests; prenatal nutrition; health care counseling; risk assessment; and postpartum exams. Routine prenatal care includes your visits to the provider managing your pregnancy and a postpartum visit. These routine prenatal care services have cost sharing as outlined on your Schedule of Benefits. All other services provided may be subject to cost sharing including labs, obstetrical ultrasounds and other diagnostic tests.

Newborn Care

AllWays Health Partners covers all Medically Necessary newborn care.

Non-durable Medical Equipment and Supplies

Non-durable Medical Equipment and supplies are covered only when used in the course of diagnosis or treatment in a medical facility or in the course of authorized home care.

Nutritional Formulas

AllWays Health Partners provides coverage for nutritional formula in the following situations:

- Formulas, approved by the Commissioner of the Department of Public Health, for the treatment of infants and children with specific inborn errors of metabolism of amino acids and organic acids such as phenylketonuria (PKU), tyrosinemia, homocystinuria, maple syrup urine disease, propionic acidemia and methylmalonic acidemia
- Formulas, approved by the Commissioner of the Department of Public Health as Medically Necessary to protect the unborn fetuses of pregnant women with phenylketonuria
- Formulas for the treatment of malabsorption caused by disorders affecting the absorptive surface, functional length, gastrointestinal tract motility, such as Crohn's disease, ulcerative colitis, gastroesophageal reflux, gastrointestinal motility and chronic intestinal false-obstruction
- Formulas for the treatment of Members with an anatomic or structural problem that prevents food from reaching the stomach (e.g. esophageal cancer), or a neuromuscular problem that results in swallowing or chewing problems (e.g. muscular dystrophy)
- Formulas for the treatment of Members with a serious medical condition that either directly or indirectly impacts their ability to normally ingest regular foods and places them at substantial risk of malnutrition (e.g. cancer, AIDS, organ failure, etc.)
- Formulas for the treatment of pediatric Members diagnosed with failure to thrive

Coverage for inherited diseases of amino acids and organic acids includes food products modified to be low protein.

Obstetrical Services

(See "Gynecologic/Obstetric Care" above.)

Off-label Use of Drugs for the Treatment of Cancer

AllWays Health Partners provides coverage for use of off-label drugs in the treatment of cancer as it would for any covered prescription drug. The drug must be recognized for treatment of cancer in one of the standard reference compendia, or in the medical literature, or by the Commissioner of Insurance. In addition, AllWays Health Partners will provide coverage for a drug indicated for the treatment of cancer within the Association of Community Cancer Centers' Compendia-Based Drug Bulletin. Your treating Provider must arrange for this service. AllWays Health Partners provides coverage for prescribed, orally administered anticancer medication to eliminate or slow the growth of cancerous cells on a basis no less favorable than intravenously administered or injected cancer medications that are covered as medical Benefits.

Off-label Use of Drugs for the Treatment of HIV/AIDS

AllWays Health Partners provides coverage for use of off-label drugs in the treatment of HIV/AIDS as it would for any covered prescription drug. The drug must be recognized for treatment of HIV/AIDS in one of the standard reference compendia, or in the medical literature, or by the Commissioner of Insurance. Your treating Provider must arrange for this service.

Off-label use of Drugs for the Treatment of Lyme Disease

AllWays Health Partners provides coverage for off-label use of drugs in the treatment of Lyme disease if the drug has been approved by the FDA. Your AllWays Health Partners treating provider must arrange for this coverage.

Optometric/Ophthalmologic Care

(See "Eye Care/Examinations" above.)

Oral Cancer Therapy

AllWays Health Partners provides coverage for prescribed, orally- administered anticancer medication used to eliminate or slow the growth of cancerous cells on a basis no less favorable than intravenously administered or injected cancer medications that are covered as medical Benefits.

Orthotics

AllWays Health Partners covers non-dental braces and other mechanical or molded devices when Medically Necessary to support or correct any defects of form or function of the human body due to surgery, disease or injury. Your treating Provider must arrange these services. Orthotics/ Support Devices for Feet: Support devices for the feet and corrective shoes are only covered for children fifteen (15) and under with certain medical conditions such as pronation or when prescribed by the Member's treating Provider and authorized by AllWays Health Partners.

Outpatient Surgery

AllWays Health Partners covers Medically Necessary surgical procedures in an outpatient surgical setting These services are subject to outpatient surgery cost sharing. AllWays Health Partners also covers Medically Necessary outpatient surgery that occurs in an office setting; these services would be subject to cost sharing associated with the office in which it was performed (PCP or Specialty).

Oxygen Supplies and Therapy

AllWays Health Partners covers oxygen therapy for Members when Medically Necessary. Coverage includes oxygen and equipment rental and supplies required to deliver the oxygen. Your treating Provider must arrange oxygen therapy services.

Pediatric Specialty Care

AllWays Health Partners provides Coverage of pediatric specialty care, including mental health care, by persons with recognized expertise in providing specialty pediatric care.

Pharmacy

Please refer to "Section 5: AllWays Health Partners' Pharmacy Benefit" of this handbook.

Physician and Physician Assistant Services

AllWays Health Partners covers diagnosis, treatment, consultation, nutrition counseling and health education when provided by a licensed physician or physician assistant.

Podiatry Services

AllWays Health Partners covers Medically Necessary podiatry services performed by a physician or duly licensed podiatrist.

Preventive Care Services and Tests

AllWays Health Partners covers select preventive care services and tests for adults, women (including pregnant women) and children, including coverage for annual physical exams as appropriate for the Member's age and gender, immunization visits, well child visits and annual gynecological exams. Routine cytological screening (Pap smears) and mammographic examinations are covered as Preventive Care.

For a complete list of eligible Preventive Care services, please visit www.allwayshealthpartners.org or contact AllWays Health Partners Customer Service.

Covered preventive services reflect the United States Preventive Services Task Force (USPSTF) grade "A" and "B" recommendations, the Advisory Committee on Immunization Practices (ACIP) recommendations, the Women's Preventive Task Force, and the Health Resources and Services Administration for Infants, Children and Adolescents. Preventive service descriptions have been adopted from content on the healthcare.gov website.

AllWays Health Partners will cover the following services for a Dependent from their date of birth through age six (6): physical examinations; history, measurement, sensory screening, neuropsychiatric evaluations and development screening, and assessment at the following intervals: six times during the child's first year after birth, three (3) times during the next year, and annually until age six (6). Covered services include: hereditary and metabolic screening at birth; appropriate immunizations; tuberculin test, hematocrit, hemoglobin, or other appropriate blood tests and urinalysis, as recommended by the physician; and lead screening.

Prosthetic Devices

AllWays Health Partners covers prosthetic devices, including evaluation, fabrication, and fitting. Coverage includes prosthetic devices which replace in whole or in part, an arm or leg, and includes repairs. Your treating Provider must arrange prosthetic device services.

Radiation and Chemotherapy

AllWays Health Partners covers radiation and chemotherapy. AllWays Health Partners also provides coverage for prescribed, orally ad- ministered anticancer medication used to eliminate or slow the growth of cancerous cells on a basis no less favorable than intravenously administered or injected cancer medications that are covered as medical Benefits.

Radiology

AllWays Health Partners covers all Medically Necessary radiological services including x-rays, MRIs and CAT scans. Your treating Provider must arrange radiology services.

Reconstructive/Restorative Surgery

Reconstructive surgery is any procedure to repair, improve, restore or correct bodily function caused by an accidental injury, congenital anomaly or a previous surgical procedure or disease. AllWays Health Partners covers surgery for post- mastectomy coverage including:

- Reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce symmetrical appearance
- Prostheses and physical complications for all stages of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient

Your treating Provider must arrange reconstructive/restorative surgery services.

Registered Nurse or Nurse Practitioner

AllWays Health Partners covers services rendered by a registered nurse, Nurse Practitioner, nurse midwife, or nurse anesthetist if such services are within the nurse's scope of practice.

Rehabilitation Hospital Care (Including Physical, Occupational, and Speech Therapy)

AllWays Health Partners covers rehabilitative care on an Inpatient basis. Coverage is provided only when you need rehabilitative that must be provided in an Inpatient setting. Rehabilitative care includes physical, speech, and occupational therapies. Services must be arranged through your treating Provider. Refer to your *Schedule of Benefits* for limitations on Inpatient rehabilitation hospital care.

Rehabilitation Therapy—Outpatient (Including Physical, Occupational, and Speech Therapy)

AllWays Health Partners covers evaluation and restorative, short- term treatment when needed to improve the ability to perform activities of daily living and when there is likely to be significant improvement in the Member's level of function after illness or injury. Your treating Provider must arrange all rehabilitation therapy services. Refer to your *Schedule of Benefits* for limitations on Physical or Occupational Therapy Benefits.

Second Opinions

AllWays Health Partners covers second opinions when provided by another licensed physician regarding proposed treatment or diagnosis.

Skilled Nursing Facility Care

AllWays Health Partners covers admissions to a skilled nursing facility. Coverage is provided only when you need daily skilled nursing care or rehabilitative services that must be provided in an Inpatient setting. Services must be arranged through your treating Provider. Please see your *Schedule of Benefits* for limitations on Skilled Nursing Facility Care.

Specialty Care

You may obtain specialty care from any licensed health Provider. Coverage includes adult and pediatric specialty care. Pediatric specialty care, including mental health care, is available from Providers with recognized expertise in providing specialty pediatric care.

Speech, Hearing and Language Disorders

AllWays Health Partners provides coverage for the diagnosis and treatment of speech, hearing, and language disorders by individuals licensed as speech-language pathologists or audiologists. Coverage is provided if services are rendered within the lawful scope of practice for such speech-language pathologists or audiologists, regardless of whether the services are provided in a hospital, clinic, or a private office. Coverage does not include the diagnosis or treatment of speech, hearing and language disorders in a school-based setting. Benefits provided are subject to the same terms and conditions of any other Health Care Service covered by AllWays Health Partners.

Surgery

AllWays Health Partners provides coverage for Medically Necessary surgery, including related anesthesia. Surgery, including oral maxillofacial and reconstructive may require Prior Authorization.

Telemedicine

AllWays Health Partners provides audiovisual visits through a national network of U.S. board-certified doctors 24/7 to discuss non-emergency conditions accessed by smartphone, mobile device, or online via computer. Your provider may also offer this type of service. Doctors can diagnose and treat many common illnesses. Member cost will depend on the type of services provided as noted in your Schedule of Benefits. Telephone (voice only), facsimile or email communications with your provider are not considered telemedicine. To find a telemedicine provider, visit www.allwayshealthpartners.org or speak with your provider directly.

Temporomandibular Joint Dysfunction (TMD) Services, *also known as TMJ*

AllWays Health Partners Covers Medically Necessary TMD services, coverage is limited to medical services only. AllWays Health Partners covers the following services:

- Surgical consultation
- Surgery
- Diagnostic imaging
- Physical therapy, subject to the visit limit for outpatient physical therapy

AllWays Health Partners does not cover: services of a dentist for TMD, services associated with orthodontic care, oral appliances, or Arthroscopy for diagnostic purposes only.

Transplants

In order to receive In-Network Benefits for Transplants, you must obtain care at an In-Network Provider. If you choose to receive care at an Out-of-Network facility, you will receive Benefits at the Out-of-Network level. For a list of In-Network Providers, please contact AllWays Health Partners Customer Service.

AllWays Health Partners covers transplants as follows:

- Bone marrow transplants are covered when approved by AllWays Health Partners. Coverage includes but is not limited to Members with breast cancer that has progressed to metastatic disease, provided that the Member meets criteria established by the Department of Public Health.
- Human organ transplants are covered. Transplants must be non-experimental surgical procedures. Coverage includes donor's costs for both living and nonliving transplant donors to the extent that another insurer does not cover the charges. Your Provider must contact AllWays Health Partners.
- Coverage for human leukocyte antigen testing for certain individuals and patients. AllWays Health Partners will provide for all Members or Enrollees coverage for the cost of human leukocyte antigen testing or histocompatibility locus antigen testing that is necessary to establish such Member's or Enrollee's bone marrow transplant donor suitability. The coverage includes the cost of testing for A, B, or DR antigens, or any combination thereof, consistent with rules, regulations and criteria established by the Department of Public Health. Your treating Provider must arrange all services.

Urgent Care

AllWays Health Partners covers Urgent Care. Urgent Care does not include care that is provided in an emergency room or care that is elective, Emergency, preventive or health maintenance. Examples of Urgent Care conditions include but are not limited to fever, sore throat, earache, and acute pain.

Vision Care

See “Eye Care/Examinations.”

Weight Loss Programs

Weight Loss programs may be covered depending upon your specific plan. See your *Schedule of Benefits* or contact AllWays Health Partners Customer Service.

Wigs (Scalp Hair Prosthesis for Cancer Patients)

AllWays Health Partners covers wigs for hair loss due to the treatment of any form of cancer or leukemia; or when hair loss is due to another medical condition. A written statement by the treating physician that the wig is Medically Necessary is required for conditions other than the treatment of cancer.

Section 7.

Behavioral Health Services

Behavioral Health Services (General)

AllWays Health Partners' Behavioral Health treatment benefits includes non-custodial, inpatient, intermediate and outpatient services based on medical necessity criteria for treatment in the least restrictive, clinically appropriate setting for both mental health and substance use services. AllWays Health Partners does not apply any Copays, Deductibles, Coinsurance or maximum lifetime benefits to Behavioral Health services that are not equally applied to other Covered Health Care Services. Please see your *Schedule of Benefits* for more information on your Behavioral Health benefits, or call AllWays Health Partners Customer Service.

You may use the PPO Plus Provider Directory at www.allwayshealthpartners.org to search for an In-Network Behavioral Health Provider, or you may call AllWays Health Partners Customer Service for immediate information and assistance in locating the services you are seeking.

AllWays Health Partners provides Benefits for the diagnosis and treatment of Behavioral Health disorders described in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM). The amount and type of treatment provided under the AllWays Health Partners Benefits are determined by Medical Necessity, and may be subject to Authorization requirements. See "Section 4: Prior Authorization" for information on Authorization requirements. All Cost-sharing and coverage limits are described in your *Schedule of Benefits*.

AllWays Health Partners provides coverage for the diagnosis and treatment of:

- Biologically-based mental, behavioral or emotional disorders including schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia, panic disorder, obsessive-compulsive disorder, delirium and dementia, affective disorders, eating disorders, post-traumatic stress disorder, substance use disorders, autism, and other psychotic disorders or other biologically- based mental disorders appearing in the DSM that are scientifically recognized.
- Rape-related mental or emotional disorders among victims of rape or victims of assault with intent to commit rape. Rape-related mental health treatment is based on medical need for the service without any annual or lifetime dollar or unit limitation.
- Non–biologically-based mental, behavioral, or emotional disorders, in children and adolescents under the age of 19, which substantially interfere with or substantially limit the functioning and social interactions of such a child or adolescent; provided, that said interference or limitation is documented by and the Referral for said diagnosis and treatment is made by the Primary Care Physician, primary pediatrician or a licensed mental health professional of such a child or adolescent or is evidenced by conduct, including, but not limited to: an inability to attend school as a result of such a disorder; the need to hospitalize the child or adolescent as a result of such a disorder; or a pattern of conduct or behavior caused by such a disorder which poses a serious danger to self or others. AllWays Health Partners will continue to provide such Benefits to any adolescent who is engaged in an ongoing course of treatment beyond the adolescent's nineteenth birthday until said course of treatment is completed and while the Benefit contract under which such Benefits first became available remains in effect, or subject to a subsequent Benefits contract which is in effect. Treatment is based on medical need for the service without any annual or lifetime dollar or unit limitation.
- All other non–biologically-based mental health conditions.

Psychopharmacological and neuropsychological assessments are covered when Medically Necessary.

If your Behavioral Health Provider is not part of the PPO Plus Network, you are required to contact our Behavioral Health Manager, Optum, at 844-451-3518 (TTY 711) to obtain Prior Authorization for all services that require Prior Authorization. See "Section 4: Prior Authorization" for information on Behavioral Health Authorization requirements. All Authorizations are based on Medical Necessity and the Member's clinical needs.

Behavioral Health Services (Outpatient)

AllWays Health Partners Members may directly seek outpatient mental health and substance use counseling or medication services from any licensed clinician, but your Cost-sharing will be less if you use an In-Network provider. The PPO Plus Network includes physicians with a specialty in psychiatry, a licensed alcohol and drug counselor I, licensed psychologists, licensed independent clinical social workers, licensed marriage and family therapists, licensed mental health clinical nurse specialists or licensed mental health counselors.

Please use the online PPO Plus Provider Directory at www.allwayshealthpartners.org, to locate a Behavioral Health clinician nearby, and refer to your *Schedule of Benefits* for specific Benefit information.

Your In-Network mental health Provider (or you if your mental health Provider is not part of the PPO Plus Network) is required to contact Optum at 844-451-3518 (TTY 711) to obtain Prior Authorization for all services that require Prior Authorization. All Authorizations are based on Medical Necessity and the Member's clinical needs. All Cost-sharing for outpatient mental health or substance use services, if applicable, is shown in your *Schedule of Benefits*. Biologically-based mental Health Services are provided without annual, lifetime or visit/unit/day limitations. No other limitations, Coinsurance, Copay, Deductible or other Cost-sharing may be applied toward these Benefits except as are applied to covered medical services within the plan.

Services may be provided in a licensed hospital; a mental health or substance use clinic licensed by the Department of Mental Health or Public Health; a community mental health center; a professional office or home-based service, provided, however, services are rendered by a licensed mental health professional acting within the scope of his or her license.

Behavioral Health Services (Intermediate)

AllWays Health Partners covers Medically Necessary Intermediate Behavioral Health services. Services include:

- Partial hospitalization
- Day Treatment
- Acute and other residential treatment programs
- Clinically manage detoxification services
- Crisis stabilization
- Intensive Outpatient Programs (IOP)
- In-home Therapy services

You or your Behavioral Health Provider may need to get prior Authorization from Optum or provide notification to Optum for these services except for SOAP, community based detoxification, addiction day treatment program for pregnant women.

To obtain services, call Optum at 1-844-451-3518 (TTY 711). You may also contact your PCP for help.

Behavioral Health Services (Inpatient)

Services may be provided in a general hospital licensed to provide such services; in a facility under the direction and supervision of the Department of Mental Health; in a private mental hospital licensed by the Department of Mental Health; or in a substance use facility licensed by the Department of Public Health. Inpatient services are a 24-hour service, delivered in a licensed hospital setting for mental health or substance use treatment.

To obtain services, call Optum at 1-844-451-3518 (TTY 711). You or your Behavioral Health Provider must obtain prior Authorization from Optum for inpatient mental health services. Inpatient substance use services do not require prior Authorization. Biologically-based inpatient services are provided without annual, lifetime or day limitations.

Federal and State Mental Health Parity Laws

Federal and state laws require that all Managed Care Organizations, including AllWays Health Partners, provide mental health and substance use services to Members in the same way they provide medical/surgical Health Services. This is what is referred to as "mental health parity." Mental health parity laws are important because, in the past, patients who require mental health and substance use treatment may have faced higher deductibles, office visit limits, and other treatment limitations in comparison to patients who require medical/surgical treatments. The federal and state parity laws help limit these differences. The federal law is known as the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act.

Below is information regarding your rights and AllWays Health Partners' obligations under the mental health parity laws as well as information on how to submit a formal complaint if you believe that AllWays Health Partners has not complied with these laws.

Your Rights and AllWays Health Partners' Obligations According to the Mental Health Parity Laws

- AllWays Health Partners must provide you with the same level of Benefits for mental health and substance use problems you have as for other medical/surgical problems you may have.
- AllWays Health Partners must have similar Prior Authorization requirements and treatment limits

for mental health and substance use services as we do for medical/surgical services.

- Upon your or your Provider's request, AllWays Health Partners must provide you or your Provider with a copy of the medical necessity criteria used by AllWays Health Partners for Prior Authorization.
- Within a reasonable time frame, AllWays Health Partners must provide you with a written notice regarding any denial of Authorization for mental or substance use services. See "Section 16: Utilization Review and Quality Assurance" for more information.
- You have the right to receive a second medical opinion on a mental health or substance use problem when you are given a diagnosis or treatment option.
- Copayments, coinsurance, deductibles, unit of service limits (e.g., hospital days, outpatient visits), and/or annual or lifetime maximums are not greater for mental disorders than those required for physical conditions.
- Office visit copayments are not greater than those required for primary care visits.

Submitting a Complaint about a Mental Health Parity Issue

If you believe that AllWays Health Partners has not complied with federal or state mental health parity laws, you may submit a complaint to AllWays Health Partners and/or to the Massachusetts Division of Insurance's Consumer Services Section.

Submitting a Complaint to AllWays Health Partners

To submit a complaint about a mental health parity issue to AllWays Health Partners, follow the instructions shown in "Section 14: Complaint and Grievance Process."

Submitting a Complaint to the Massachusetts Department of Insurance:

Complaints alleging a Carrier's non-compliance with the mental health parity laws may be submitted verbally or in writing to the Division's Consumer Services Section for review. A written submission may be made using the Division's Insurance Complaint Form. A copy of the form may be requested by telephone or by mail, and the form can also be found on the Division's webpage at: http://www.mass.gov/ocabr/insurance/consumer-safety/file-a- complaint.

Consumer complaints regarding alleged non-compliance with the mental health parity laws may also be made by telephone to the Division's Consumer Services section by calling 877-563-4467 or 617-521-7794. All complaints that are initially made verbally by telephone must be following up by a written submission to the Consumer Services section, which must include but is not limited to the following information on the Insurance Complaint Form:

- The complainant's name and address
- The nature of the complaint
- The complainant's signature authorizing the release of any information regarding the complaint to help the Division with its review of the complaint

AllWays Health Partners and the Division of Insurance will attempt to resolve all consumer complaints regarding non-compliance with the mental health parity laws in a timely fashion.

Development of Behavioral Health Clinical Guidelines and Utilization Review Criteria

Behavioral Health Clinical guidelines and Utilization Review criteria are developed with input from practicing physicians and Optum in accordance with standards adopted by national accreditation organizations. Guidelines are evidence-based, wherever possible, and are applied in a manner that considers the individual's Behavioral Health needs, and are otherwise compliant with applicable state and federal law.

Section 8.

Benefit Exclusions and Limitations

AllWays Health Partners does not cover the following services or supplies:

Acupuncture

AllWays Health Partners does not cover services that are not in the scope of acupuncture care.

Ambulance

No benefits are provided for ambulance costs to transport you to a facility of your choice or to return you to the United States from another Country, also referred to as repatriation or medical evacuation.

Benefits from Other Sources

Benefits from other sources are Health Care Services and supplies to treat an illness or injury for which you have the right to Benefits under government programs. These include the Veterans Administration for an illness or injury connected to military service. They also include programs set up by other local, state, federal or foreign laws or regulations that provide or pay for Health Care Services and supplies or that require care or treatment to be furnished in a public facility. In addition, no Benefits are pro- vided if you could have received governmental Benefits by applying for them on time. Services for which payment is required to be made by a Workers' Compensation plan or an employer under state or federal law are also considered Benefits from other sources.

Biofeedback

Blood and Related Fees

Blood or blood products except as specified in this handbook under "Section 6: Your AllWays Health Partners Covered Health Care Services."

Charges for Missed Appointments

No coverage is provided for charges for missed appointments.

Concierge Services

Some physicians charge an annual fee to patients as a condition to be part of the physician's panel of patients and to receive special customer service from the Provider (e.g., access to the Provider's cellular telephone, more personalized service). Members who use physicians who provide additional customer service for a fee (also known as concierge service) should be advised that those concierge services are not part of AllWays Health Partners' health plan coverage.

Cosmetic Services and Procedures

Cosmetic Services that are performed solely for the purpose of making you look better, whether or not these services are meant to make you feel better about yourself or treat a mental condition, such as surgery to treat acne lesions or remove tattoos, and medications for cosmetic purposes to treat hair loss or wrinkles. Reconstructive surgery is covered; please refer to "Section 6: Your AllWays Health Partners Covered Health Care Services" for details.

Custodial Care or Rest Care

This is care that is furnished mainly to help a person in the activities of daily living, and does not require day-to-day attention by medically- trained persons.

Dental Care

Coverage is not provided for routine, preventive and restorative dental services.

Dentures

Diet Foods

No Benefits are provided for the purchase of special foods to support any type of diet, except for those nutritional supplements/formulas specifically listed as a Covered Health Care Service in this handbook.

Educational Testing and Evaluations

No Benefits are provided for educational services or testing except such services covered under the Early Intervention Services and Outpatient Mental Health and Substance use Benefit. No Benefits are provided for educational services intended solely to enhance educational achievement (e.g., subject achievement testing) or to resolve problems regarding school performance.

Exams Required by a Third Party

Physical, psychiatric and psychological examinations or testing required by a third party, including but not limited to employment; insurance; licensing and court-ordered or school-ordered exams and drug testing that are not Medically Necessary or are considered evaluations for work-related performance.

Experimental Services and Procedures

The Benefits described in this Member Handbook are provided only when covered services are furnished in accordance with AllWays Health Partners' medical technology assessment guidelines. No Benefits are provided for health care charges that are received for, or related to, care that AllWays Health Partners considers experimental services or procedures. The fact that a treatment is offered as a last resort does not mean that Benefits will be provided for it.

There are exceptions to this exclusion. As required by law, AllWays Health Partners does provide Benefits for:

- One or more stem cell (bone marrow) transplants for a Member who has been diagnosed with breast cancer that has spread. The Member must meet the eligibility standards that have been set by the Massachusetts Department of Public Health.
- Certain drugs used on an off-label basis. Examples are drugs used to treat cancer and drugs used to treat HIV/AIDS.
- Coverage of patient care services furnished pursuant to qualified clinical trials intended to treat cancer.
- Services, procedures, devices, biologic products, drugs (collectively "treatment") and programs when there is sufficient scientific evidence to support their use.

Eyewear/Laser Eyesight Correction

No Benefits are provided for eyeglasses or contact lenses. Benefits are also not provided for eye surgery to treat conditions which can be corrected by means other than surgery. An example of eye surgery that is excluded is laser surgery for conditions such as nearsighted vision.

There is an exception to this exclusion. AllWays Health Partners does provide Benefits for eyeglasses or contact lenses when Medically Necessary for certain eye conditions, such as use for post-cataract surgery and the treatment of keratoconus.

Foot Care

Routine foot care services such as trimming of corns, trimming of nails and other hygienic care, except when your care is Medically Necessary due to a medical condition such as diabetes or a circulatory disease.

Hearing Aids for Adults Aged 22 and Older

Long-term Care

No Benefits are provided for long-term care.

Massage Therapy

Other Non-covered Services

Any service or supply that is not described as a Covered Benefit in this *Member Handbook* is excluded. Including, but not limited to:

- Any service or supply that is not Medically Necessary
- All institutional charges over the semi- private room rate, except when a private room is Medically Necessary
- A Provider's charge for shipping and handling or taxes
- Medications, devices, treatments and procedures that have not been medically effective
- Services for which there would be no charge in the absence of insurance
- Special equipment needed for sports or job purposes.
- Work rehabilitation

Personal Comfort Items

No Benefits are provided for personal comfort or convenience items or services that are furnished for your personal care or for the convenience of your family. Some examples of non-covered items or services include telephones, radios, televisions, and personal care services. The following items are generally deemed convenience items:

- Air conditioners
- Air purifiers
- Chair lifts
- Dehumidifiers

- Dentures
- Elevators
- “Spare” or “back-up” equipment
- Bath/bathing equipment such as aqua massagers and turbo jets
- Whirlpool equipment generally used for soothing or comfort measures
- Home type bed baths requiring installation (such as Schmidt or Century Bed Bath)
- Non-medical equipment otherwise available to the Member that does not serve a primary medical purpose
- Bed lifters not primarily medical in nature
- Beds and mattresses, non-hospital type
- Bed, hospital type in full, queen, and king sizes
- Cushions, pads and pillows except those described as covered
- Pulse tachometers

Planned Home Births

No benefits are provided for planned home births.

Private-duty Nursing

No benefits are provided for private-duty nursing.

Reversal of Voluntary Sterilization

No Benefits are provided for the reversal of voluntary sterilization.

Self-monitoring Devices

No Benefits are provided for self-monitoring devices, except:

- Blood glucose monitoring devises used by Members with insulin-dependent, insulin-using, gestational, or non-insulin dependent diabetes
- Certain devices that AllWays Health Partners decides would give a Member having particular symptoms the ability to detect or stop the onset of a sudden life-threatening condition
- Peak flow meters used in the monitoring of asthma control

Wilderness Therapy

AllWays Health Partners covers services, procedures, devices, biologic products, drugs (collectively “treatment”) and programs when there is sufficient scientific evidence to support their use or when the treatment is required by regulation.

Section 9.

When You Have Other Coverage

The following information explains how Benefits under this policy will be coordinated with other insurance Benefits available to pay for Health Services that a Member has received. Benefits are coordinated among insurance Carriers to prevent duplicate payment for the same service.

Nothing in this section should be considered to provide coverage for any service or supply that is not expressly covered under this handbook or to increase the level of coverage provided.

Coordination of Benefits

Benefits under this Evidence of Coverage will be coordinated to the extent permitted by law with other plans covering health Benefits including but not limited to homeowner's insurance, motor vehicle insurance, group and/or non-group health insurance, Hospital indemnity Benefits that exceed $100 per day, and governmental Benefits (including Medicare).

Coordination of Benefits will be based upon the Massachusetts Regulation 211 CMR 38.00 for a service that is covered at least in part by any of the plans involved. AllWays Health Partners reimbursement shall not exceed the maximum allowable under the Plan.

Primary vs. Secondary Coverage

When a Member is covered by two or more health Benefit plans, one plan will be "primary" and the other plan (or plans) will be "secondary." The Benefits of the primary plan are determined before those of the secondary plan(s) and without considering the Benefits of the secondary plan(s). The Benefits of the secondary plan(s) are determined after those of the primary plan and may be reduced because of the primary plan's Benefits. In the case of health Benefit plans that contain provisions for the Coordination of Benefits, the following rules shall decide which health Benefit plans are primary or secondary based upon the Massachusetts Regulation 211 CMR 38.00:

Dependent/Non-dependent

The Benefits of the plan that covers the person as an employee or Subscriber are determined before those of the plan that covers the person as a Dependent.

A Dependent child whose parents/guardians are not separated or divorced

The order of Benefits is determined as follows:

- The Benefits of the plan of the parent/ guardian whose birthday falls earlier in a year are determined before those of the plan of the parent or guardian whose birthday falls later in that year. If parents or guardians have the same birthday, the plan covering the parent or guardian for the longer time is primary.
- When the other plan does not have the same rules of priority as those listed above, but instead has a rule based upon the gender of the parent, and if, as a result, the plans do not agree on the order of Benefits, the rule of the other plan will determine order of Benefits.

A Dependent child whose parents are separated or divorced

Unless a court order, of which AllWays Health Partners has knowledge, specifies one of the parents as responsible for the health care Benefits of the child, the order of Benefits is determined as follows:

1. First, the plan of the parent with custody of the child
2. Then, the plan of the spouse of the parent with custody of the child
3. Finally, the plan of the parent not having custody of the child

Active/Inactive Employee

The Benefits of the plan that covers the person as an active employee are determined before those of the plan that covers the person as a laid-off or retired employee.

Longer/shorter length of coverage

If none of the above rules determines the order of Benefits, the Benefits of the plan that covered the employee, Member or Subscriber longer are determined before those of the plan that covered that person for the shorter time.

Provider Payment When AllWays Health Partners Coverage is Secondary

When a Member's AllWays Health Partners coverage is secondary to a Member's coverage under another health Benefit plan, AllWays Health Partners may suspend payment to a Provider of services until the Provider has properly submitted a Claim to the primary plan and the Claim has been processed and

paid, in whole or in part, or denied by the primary plan. AllWays Health Partners may recover any payments made for services in excess of AllWays Health Partners' liability as the secondary plan, either before or after payment by the primary plan.

Worker's Compensation/ Government Programs

If AllWays Health Partners has information indicating that services provided to a Member are covered under Worker's Compensation, employer's liability, or another program of similar purpose, or by a federal, state or other government agency, AllWays Health Partners may suspend payment for such services until a decision is made whether payment will be made by such program. If AllWays Health Partners provides or pays for services for an illness or injury covered under Worker's Compensation, employer's liability, or another program of similar purpose, or by a federal, state or other government agency, AllWays Health Partners will be entitled to recovery of its expenses from the Provider of services or the party or parties legally obligated to pay for such services.

Subrogation

If you are injured by any act or omission of another person, the coverage under this contract will be subrogated. This means that AllWays Health Partners may use your right to recover money from the person(s) who caused the injury or from any insurance company or other party. If you recover money, you must reimburse AllWays Health Partners up to the amount of the payments that it has made. This is true even if you do not recover the total amount of your claim against the other person(s).

This is also true if the payment you receive is described as payment for other than health care expenses. The amount you must reimburse AllWays Health Partners will not be reduced by any attorneys' fees or expenses you incur.

You must give AllWays Health Partners information and help. This means you must complete and sign all necessary documents to help AllWays Health Partners get this money back.

This also means that you must give AllWays Health Partners notice before settling any claim arising out of injuries you sustained by an act or omission of another person(s) for which AllWays Health Partners provides coverage. You must not do anything that might limit AllWays Health Partners' right to full reimbursement. The subrogation and recovery provisions in this Evidence of Coverage apply whether or not the Member recovering money is a minor. To enforce its subrogation rights under this policy, AllWays Health Partners will have the right to take legal action, with or without the Member's consent, against any party to secure recovery of the value of services provided or paid for by the Plan for which such party is, or may be, liable.

Member Cooperation

As a Member of AllWays Health Partners, you agree to cooperate with AllWays Health Partners in exercising its rights of subrogation and coordination of Benefits under the Evidence of Coverage. Such cooperation will include, but not be limited to:

- The provision of all information and documents requested by AllWays Health Partners
- The execution of any instruments deemed necessary by AllWays Health Partners to protect its right
- The prompt assignment to AllWays Health Partners of any monies received for services provided or paid for by AllWays Health Partners
- The prompt notification to AllWays Health Partners of any instances that may give rise to AllWays Health Partners' rights

The Member further agrees to do nothing to prejudice or interfere with AllWays Health Partners' rights to sub- rogation or coordination of Benefits. Failure of the Member to perform the obligations stated in this section shall render the Member liable to AllWays Health Partners for any expenses AllWays Health Partners may incur, including reasonable attorneys' fees, in enforcing its rights under this Plan. Nothing in this *Member Handbook* may be interpreted to limit AllWays Health Partners' right to use any means provided by law to enforce its rights to subrogation or coordination of Benefits under this plan.

Members Eligible for Medicare

When you receive Covered Benefits that are eligible for coverage by Medicare as the primary payer, the claim must be submitted to Medicare before payment by AllWays Health Partners. The Plan will be liable for any amount eligible for coverage that is not paid by Medicare. You shall take such action as is required to assure payment by Medicare.

If you are eligible for Medicare by reason of End Stage Renal Disease, the Plan will be the primary payor for Covered Benefits during the "coordination period"

specified by federal regulations at 42 CFR Section 411.62. Thereafter, Medicare will be the primary payor. When Medicare is primary (or would be primary if you were timely enrolled) the Plan will pay for services only the extent payments would exceed what would be payable by Medicare.

When the plan provides benefits to a Member for which the Member is eligible under Medicare, the Plan shall be entitled to reimbursement from Medicare for such services. The member shall take such action as is required to assure this reimbursement.

Section 10.

Care Management and Disease Management Programs

Our Care Management Programs

If you have a complex health concern, AllWays Health Partners has care managers who can support you and your health care Provider during treatment. Our care managers are nursing and therapy (e.g. physical, respiratory, etc.) professionals who have expertise helping individuals with a range of health care needs. Telephonic care management can be provided for physical problems, Behavioral Health needs (mental health and substance use), complex care needs, injuries requiring rehabilitation, organ transplants, social needs and chronic illnesses.

Members may join any of the care management programs listed below. For more information on these or other programs, contact:

AllWays Health Partners Customer Service
866-414-5533 (TTY 711)
www.allwayshealthpartners.org

Behavioral Health Care Management Program

AllWays Health Partners provides care for Members who may have mental health and substance use concerns. AllWays Health Partners' Behavioral Health Care Management program is managed by Optum. In addition, AllWays Health Partners offers a complex care management program focusing on members with complex, comorbid Behavioral Health and medical conditions.

They can help find a counselor near you, make recommendations, and explain your treatment options. For more information about Behavioral Health care management, contact:

Optum
844-451-3518 (TTY 711)

AllWays Health Partners Customer Service
866-414-5533 (TTY 711)
www.allwayshealthpartners.org

Clinical Care Partners

If you have complex care needs, or the otential for complex care needs, care managers work with you on developing health and wellness action plans, coaching and education, and collaborate with your Providers to coordinate your health care needs.

Pediatric Care Management

AllWays Health Partners' Pediatric Care Management program focuses on Members under age 19 who may have special health care needs. As a service to parents, this program coordinates a child's medical and Behavioral Health care and other needs.

Health Coaching

AllWays Health Partners' Health & Wellness Coaches provide telephonic health coaching to help members gain the knowledge, skills, tools, and self-efficacy to achieve their health goals using strategies such as motivational interviewing and goal planning. Motivational Interviewing is a member-centered and collaborative method to help members explore and resolve ambivalence about behavior change. Health coaches are trained to assist members in a variety of health and wellness topics including: healthy eating/weight management, physical activity, and stress management. Health Coaches also perform outreach calls to members that have gaps in care, as identified by HEDIS data and our interactive text messaging service, Health Crowd.

Our Disease and Condition Management Programs

Our specialized Disease and condition management programs provide comprehensive support, education and outcomes measurement for a number of conditions and diseases that frequently affect our Members. Members with these conditions are identified and offered the opportunity to participate in unique programming to meet the needs of individuals living with these conditions. AllWays Health Partners Clinicians with expertise in these programs work to develop tools and materials to help Members achieve improved health status and quality of life. These programs include the following:

Asthma Management Program

AllWays Health Partners' Asthma Program helps you better manage your asthma by making sure you get all the care you need. An Asthma Care Manager will work with you and your health care Provider to come up with a treatment plan that works for you. A respiratory therapist can also visit you at home to help you understand how to use your medication, and help you identify what could be triggering asthma episodes. Educational books, videos, and computer games that help children understand asthma are also available.

Diabetes Management Program

If you have diabetes, you may Benefit from the extra care and education our Diabetes Care Management Program provides. Diabetes care managers reach out to Members considered to be at-risk for diabetes-related complications by providing education and support.

Maternal & Child Health Clinical Nurse Specialist

If you are pregnant, AllWays Health Partners' Maternal & Child Health Clinical Nurse Specialist provides you with information about pregnancy, plus educational material and extra support for moms-to-be. The program is free and offers you:

- Help from an AllWays Health Partners care manager
- Rental or purchase of an electric breast pump
- Access to AllWays Health Partners' Tobacco Treatment Specialist
- Access to mental health or substance use services
- Immunization information, schedules, and reminders

Childbirth education classes are available to you and your partner or support person free of charge at many primary care sites and hospitals. Speak to the Provider caring for you during your pregnancy or the facility where you plan to deliver, about enrolling. If they do not offer a childbirth education program, AllWays Health Partners will reimburse you for the cost of these classes up to $130 per pregnancy. For more information, call AllWays Health Partners Customer Service.

Cardiovascular Disease (CVD) Program

AllWays Health Partners offers a CVD Program to all AllWays Health Partners Members. Members with documented CVD are potentially eligible for this program to help participants with condition management and reduction of Secondary Cardiovascular risk factors through education, coaching and lifestyle changes. For more information on the CVD program, please call AllWays Health Partners Customer Service.

The Quit for Life Tobacco Cessation Program

AllWays Health Partners provides support for Members trying to quit tobacco. Research shows that a combination of counseling and use of tobacco cessation medications doubles your chances of quitting successfully.

A Certified Tobacco Treatment Specialist (CTTS) can help you create a quit plan, discuss treatment option, choose a quit day, deal with cravings and live with other tobacco users in your life who are not ready to quit. The CTTS is available to call your Provider with you to discuss obtaining a prescription for a tobacco cessation medication. AllWays Health Partners' pharmacy benefit covers certain over the counter and prescription cessation medications at $0 cost with a prescription from your provider. The program also includes free educational materials.

For more information about quitting tobacco, contact:

AllWays Health Partners' Certified Tobacco Treatment Specialist
857-282-3096

quitsmoking@www.allwayshealthpartners.org

Massachusetts Quitline
800-TRY-TO-STOP

Section 11.

Member Rights and Responsibilities

Your Rights as an AllWays Health Partners Member

As a valued Member of AllWays Health Partners, you have the right to:

- Receive information about AllWays Health Partners, our services, our Providers and practitioners, your covered Benefits, and your rights and responsibilities as a Member of AllWays Health Partners.
- Receive documents in alternative formats and/or oral interpretation services free of charge for any materials in any language.
- Have your questions and concerns answered completely and courteously.
- Be treated with respect and with consideration for your dignity.
- Have privacy during treatment and expect confidentiality of all records and communications.
- Discuss and receive information regarding your treatment options, regardless of cost or Benefit coverage, with your Provider in a way which is understood by you.
- Be included in all decisions about your health care, including the right to refuse treatment.
- Access Emergency care 24 hours/day, 7 days a week.
- Access an easy process to voice your concerns, and expect follow-up by AllWays Health Partners.
- File a Complaint or Appeal if you have had an unsatisfactory experience with AllWays Health Partners or with any of our In-Network Providers or if you disagree with certain decisions made by AllWays Health Partners.
- Make recommendations regarding AllWays Health Partners' Member rights and responsibilities.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- Freely apply your rights without negatively affecting the way AllWays Health Partners and/or your Provider treats you.
- Ask for and receive a copy of your medical record and request that it be changed or corrected, as explained in the Notice of Privacy Practices.
- Receive the Covered Health Care Services you are eligible for as outlined in this handbook.

Your Responsibilities as an AllWays Health Partners Member

As an AllWays Health Partners Member, you also have responsibilities. It is your responsibility to:

- Tell any health care Providers who are treating you that you are an AllWays Health Partners Member.
- Give complete and accurate health information that AllWays Health Partners or your Provider needs in order to provide care.
- As much as possible, understand your health problems and take part in making decisions about your health care and in developing treatment goals with your Provider.
- Follow the plans and instructions agreed to by you and your Provider.
- Understand your Benefits—what's covered and what's not covered.
- Call your Primary Care Provider within forty-eight (48) hours of any Emergency visit or treatment by an Out-of-Network Provider. If you experienced a Behavioral Health (mental health and substance use) Emergency you should contact your Behavioral Health Provider, if you have one.
- Notify AllWays Health Partners and your employer, if applicable, of any changes in personal information such as address, telephone, marriage, additions to the family, eligibility of other health insurance coverage, etc.

Reporting Health Care Fraud

If you know of anyone trying to commit health care fraud, please call our confidential Compliance Helpline at 1-844-556-2925. You do not need to identify yourself.
Examples of health care fraud include:

- Receiving bills for Health Care Services you never received
- Individuals loaning their health insurance ID card to others for the purpose of receiving Health Care Services or prescription drugs

- Being asked to provide false or misleading health care information

Member Satisfaction

Our Customer Service Representatives want you to get the most from your AllWays Health Partners Membership.
Call us if you:

- Have any questions about your AllWays Health Partners Benefits
- Lose your AllWays Health Partners Member ID Card
- Want to file a Grievance or make a Complaint
- Please also notify AllWays Health Partners Customer Service if you:
- Move/relocate
- Get a new telephone number
- Have any changes to your policy (e.g., marriage, new baby, etc.)

If You Receive a Bill in the Mail or If You Paid for a Covered Service

In-Network Providers should not bill you for any service included in the description of Covered Health Care Services that exceeds Deductibles, Copayments, or Coinsurance specified in your *Schedule of Benefits*. Your Summary of Payments (SOP), which is a statement that AllWays Health Partners mails you, shows what AllWays Health Partners has paid the Provider and what your Cost-sharing obligations to a Provider are for Covered Services. If you believe you have overpaid or received a bill from an In-Network or Out-of-Network Provider in error for any service included on the Covered Health Care Services list, you should contact AllWays Health Partners Customer Service.

If you need Emergency or Urgent Care while traveling abroad, AllWays Health Partners will pay the Provider directly. Ask the Provider to contact AllWays Health Partners to discuss payment if the Provider asks you for money. If you do pay for Emergency or Urgent Care while traveling, AllWays Health Partners will reimburse your out-of-pocket cost minus any Cost-sharing you are required to pay according to the plan you were enrolled in at the time of service. Please send a copy of the bill and proper receipts indicating payment to AllWays Health Partners at:

AllWays Health Partners
Attn: Claims
399 Revolution Drive, Suite 810
Somerville, MA 02145

Be sure to include the following information:

- Member's full name
- Member's date of birth
- Member's AllWays Health Partners Member ID number
- Date the health care service was provided
- A brief description of the illness or injury

For pharmacy items, you must include:

- A dated drug store receipt stating the name of the drug or medical supply, the prescription number, and the amount paid for the item

Limits on Claims

AllWays Health Partners will pay or reimburse you only for services that are Emergency or Urgent Care Benefits. You must send any bills or receipts to AllWays Health Partners within twelve (12) months of the Date of Service. AllWays Health Partners is not required to pay bills or reimburse you for Claims received later than twelve (12) months after the Date of Service. AllWays Health Partners will pay or reimburse you only for services that are Covered Health Care Services and that are obtained in accordance with AllWays Health Partners policies.

Section 12.

Your Financial Obligations

As part of your contract, you have certain financial obligations with respect to paying for covered Health Services in addition to your premium. Below are descriptions of Member Cost- sharing that may apply when using In-Network and Out-of-Network Providers. Member Cost-sharing under your Plan may apply to services received In-Network, Out-of-Network or both. See your *Schedule of Benefits* for Cost-sharing details that are specific to your Plan.

If your Plan has a Deductible, you will receive a Summary of Payments (SOP) in the mail from AllWays Health Partners which indicates what a Provider has billed, what AllWays Health Partners has paid, and what you are responsible for paying (i.e., for Deductible, Co- pays, Coinsurance, Penalties and/or Charges in Excess of the Allowed Amount) based on Claims recently received by AllWays Health Partners. Please retain all SOPs for your records, and contact AllWays Health Partners Customer Service if you have any questions about the information shown in the SOP.

Copayment (Copay)

In some cases, you will be asked to pay a Copay when receiving a covered health care Benefit, such as a visit to the doctor, or a prescription. Copays are fixed dollar amounts that are due at the time the service is received or when billed by the Provider. Your *Schedule of Benefits* identifies what your Copay should be for various health care Benefits. Unless you have a Deductible or Coinsurance, you should not be asked to pay more than your Copay amount for a covered health care Benefit when it is provided by an In-Network Provider.

Deductible

Some plans require you to pay a Deductible. Your *Schedule of Benefits* indicates if you have any Deductible amounts and how that Deductible amount is calculated. A Deductible is a specific annual dollar amount you must pay each Benefit year for certain services. You may have a Deductible for medical expenses, and a separate Deductible for pharmacy expenses. Once you meet your Deductible, you may still be responsible for Copays and any applicable Coinsurance responsibilities.

Coinsurance

Some plans also provide coverage with Coinsurance. If your coverage requires payment of Coinsurance, the applicable Coinsurance percentages are listed in your *Schedule of Benefits*. After you have met any applicable Deductible amount, you will be responsible for a specified percentage of the cost of a covered health care Benefit you receive and AllWays Health Partners will be responsible for the remainder of the cost.

Out-of-Pocket Maximum

All plans have an Out-of-Pocket Maximum dollar amount. Your *Schedule of Benefits* indicates the amount of your Out-of- Pocket Maximum amount and details how your Out-of-Pocket Maximum amount is calculated. The Out-of-Pocket Maximum represents the most you are required to pay each year. Penalty amounts and charges above the Allowed Amount never apply to the Deductible or Out- of-Pocket Maximum.

Out-of-Network Charges in Excess of the Allowed Amount

On occasion, an Out-of-Network Provider may charge amounts in excess of the Allowed Amount. In those instances, you will be financially responsible for the difference between what the Provider charges and the Allowed Amount payable by the Plan. This means that you will be responsible for paying the full amount above the Allowed Amount. Amounts charged by an Out-of-Network Provider in excess of the Allowed Amount do not count toward the Deductible or Out-of-Pocket Maximum. You may contact AllWays Health Partners Customer Service at 866-414-5533 if you have questions about the maximum Allowed Amount that may be permitted by AllWays Health Partners for a service.

Penalty

The Penalty is the amount that a Member may be responsible for paying for certain Out-of-Network services when Prior Authorization has not been received before obtaining the services. The Penalty charge is in addition to any Member Cost-sharing amounts. Penalty charges do not count toward any Deductible or Out-of-Pocket Maximum. Please see “Section 4. Prior Authorization” for a detailed explanation of the Prior Authorization program.

Coverage Levels and Location of Service

It is your responsibility to determine if a Provider you wish to see is an In-Network Provider and is accepting new patients if you are a new patient. When you use In-Network Providers, you know that they meet AllWays Health Partners' Provider quality standards and that they will work with us and Optum (our Behavioral Health Manager) to help ensure you get the care you need. If you have a Medically Necessary service at an In-Network Provider's location but it is performed by an Out-of-Network Provider, you will not be responsible to pay more than the amount required for In-Network services. However, AllWays Health Partners may not cover the service if you had a reasonable opportunity to choose to have the service performed by an In-Network Provider. You may search the PPO Plus Provider Directory or call AllWays Health Partners Customer Service.

Medical Cost Estimator

AllWays Health Partners can help you estimate what your Cost- sharing obligations might be before you receive a covered service from an In-Network Provider.

To get an estimate, log into allwaysmember.org and under the 'My Coverage" tab, select the link "Request Cost Estimate for Medical Services". The tool will allow you to select the name of your doctor or facility as well as the medical service you want to estimate. A real time estimate will be provided to you for the service specific to the site and/or provider you selected.

If you are unable to request it on-line then please call the Customer Service number on the back of your Member ID card, or for the hearing impaired, 711.

If you request an estimate for a medical procedure that is not located in the tool, then, complete the form provided and click submit to obtain the cost.

You will receive a response to the submitted form within 48 hours.

The information provided is an estimate based on the information supplied to AllWays Health Partners at the time of the request. It represents best efforts to assist Members in anticipating Cost-Sharing prior to services being rendered and/or facilitating a dialogue between Members and Providers as to financial responsibilities and treatment options. This estimate does not guarantee coverage and/or pre-approval. The estimated amount may change due to several factors, including but not limited to: changes to your plan design; additional Claims received for processing subsequent to this estimate being provided; other services rendered in conjunction with these procedures; and changes to a Provider's contract with AllWays Health Partners.

Section 13.

Your Confidentiality and Privacy of Information

Confidentiality

AllWays Health Partners takes our responsibility to protect your personal and health information seriously.

To help in maintaining your privacy, we have instituted the following practices:

- AllWays Health Partners employees and contractors do not discuss your personal information in public areas.
- Electronic information is kept secure through the use of passwords, automatic screen savers and giving limited access to only those employees with a "need to know."
- Written information is kept secure by storing it in locked file cabinets, enforcing "clean-desk" practices and using secured shredding bins for its destruction.
- All employees and contractors, as part of their initial orientation, receive training on our confidentiality and privacy practices. In addition, as part of every employee's annual performance review, they are required to sign a statement stating that they have read and agree to abide by AllWays Health Partners' confidentiality policy.
- All Providers and other entities with whom we need to share information are required to sign agreements in which they agree to maintain confidentiality.
- AllWays Health Partners and contractors only collect information about you that we need to have in order to provide you with the services you have agreed to receive by enrolling in AllWays Health Partners or as otherwise required by law.

In accordance with state law, AllWays Health Partners and our contractors take special precautions to protect any information concerning mental health or substance use, HIV status, sexually transmit- ted diseases, pregnancy or termination of pregnancy.

Notice of Privacy Practices

This section describes how health information about you may be used and disclosed, and how you can get access to this information. Please review it carefully. AllWays Health Partners provides health insurance coverage to you. Because you get health Benefits from AllWays Health Partners, we have personal health information (PHI) about you. By law, AllWays Health Partners must protect the privacy of your health information.

This section explains:

- When AllWays Health Partners and our contractors may use and share your health information
- What your rights are regarding your health information

AllWays Health Partners and our contractors may use or share your health information:

- When the U.S. Department of Health and Human Services needs it to make sure your privacy is protected
- When required by law or a law enforcement agency
- For payment activities, such as checking if you are eligible for health Benefits, and paying your health care Providers for services you get
- To operate programs, such as evaluating the quality of Health Care Services you get, providing care management and disease management services and performing studies to reduce health care costs
- With your health care Providers to coordinate your treatment and the services you get
- With health-oversight agencies, such as the federal Centers for Medicare and Medicaid Services, and for oversight activities authorized by law, including fraud and abuse investigations
- For research projects that meet specific privacy requirements
- With government agencies that give you
- Benefits or services
- With plan sponsors of employer group health plans, but only if they agree to protect that information;
- To prevent or respond to an immediate and serious health or safety emergency
- To remind you of appointments, Benefits, treatment options or other health-related choices you have

- With entities that provide services or perform functions on behalf of AllWays Health Partners (Business Associates), provided that they have agreed to safeguard your information

When a federal or state privacy law provides for stricter safeguards of your PHI, AllWays Health Partners will follow the stricter law. Except as described above, AllWays Health Partners cannot use or share your health information with anyone without your written permission. You may cancel your permission at any time, as long as you tell us in writing.

(*Please note:* We cannot take back any health information we used or shared when we had your permission.)

For purposes of underwriting, AllWays Health Partners is prohibited from using or disclosing any genetic information.
AllWays Health Partners does not use your health information for any marketing purposes and will not sell your health information to anyone.

You have the right to:

- See and get a copy of your health information that is contained in a "designated record set." You must ask for this in writing. To the extent your information is held in an electronic health record, you may be able to receive the information in electronic form. In some cases, we may deny your re- quest to see and get a copy of your health information AllWays Health Partners may charge you to cover certain costs, such as copying and postage.
- Ask AllWays Health Partners to change your health information that is in a "designated record set" if you think it is wrong or incomplete. You must tell us in writing which health information you want us to change, and why. If we deny your request, you may file a statement of disagreement with us that will be included in any future disclosures of the disputed information.
- Ask AllWays Health Partners to limit its use or sharing of your health information. You must ask for this in writing. AllWays Health Partners may not always be able to grant this request.
- Ask AllWays Health Partners to get in touch with you in some other way, if you believe you would be harmed by contacting you at the address or telephone number we have on file.
- Get a list of when and with whom AllWays Health Partners has shared your health information. You must ask for this in writing.
- Be notified in the event that we or one of our Business Associates discovers a breach of your unsecured protected health information.
- Get a paper copy of this notice at any time.

These rights may not apply in certain situations. By law, AllWays Health Partners must give you notice explaining that we protect your health information, and that we must follow the terms of this notice. This notice took effect on March 26, 2013, and will remain in effect until we change it. This notice replaces any other information you have previously received from AllWays Health Partners about the privacy of your health information. AllWays Health Partners can change how we use and share your health information.

If AllWays Health Partners does make important changes, we will send you a new notice and post an updated notice on our website. That new notice will apply to all of the health information that AllWays Health Partners has about you. AllWays Health Partners takes your privacy very seriously.

If you would like to exercise any of the rights we describe in this notice, or if you feel that AllWays Health Partners has violated your privacy rights, contact AllWays Health Partners' Privacy Officer in writing at the following address:

Privacy Officer
AllWays Health Partners
399 Revolution Drive, Suite 810
Somerville, MA 02145

Filing a Complaint or exercising your rights will not affect your Benefits. You may also file a Complaint with the U.S. Secretary of Health and Human Services:

The U.S. Department of Health and
Human Services
200 Independence Avenue
SW Washington, DC 20201
877-696-6775 | 202-619-0257

AllWays Health Partners will not retaliate against you if you file a complaint either with AllWays Health Partners or the U.S. Secretary of Health and Human Services. For more information, or if you need help understanding this notice, call AllWays Health Partners Customer Service.

Section 14.

Complaint and Grievance Process

AllWays Health Partners tries to meet and go beyond what our Members expect of us. If an AllWays Health Partners experience did not meet with your expectations, we want to know about it so we can understand your needs and provide better service.

Complaints

Members have the right to voice concerns and file Complaints. If you file a Complaint, AllWays Health Partners staff will be courteous and professional, and all information about the Complaint will be kept confidential. Filing a Complaint will not affect your AllWays Health Partners coverage in a negative way.

To file a Complaint, call or write to AllWays Health Partners:

AllWays Health Partners Customer Service
866-414-5533 (TTY 711)
Monday–Friday, 8 a.m.– 6 p.m.
Thursday 8 a.m.– 8 p.m.

AllWays Health Partners
Attn: Member Appeals and Grievance Department
399 Revolution Drive, Suite 940
Somerville, MA 02145

How the Complaint Process Works

A Customer Service Representative will ask for information about the Complaint, and, if possible, solve the problem over the telephone at the time of your call. If the Customer Service Representative cannot resolve the situation to your satisfaction at the time of your call, we will make every effort to resolve your Complaint within three (3) business days (called the "internal Inquiry period"). If we are unable to satisfactorily resolve your Complaint within three (3) business days, we will, at your request, continue to investigate and resolve the matter through our internal Grievance process.

Grievances

If you are not satisfied with the way AllWays Health Partners responded to your Complaint or with any decision made by AllWays Health Partners about your health care or service, you have the right to file a Grievance. A Grievance is a request that AllWays Health Partners reconsider a decision or investigate a Complaint regarding the quality of care or services that you have received or any aspect of AllWays Health Partners' administrative operations.

If your Grievance is about a decision AllWays Health Partners has made to deny coverage of health care or services, you must file your Grievance within 180 calendar days of you being notified of the decision. Filing a Grievance will not affect your AllWays Health Partners coverage in a negative way. The time period for AllWays Health Partners to resolve your Grievance will begin either on the day after the Internal Inquiry Period, or at any time during the Internal Inquiry Period if you notify AllWays Health Partners that you are not satisfied with the response thus far to your Inquiry. Time limits may only be waived or extended by mutual written agreement between you or an Authorized Representative and AllWays Health Partners. Any such agreement shall state the additional time limits, which shall not exceed fifteen (15) business days from the date of the agreement.

You may designate an Authorized Representative (a friend, relative, health care Provider, etc.) to act as your representative during the Grievance process. The Authorized Representative has the same rights and responsibilities as the Member.

Frequently Asked Questions about the Grievance Process

How do I file a Grievance?

You may file a Grievance by telephone, in person, by mail or by fax.

AllWays Health Partners will send you a written acknowledgement of receipt of your Grievance within one business day. If you telephone us or stop by in person, your Grievance will be documented by AllWays Health Partners and a copy forwarded to you or your Authorized Representative within one business day. We request that you read, sign and return to AllWays Health Partners this written document of your oral Complaint. If it is incorrect, or if you want to add more information, make your corrections on the letter prior to returning it to AllWays Health Partners. This helps to ensure that we fully understand the nature of your complaint.

You may contact AllWays Health Partners in writing or by phone to initiate the Grievance process. (See address, tele- phone, and fax number above in "Complaints.")

How do I designate an Authorized Representative?

An Authorized Representative is anyone you choose to act on your behalf in filing a Grievance with AllWays

Health Partners. An Authorized Representative can by a family Member, a friend, a Provider or anyone else you choose. Your Authorized Representative will have the same rights as you do in filing your Grievance. If you wish to choose an Authorized Representative, you must sign and return a Designation of Authorized Representative Form to AllWays Health Partners. To get this form, please contact AllWays Health Partners Customer Service.

What if my Grievance is about my health care or services?

If your Grievance is related to a decision AllWays Health Partners has made about your health care or services, you or your Authorized Representative may be asked to sign and return a release of medical information to AllWays Health Partners. After receipt of all necessary releases, your medical information will be requested by AllWays Health Partners. You or your Authorized Representative will have access to any medical information and records relevant to the Grievance which are in the possession of AllWays Health Partners. If we asked that you provide us with a signed Authorization and you (or your Authorized Representative) do not provide the signed Authorization for release of medical information within thirty (30) calendar days of the receipt of the Grievance, AllWays Health Partners, may issue a resolution of the Grievance without review of some or all of the medical records.

What if my Grievance is about a behavioral health care service?

AllWays Health Partners has delegated the management of Grievances involving behavioral health or substance use services to Optum. To initiate a Grievance with Optum you may contact them in writing or by phone:

Optum
Attn: Grievance/Complaints
425 Market Street
San Francisco, CA 94105
Fax: 877-384-1179

1-844-451-3518 (TTY 711)

What if my Grievance is about a pediatric dental service?

To initiate a Grievance regarding pediatric dental services, you can call or write:

Phone: 1-855-264-7898

Complaints, Grievances, & Appeals Department
P.O. Box 969
Boston, MA 02129

What if my Grievance is about a pediatric vision service?

To initiate a Grievance regarding pediatric vision services, you can call or write:

Phone: 1-844-201-3993
Fax: 1-513-492-3259

FAA/EyeMed Vision Care
Attn: Quality Assurance Dept.
4000 Luxottica Place
Mason, OH 45040

What if resolution of my Grievance does not require review of my medical records?

If resolution of your Grievance does not require review of your medical records, the Grievance resolution process will begin on the day after the Internal Inquiry Period or sooner if you notify AllWays Health Partners that you are not satisfied with AllWays Health Partners' response during the Internal Inquiry Period.

Who will review my Grievance?

Grievances are reviewed by an individual or individuals who are knowledgeable about the matters at issue in the Grievance. Grievances of Adverse Determinations will be reviewed by an individual or individuals that did not participate in any of the prior decisions regarding the matter of the Grievance. These individuals are actively practicing health care professionals in the same or similar specialty who typically treat the medical condition, perform the procedure, or provide the same treatment that is the subject of the Grievance.

How will the decision on my Grievance be explained?

When AllWays Health Partners sends you a written decision on your Grievance, we will include complete identification of the specific information considered and an explanation of the basis for the decision. In the case of a Grievance that involves an Adverse Determination, the written resolution will include a detailed clinical reason that is consistent with generally accepted principles of professional medical practice, and will, at a minimum:

- State the date of service, treating Provider, diagnosis and treatment codes and their meanings.
- Identify the specific information upon which the denial was based.

- Discuss the presenting symptoms or condition, diagnosis and treatment interventions, and the specific reasons such medical evidence fails to meet the relevant medical review criteria.
- Specify alternative treatment options covered by AllWays Health Partners, if any, and a list of Providers currently accepting new patients that offer the alternative treatment.
- Reference and include applicable clinical practice guidelines and review criteria.
- Include a summary of the reviewer's professional qualifications and a signed statement that the reviewer did not participate in any previous reviews related to the Grievance, is not under the supervision of the reviewer who issued the Adverse Determination and has no conflict of interest in making the decision.
- Notify you (or your Authorized Representative) of the procedure for reconsideration of the appeal decision made by AllWays Health Partners and the procedures for requesting external review, including an expedited review and the opportunity to request continuation of services.

When will I hear from AllWays Health Partners about my Grievance?

AllWays Health Partners will contact you in writing within thirty (30) calendar days with the result of your Grievance review, unless you and AllWays Health Partners agreed to an extension.

Continuation of Services During the Grievance Process

If the subject matter of the Grievance involves the termination of ongoing services, the disputed coverage or treatment will remain in effect, without liability to you, until you or your Authorized Representative have been informed of AllWays Health Partners' decision provided that you have filed your Grievance on a timely basis. This continuation of coverage or treatment applies only to those services which, at the time of their initiation, were approved by AllWays Health Partners and which were not terminated pursuant to an exhaustion of your Benefit coverage.

Reconsideration

AllWays Health Partners may offer you (or your Authorized Representative) the opportunity for reconsideration of a Final Adverse Determination where relevant medical information was:

- Received too late to review within the thirty (30) calendar-day time limit,
- Not received, but is expected to become available within a reasonable time period following the written resolution, or
- For other good cause offered by the Member or Member's Authorized Representative.

If you choose to request reconsideration, AllWays Health Partners must agree in writing to a new time period for review, but in no event greater than thirty (30) calendar days from the agreement to reconsider the Grievance. The time period for requesting external review begins the date of resolution of the reconsidered Grievance.

Expedited Grievance Review for Special Circumstances

If you or your health care Provider believe your health, life, or ability to regain maximum functioning may be put at risk by waiting thirty (30) calendar days, you or your doctor can request an expedited Grievance review.

An expedited Grievance will be reviewed and resolved as soon as possible consistent with medical requirements but not later than seventy-two (72) hours. You have the right to apply for expedited external review at the same time you apply for an expedited internal review.

AllWays Health Partners will provide an automatic reversal of the denial for services or durable medical equipment, pending the outcome of the expedited internal appeal, within forty-eight (48) hours of receiving written certification by the Member's physician which states the service or durable medical equipment is: (1) Medically Necessary; (2) that a denial of coverage would create substantial risk or serious harm; and (3) that the risk of such harm is so immediate that services or durable medical equipment should not await the outcome of the normal appeal process. For durable medical equipment, the treating physician must further certify as to the specific, immediate, and severe harm that will result to the Member if such equipment is not provided within forty-eight (48) hours.

Expedited Grievance Review for Persons Who are Hospitalized

A Grievance made while a Member is hospitalized will be resolved as soon as possible, taking into consideration the medical and safety needs of the Member. A written

resolution will be provided before the Member is released from the hospital. During a Member's hospitalization, and only during hospitalization, a health care professional or a representative of the hospital may act as the Member's Authorized Representative without written Authorization by the Member.

Expedited Grievance Review for Persons with Terminal Illness

When a Grievance is submitted by an insured with a terminal illness, or Authorized Representative, resolution will be provided to the insured or Authorized Representative within five (5) business days from the receipt of the Grievance, except for Grievances regarding urgently needed services, which will be resolved within seventy-two (72) hours. If the Expedited Review process affirms the denial of coverage or treatment to an insured with a terminal illness, AllWays Health Partners will provide the insured or the insured's Authorized Representative, within five (5) business days of the decision:

- A statement, setting forth the specific medical and scientific reasons for denying coverage or treatment
- A description of alternative treatment, services or supplies covered or provided by AllWays Health Partners, if any

If the Expedited Review process affirms the denial of coverage or treatment to an insured with a terminal illness, AllWays Health Partners will allow the insured, or the insured's Authorized Representative, to request a conference. The conference will be scheduled within ten (10) days of receiving a request from an insured; provided however that the conference shall be held within five (5) business days of the request if the treating physician determines, after consultation with AllWays Health Partners' medical director or his designee, and based on standard medical practice, that the effectiveness of either the proposed treatment, services or supplies or any alternative treatment, services or supplies covered by AllWays Health Partners, would be materially reduced if not provided at the earliest possible date.

At the conference, AllWays Health Partners will permit attendance of the Member, the Authorized Representatives of the Member, or both, as well as the Member's treating health care professional or other Providers. A representative of AllWays Health Partners, who has authority to determine the disposition of the Grievance, will conduct the review.

AllWays Health Partners' Obligation to Timely Resolution of Grievances

If AllWays Health Partners does not act upon your Grievance within the prescribed time frames or the agreed upon extended time frame, the Grievance will be decided in your favor. Any extension deemed necessary to complete the review of your Grievance must be authorized by mutual written agreement between you or your Authorized Representative and AllWays Health Partners.

Independent External Review

If you are not satisfied with the final outcome of the Grievance review you receive, you have the right to apply for an independent external review with the Massachusetts Health Policy Commission's Office of Patient Protection. The Office of Patient Protection provides an independent review of Grievances not resolved at the health plan level to your satisfaction. The External Review Organization will review the Grievance to determine if the service or treatment in question is Medically Necessary and a Covered Benefit. The decisions of the External Review Organization are final and binding.

You or your Authorized Representative is responsible to activate the External Review Process. To activate the review:

- Complete and submit the required application to the Health Policy Commission within four (4) months of receipt of AllWays Health Partners' final Grievance decision.
- Submit applicable filing fees ($25.00) to the Health Policy Commission (The Office of Patient Protection may waive the fee in cases of extreme financial hardship). You will not be required to pay more than $75.00 in fees for external review requests per plan year, regardless of the number of external review requests submitted.

For non-expedited reviews, a final decision will be issued within forty-five (45) calendar days from the receipt of the appeal at the Office of Patient Protection. For expedited reviews, a final decision will be issued within seventy-two (72) hours from the receipt of the appeal at the Office of Patient Protection.

The Office of Patient Protection shall screen all requests for external reviews to determine if they:

- Comply with the requirements of 958 CMR 3.404
- Do not involve a service or Benefit that has been explicitly excluded from coverage by AllWays Health Partners in the Member Handbook or Schedule of Benefits
- Result from AllWays Health Partners' issuance of a final decision of a Grievance, provided, however, that no Final Adverse Determination is necessary where AllWays Health Partners has failed to comply with timelines for the internal Grievance process, AllWays Health Partners has waived the internal Grievance process in writing, or if the Member or his or her Authorized Representative is requesting an expedited external review at the same time that the Member is requesting an expedited internal review.

If the external review agency overturns AllWays Health Partners' decision in whole or in part, AllWays Health Partners shall issue a written notice to the Member within five (5) business days of receipt of the written decision from the OPP.

Such notice shall:

- Acknowledge the decision of the OPP
- Advise the Member of any additional procedures for obtaining the requested coverage or services
- Advise the Member of the date by which the payment will be made or the Authorization for services will be issued by AllWays Health Partners
- Advise the Member of the name and phone number of the person at AllWays Health Partners who will assist the Member with final resolution of the Grievance

For more information about your Grievance rights as a resident of the Commonwealth of Massachusetts, contact:

Massachusetts Office of Patient Protection
1-800-436-7757
Fax 617-624-5046
www.mass.gov/hpc/opp

Expedited External Review and Continuation of Coverage

You or your Authorized Representative may request to have your request for review processed as an expedited external review. You have the right to apply for independent expedited external review at the same time a request for an internal expedited review is requested.

Any request for an expedited external review must contain a certification, in writing, from your physician, that a delay in the providing or continuation of Health Care Services that are the subject of a Final Adverse Determination would pose a serious and immediate threat to your health. If the subject matter of the external review involves the termination of ongoing services, you may apply to the external review panel to seek continuation of coverage for the terminated service during the period the review is pending.

Any such request must be made by the end of the second business day following receipt of the Final Adverse Determination, or if you choose to file an external expedited appeal at the same time as you file an internal expedited appeal, the second business day following receipt of the Adverse Determination.

The review panel may order the continuation of coverage or treatment where it determines that substantial harm to your health may result in the absence of such continuation or for such other good cause, as the review panel shall determine. Any such continuation of coverage will be at AllWays Health Partners' expense regardless of the final external review determination.

For more information about your Grievance rights as a resident of the Commonwealth of Massachusetts, contact:

Massachusetts Office of Patient Protection
800-436-7757
Fax 617-624-5046
www.mass.gov/hpc/opp

As a resident of Massachusetts, you can also seek consumer assistance with the Grievance process by contacting:

Massachusetts Consumer Assistance Program
Health Care for All
30 Winter St., 10th Floor
Boston, MA 02108

800-272-4232
www.hcfama.org/helpline

Section 15.

Utilization Review and Quality Assurance

Utilization Review

The mission of the Utilization Review (UR) program at AllWays Health Partners is to ensure the provision of the highest quality of health care to its Members. This is accomplished through a multidisciplinary team approach to advocate for optimum standards of patient health, education, and safety. Our commitment to providing quality care is consistent with our goal to promote appropriate resource utilization.

The Utilization Review program promotes the continuity of patient care through the facilitation and coordination of patient services to ensure a smooth transition for Members as they obtain the appropriate level and intensity of services, across the continuum of health care. The Utilization Review program continually evaluates the needs of AllWays Health Partners' Members and promotes enhancements and improvements to the program as well as to the care delivery system.

AllWays Health Partners recognizes that under-use of medically appropriate services can harm our Members' health and wellness. For this reason, AllWays Health Partners promotes appropriate use of services. AllWays Health Partners' UR decisions are based only on appropriateness of care and service and existence of coverage. AllWays Health Partners does not specifically reward practitioners or other individuals conducting Utilization Review for issuing denials of coverage or service, nor does AllWays Health Partners provide financial rewards to UR decision makers to encourage decisions that cause underutilization.

Adverse Determinations

Decisions made by AllWays Health Partners or a designated Utilization Review Organization such as Optum to deny, reduce, modify, or terminate an admission, continued Inpatient stay, or the availability of any other services, for failure to meet the requirements for coverage based on Medical Necessity, appropriateness of health care setting and level of care or effectiveness are considered Adverse Determinations. Written notification of Adverse Determinations will include a substantive clinical justification that is consistent with generally accepted principles of professional medical practice, and will, at a minimum:

- Identify the specific information upon which the Adverse Determination was based.
- Discuss the presenting symptoms or condition, diagnosis and treatment interventions, and the specific reasons such medical evidence fails to meet the relevant medical review criteria.
- Specify alternative treatment options covered by AllWays Health Partners, if any.
- Reference and include applicable clinical practice guidelines and review criteria.
- Notify you (or your Authorized Representative) of our internal Grievance process and the procedures for requesting external review.

AllWays Health Partners engages in prospective review, concurrent review with discharge planning, and care management of Health Care Services as part of its Utilization Review Program.

Initial Determination (also known as Prospective Review or Prior Authorization)

Prior Authorization is required on certain services to ensure the efficient and appropriate use of covered Health Care Services. Prior Authorization must be obtained before you receive the service. Decisions are made by AllWays Health Partners or a designated Utilization Review organization within two (2) working days of obtaining all necessary information, including any necessary evaluations and/or second opinions. Providers and Members are notified of the decision within twenty-four (24) hours. Both Providers and Members are sent written notification of prospective approvals within two (2) working days of the initial notification and within one (1) working day for prospective denials.

Concurrent Review

Decisions are made within one working day of obtaining all necessary information, including any necessary evaluations and/or second opinions. Providers and Members are notified of the decision within 24 hours. Both Providers and Members are sent written notification (including number of extended days/visits, next review date, total number of days/visits approved, and date of service initiation) of concurrent approvals and denials within one working day of the initial notification. Services subject to concurrent review are continued without liability to the Member until the Member has been notified of the decision.

Reconsideration

AllWays Health Partners offers a treating Provider an opportunity to seek reconsideration of a "not approved" Determination from a clinical peer reviewer in any case involving a prospective or in-process review. The treating Provider is informed of this opportunity within the written denial letter. The reconsideration process will occur within one working day of the Provider's request and will be conducted between the Provider and an AllWays Health Partners clinical peer reviewer. If the reconsideration process does not reverse the "not approved" Determination, the Member or Provider, on behalf of the Member, may pursue AllWays Health Partners' Grievance process. The reconsideration process is not a necessary to AllWays Health Partners' Grievance process or an expedited appeal. Members can call AllWays Health Partners Customer Service to determine the status or outcome of Utilization Review decisions.

Care Management

Care Management allows for coordination of quality Health Care Services to meet an individual's specific health care needs while facilitating care across agencies and organizations (home health, skilled nursing, hospitals are examples) and creating cost effective alternatives for catastrophic, chronically ill or injured Members on a case by case basis. Examples of circumstances where care management may be beneficial include organ transplantation, asthma, congestive heart failure, diabetes, smoking or major traumatic injury such as burns.

Quality Assurance Program

AllWays Health Partners is committed to improving the health of its Members by providing the highest quality health care through the design, implementation and continuous improvement of the most appropriate and effective delivery systems. The scope of AllWays Health Partners' Quality Assurance Program includes:

- Member satisfaction
- Access to care and services
- Continuity of care
- Provider credentialing
- Preventive Health Services
- Patient safety
- Health care outcomes

If you have a concern about the quality of care you have received by an In-Network Provider or the service provided by AllWays Health Partners, please contact the AllWays Health Partners Quality Services Department at 800-433-5556.

Development of Clinical Guidelines and Utilization Review Criteria

Clinical guidelines and Utilization Review criteria at AllWays Health Partners are developed with input from practicing physicians in AllWays Health Partners' Network and in accordance with standards adopted by national accreditation organizations. AllWays Health Partners guidelines are evidence-based, wherever possible, and are applied in a manner that considers the individual's health care needs, and are otherwise compliant with applicable state and federal law.

AllWays Health Partners guidelines are reviewed biennially or more often as new drugs, treatments, and technologies are adopted as generally accepted medical practice.

AllWays Health Partners or Optum makes their utilization review criteria available online at allwayshealthpartners.org under Clinical Resources in the Provider tab, or by request. To make a request, call 866-414-5533 and please be sure to include the specific diagnosis and treatment in question. AllWays Health Partners will provide applicable criteria and protocols within thirty (30) days of your request.

Evaluation of New Technology

AllWays Health Partners strives to ensure that our Members have access to safe and effective medical care. With the rapid advancement of technology and pharmaceuticals, AllWays Health Partners has a process to evaluate new technology on a case-by-case basis as well as on a Benefit level.

Decisions to approve the use of a new technology are based on the highest Benefit and lowest risk to the Member.

AllWays Health Partners reviews and evaluates new and emerging technologies, including diagnostics, surgical procedures, medical therapies, equipment and pharmaceuticals to determine their safety and effectiveness. AllWays Health Partners uses information gathered from varied sources including peer reviewed scientific literature, policy statements from professional medical organizations, national consensus guidelines, FDA reviews, and internal and external expert consultants in its evaluation efforts. AllWays Health Partners may also analyze market trends and legal and ethical issues in its evaluations as

appropriate. Technologies are selected for review based on actual or potential demand.

The Chief Medical Officer or Medical Director is responsible for making Medical Necessity decisions on urgent requests for new technologies that have not been evaluated and approved through AllWays Health Partners' technology assessment process. In making this decision, the Chief Medical Officer or Medical Director reviews any avail- able literature and consults with internal and external expert consultants as needed.

New technologies are incorporated into the AllWays Health Partners Benefit structure based upon the strength of the safety and efficacy evidence, market analysis and the relevance to the AllWays Health Partners Membership.

Access and Utilization

AllWays Health Partners is accessible to Members seeking information about the Utilization Review process and Authorization requests and decisions from 8:30 a.m. to 5:30 p.m., Monday through Friday by calling AllWays Health Partners at 866-414-5533 (TTY 711). For after-hours Utilization Review issues, you may leave a message. All requests and messages left after-hours will be retrieved the next business day.

In cases regarding behavioral health or substance use services, AllWays Health Partners has delegated Utilization Review to Optum; Pharmacy to AllWays Health Partners' Pharmacy Vendor; and Harvard Vanguard Medical Associates for all HVMA Members.

Section 16.

Glossary

Adverse Determination

A determination, based upon a review of information provided, by AllWays Health Partners or its designated Utilization Review organization, to deny, reduce, modify, or terminate an admission, continued Inpatient stay, or the availability of any other services, for failure to meet the requirements for coverage based on Medical Necessity, appropriateness of health care setting and level of care or effectiveness, including a determination that a requested or recommended health care service or treatment is experimental or investigational.

Allowed Amount

The Allowed Amount is the maximum amount that we will pay for Covered Benefits minus any applicable Member Cost-sharing. The Allowed Amount for In-network Benefits is the contracted rate accepted by In-Network Providers. The Allowed Amount for Out-of-Network Benefits is based on the lower of the Provider's charge or the Usual and Customary charge used by Providers in a particular geographic area. The Allowed Amount for Out-of-Network Providers may sometimes be less than your In-Network's Provider's actual charge. If this is the case, you will be responsible for the amount of the Provider's actual charge that is in excess of the Allowed Amount.

AllWays Health Partners

A Massachusetts licensed, not-for-profit Health Maintenance Organization (HMO) founded in 1986 by the Massachusetts League of Community Health Centers and the Greater Boston Forum for Health Action. AllWays Health Partners' mission is to provide accessible health care delivery systems, which are Member-focused, quality-driven, and culturally responsive to our Members' needs.

AllWays Health Partners Provider

A Provider who, under contract with AllWays Health Partners or a delegated entity, has agreed to provide health care services to insureds with an expectation of receiving payment, other than Coinsurance, Copays or Deductibles, directly or indirectly from AllWays Health Partners.

AllWays Health Partners Treating Provider

See "AllWays Health Partners Provider" above.

Applied Behavior Analysis

The design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement and functional analysis of the relationship between environment and behavior.

Authorization

An Authorization is a special approval by AllWays Health Partners for payment of certain services.

Authorized Representative

A Member's guardian, conservator, power of attorney, health care agent, family Member, or other person authorized by the Member that AllWays Health Partners can document has been authorized by the Member in writing to act on the Member's behalf with respect to a Complaint or Grievance.

Autism Services Provider/Network

A person, entity or group that provides treatment of Autism Spectrum Disorders. This includes: board certified behavior analysts; psychiatrists and psychologists; licensed or certified speech therapists; occupational therapists; physical therapists, social workers and pharmacies.

Autism Spectrum Disorders

Any of the pervasive developmental disorders as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including autistic disorder, Asperger's disorder and pervasive developmental disorders not otherwise specified.

Behavioral Health Manager

A company organized under the laws of the Commonwealth, or organized under the laws of another state and qualified to do business in the Commonwealth, that has entered into a contractual arrangement with a carrier to pro- vide or arrange for the provision of behavioral, substance use disorder, and mental Health Services to voluntarily enrolled Members of the carrier.

Optum is AllWays Health Partners' delegated Behavioral Health Manager for utilization management and care management services only. Behavioral Health Provider Network Services are provided through the PPO Plus Network.

Behavioral Health Treatment

Mental health and substance use treatment.

Benefit

A specific area of plan coverage, such as outpatient visits or hospitalization, that make up the range of medical services available to Members. Also, a contractual agreement, specified in an Evidence of Coverage, determining covered services provided by insurers to Members.

Benefit Period

If you have non-group coverage with AllWays Health Partners, your benefit period resets on January 1. If you are enrolled
through employer sponsored group coverage with AllWays Health Partners, your benefit period resets on your employer's
anniversary date.

Board Certified Behavior Analyst

A behavior analyst credentialed by the Behavior Analyst Certification Board as a board certified behavior analyst.

Claim

An invoice from a Provider that describes the services that have been provided for a Member or a request that qualifies as a claim under applicable law. All claim determinations (including but not limited to: claim appeal decisions) by AllWays Health Partners and/or Optum shall be final and binding in the absence of clear and convincing evidence that the determination was arbitrary and capricious.

Coinsurance

A portion of allowed medical or pharmacy expenses payable by an AllWays Health Partners Member for AllWays Health Partners covered services. Coinsurance is represented as a percentage of the cost that the Member is responsible for instead of a fixed dollar amount. Coinsurance may be applied either before or after other Cost-sharing for a given covered service.

Complaint

Any inquiry made by, or on behalf of, a Member to AllWays Health Partners or one of AllWays Health Partners' Utilization Review designees that is not explained or resolved to the Member's satisfaction within three (3) business days of the inquiry, including any matter concerning an Adverse Determination.

Connector

"Connector", the commonwealth health insurance connector, established by chapter 176Q

Copayment (Copay)

A fixed amount paid by a AllWays Health Partners Member for applicable services or for prescription medications at the time they are provided.

Cost Sharing

The general term that refers to the share of costs for services covered by a plan or health insurance that you must pay out of your own pocket (sometimes called "out-of-pocket costs").

Some examples of types of cost sharing include copayments, deductibles, and coinsurance. Other costs, including your premiums, penalties you may have to pay or the cost of care not covered by a plan or policy are usually not considered cost sharing.

Covered Benefits/Covered Services

The services and supplies covered by AllWays Health Partners described in this handbook.

Day

A calendar day (unless business day is specified).

Deductible

The amount you are required to pay to Providers for covered Health Care Services before AllWays Health Partners begins to pay for these services. Please refer to your *Schedule of Benefits* to determine if your plan has a Deductible and how it is calculated.

Diagnosis of Autism Spectrum Disorders

Medically necessary assessments, evaluations including neuropsychological evaluations, genetic testing or other tests to diagnose whether an individual has 1 of the Autism Spectrum Disorders.

Disenrollment

The process by which a Member's AllWays Health Partners coverage ends.

Effective Date

The date an individual becomes a Member of AllWays Health Partners and is eligible for Covered Benefits.

Eligible Individuals

Eligible Individuals are individuals who have permanent residence in the AllWays Health Partners Enrollment Area or are employees of a sole proprietorship, firm, corporation, partnership or association actively engaged in a business that is based within the AllWays Health Partners Enrollment Area and reside within the Continental U.S. See "Section 2: Eligibility and Enrollment" for what qualifies an Individual as eligible.

Emergency Medical Condition

A medical condition, whether physical, behavioral, related to substance use disorder, or mental, manifesting itself by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine, to result in placing the health of the insured or another person in serious jeopardy, serious impairment to body function, or serious dysfunction of any body organ or part. With respect to a pregnant woman who is having contractions, an emergency also includes having an inadequate time to affect a safe transfer to another hospital before delivery or a threat to the safety of the Member or her unborn child in the event of transfer to another hospital before delivery. For further information, refer to section 1867(e)(1)(B) of the Social Security Act, 42 U.S.C. section 1395dd(e)(1)(B).

Emergency Services Program (ESP)

A program in Massachusetts through which emergency mental health and/or substance use services are available in designated community locations 24 hours per day, 7 days per week, 365 days per year. ESPs provide an alternative to receiving emergency mental health and substance use services in hospital emergency rooms. ESPs provide crisis assessment, intervention and stabilization, either at your home or another community location such as schools and homes, or at the ESP's community-based location.

Enrollee

An Eligible Individual or subscriber enrolled in a health insurance plan offered by a contracted MCO (such as AllWays Health Partners), either by choice of the Eligible Individual or through an employer group.

Enrollment

The process by which AllWays Health Partners registers eligible Individuals and Employees for Membership.

Enrollment Date

The first day AllWays Health Partners is responsible for providing Covered Services to an Enrollee.

Essential Community Provider

An Essential Community Provider (ECP) is a health care provider that serves high-risk, special needs and underserved individuals.

Essential Health Benefits (EHBs)

Health care service categories required to be covered by certain plans. Please see Section 6 for a list of EHBs.

Evidence of Coverage

The legal document, made up of this *Member Handbook* and your *Schedule of Benefits* that sets forth the services covered by AllWays Health Partners, the exclusions from coverage, and the conditions of coverage for Members.

Facility

A licensed institution providing Health Care Services or a health care setting, including, but not limited to, hospitals and other licensed inpatient centers, ambulatory surgical or treatment centers, skilled nursing centers, residential treatment centers, diagnostic, laboratory and imaging centers, and rehabilitation and other therapeutic health settings.

Family Planning Services

Services directly related to the prevention of conception. Services include: birth control counseling, education about Family Planning, examination and treatment, laboratory examinations and tests, medically approved methods and procedures, pharmacy supplies and devices, sterilization, including tubal ligation. (Abortion is

not a Family Planning Service.) Vasectomies are considered a family planning service but will apply appropriate cost sharing depending on where the service is performed.

Final Adverse Determination

An Adverse Determination made after an Enrollee has exhausted all remedies available through AllWays Health Partners' internal Grievance process.

Formulary

The schedule of prescription drugs approved for use which will be covered by the plan and dispensed through participating pharmacies.

Grievance

Any oral or written Complaint submitted to AllWays Health Partners or one of AllWays Health Partners' Utilization Management designees that has been initiated by an Enrollee, or the Enrollee's Authorized Representative, concerning any aspect or action of AllWays Health Partners relative to the Enrollee, including, but not limited to, review of Adverse Determinations regarding scope of coverage, denial of services, quality of care and administrative operations.

Habilitation Services

Health care services that help a person keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Care Agent

The individual responsible for making health care decisions for a person in the event of that person's incapacitation.

Health Care Services

Services for the diagnosis, prevention, treatment, cure, or relief of a physical, behavioral, substance use disorder or mental health condition, illness, injury, or disease.

Health Savings Account (HSA)

A Health Savings Account is a fund you can establish to pay for medical expenses associated with a High Deductible Health Plan or invest for your future health needs. AllWays Health Partners does not administer these accounts so please contact your employer for more information.

Hearing Aid

Aid or device worn in the ear that improves a Member's ability to hear. A hearing aid may include parts, attachments, accessories, and supplies. Hearing aid batteries are not part of the hearing aid.

High Deductible Health Plan

A High Deductible Health Plan is a health insurance plan that meets certain government requirements with respect to Deductibles and Out-of-Pocket Maximums. The Deductibles are generally higher and the Premiums are generally lower compared to a standard health insurance plan.

HMO

A health maintenance organization licensed pursuant to M.G.L. c. 176G.

In-Network

The level of Cost-sharing a Member pays when Covered Benefits are obtained through a PPO Plus Network Provider.

Inpatient

Care in a hospital that requires admission and requires at least one overnight stay. An over- night stay in an observation bed is considered outpatient.

Inquiry

Any communication by or on behalf of an Enrollee to AllWays Health Partners that has not been the subject of an Adverse Determination and that requests redress of an action, omission or policy of AllWays Health Partners.

Licensed Mental Health Professional

Includes a licensed physician who specializes in the practice of psychiatry, a licensed alcohol and drug counselor I, a licensed psychologist, a licensed independent clinical social worker, a licensed marriage and family therapist, a licensed mental health counselor or a licensed nurse mental health clinical specialist.

Medically Necessary or Medical Necessity

Medically Necessary or Medical Necessity describes Health Care Services that are consistent with generally accepted principles of professional medical practice as determined by whether: (a) the service is the most appropriate available supply or level of service for the Enrollee in question considering potential Benefits and harms to the individual; (b) is known to be effective, based on scientific evidence, professional standards and expert opinion, in improving health outcomes; or (c) for services and interventions not in widespread use, is based on scientific evidence.

Member

Any Individual actively enrolled with AllWays Health Partners.

Member Financial Responsibility

Premiums, Coinsurance, Copays, or Deductibles Cost-sharing that may be due to AllWays Health Partners or Providers.

Member ID Card

An identification card showing the individual is a Member of AllWays Health Partners. The Member ID Card includes the Member's ID number and information about the Member's coverage. The Member ID Card must be shown to Providers prior to receipt of services.

Non-discriminatory Basis Coverage

AllWays Health Partners' coverage policies do not contain any annual or lifetime dollar or unit of service limitations imposed on coverage for care provided by Nurse Practitioners that are less than any annual or lifetime dollar or unit of service limitation imposed on coverage for the same services by other Providers.

Non-preferred (Out-of-Network) Provider

A Provider that does not have a contractual agreement with AllWays Health Partners to provide services to Members.

Nurse Practitioner

A registered nurse who holds Authorization in advance nursing practice as a nurse practitioner under M.G.L. c. 112, 80B and regulations promulgated thereunder. A Nurse Practitioner may serve as a Primary Care Provider.

Office of Patient Protection

The office within the Health Policy Commission established by M.G.L. c. 6D, § 16, responsible for the administration and enforcement of M.G.L. c.176O, §§ 13, 14, 15 and 16

Optum

Optum is the organization contracted by AllWays Health Partners to work in collaboration with the AllWays Health Partners Behavioral Health Department to administer AllWays Health Partners' Behavioral Health program.

Out-of-Network

The level of Cost-sharing a Member pays (generally higher) when Covered Benefits are obtained through a Non-Preferred (Out-of-Network) Provider.

Out-of-Pocket Maximum

The amount a Member is required to pay during a Benefit period before AllWays Health Partners begins to pay 100% of the Allowed Amount. The limit does not include your premium or a service your plan does not cover.

Penalty

The amount that a Member may be responsible to pay for certain Out-of-Network services when Prior Authorization was not granted by AllWays Health Partners and you already received the Health Care Services.

PPO Plus Network

The national network of licensed health care Providers with contractual agreements to provide Health Care Services to PPO Plus Plan Members.

Physician Assistant

A health care professional who meets the requirements for registration as set forth in M.G.L. c. 112 § 9I and who may provide medical services appropriate to his or her training, experience and skills and under the supervision of a registered physician.

Preferred (In-Network) Provider

Provider that has a contractual agreement with AllWays Health Partners to provide In-Network Services to PPO Plus Plan Members.

Premium

The amount of money paid to AllWays Health Partners by the Member (or on the subscriber's behalf by an employer) to cover the cost of health insurance.

Preventive Care

Care such as annual physical exams, immunizations, mammograms and other screening tests which are generally provided by a Primary Care Provider.

Prior Authorization

A process that AllWays Health Partners requires in order to (1) verify that certain Covered Services are and continue to be Medically Necessary and provided in an appropriate and cost-effective manner, and (2) to arrange for the payment of Benefits. In-Network Providers are responsible for obtaining Prior Authorization on behalf of the Member. Before a Member receives services from an Out-of-Network Provider, the Member is responsible for obtaining Prior Authorization from AllWays Health Partners. Otherwise, the Member may have to pay higher Cost-sharing amounts and a Penalty.

Primary Care Provider (PCP)

A health care professional qualified to provide general medical care for common health care problems who: supervises, coordinates, prescribes, or otherwise provides or proposes Health Care Services; initiates referrals for Specialist care; and maintains continuity of care within the scope of practice. Doctors (including pediatricians), Physician Assistants and Nurse Practitioners may all serve as PCPs.

Provider

A health care professional or facility licensed as required by state law. Providers include doctors, hospitals, laboratories, pharmacies, skilled nursing facilities, nurse practitioners, registered nurses, physician assistants, psychiatrists, social workers, licensed marriage and family therapists, licensed mental health counselors, clinical Specialists in psychiatric and mental health nursing, and others. AllWays Health Partners will only cover services of a Provider if those services are Covered Benefits and within the scope of the Provider's license.

Provider Directory

A list of In-Network Providers in the PPO Plus Network, including PCPs, Specialists, hospitals and Urgent Care centers can be accessed online by visiting www.allwayshealthpartners.org. You may also call AllWays Health Partners Customer Service for assistance in locating In-Network Providers.

Rehabilitation Services

Health care services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of Inpatient and/or outpatient settings.

Schedule of Benefits

The *Schedule of Benefits* is a general description of your AllWays Health Partners coverage. It also lists the Deductible, Copayment (Copay), Coinsurance, and Out-of-Pocket Maximum amounts, where applicable, on services your policy covers. The *Schedule of Benefits* is not the same as the Member ID Card (see Member ID Card).

Specialist

A Provider who is trained and certified by his/ her state to provide specialty services. Examples include but are not limited to cardiologists, obstetricians and dermatologists.

Summary of Payments (SOP)

An Summary of Payments (SOP) is a statement sent by AllWays Health Partners to members which explains what medical treatments and/or services were paid for on their behalf. The SOP also contains information on member cost-sharing amounts such as deductible, copay and coinsurance amounts. AllWays Health Partners makes these statements available on www.allwaysmember.org or mails these statements to members once a month.

Telemedicine

A visit through the use of interactive audio, video or other electronic media for a diagnosis, consultation or treatment of a patient's physical or mental health. Telemedicine does not include audio-only telephone, facsimile machine, online questionnaires, texting or text-only e-mail.

Treatment of Autism Spectrum Disorders

Includes the following care prescribed, provided or ordered for an individual diagnosed with 1 of the Autism Spectrum Disorders by a licensed physician or a licensed psychologist who determines the care to be medically necessary; habilitative or rehabilitative care; pharmacy care; psychiatric care; and therapeutic care.

Urgent Care

Care for an illness, injury or condition serious enough that a person would seek immediate care, but not so severe as to require Emergency room care.

Usual and Customary Charge

The fees identified by a carrier as the usual fees charged by similar health care Providers in the same geographic area. To determine the Usual and Customary Charge, AllWays Health Partners relies on a commercially available solution which applies statistical principles to a large national database, representing more than half of all claims submitted in the United States, to estimate the 80th percentile cost of a given procedure and region.

Utilization Review

A set of formal review techniques designed to monitor the use of—or evaluate the clinical necessity, appropriateness or efficiency of— Covered Health Care Services, procedures, or settings. Such review techniques may include, but are not limited to, ambulatory review, prospective review/Prior Authorization, second opinion, certification, concurrent review, care management, discharge planning or retrospective review.

Utilization Review Organization

An entity that conducts Utilization Review under contract with or on behalf of a carrier, but does not include a carrier performing Utilization Review for its own health Benefit plans. A Behavioral Health manager is considered a Utilization Review organization.

Workers Compensation

Insurance coverage maintained by employers under federal law to cover employees' injuries and illnesses under certain conditions.

AllWays Health Partners Customer Service

Whenever you have a question or concern about your AllWays Health Partners Membership or Benefits, our highly trained Customer Service Representatives are available to help you.

Just call **866-414-5533** (TTY 711) and a representative will assist you. Our hours of operation are Monday–Friday 8 a.m.–6 p.m., and Thursday 8 a.m.–8 p.m. You may also contact us via email at: Customerservice@allwayshealth.org.

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