

PRODUCT PORTFOLIO REFERENCE GRID

Prime™ Solutions HMO and PPO Plus Plans with Easy Tier Hospital Network with Care Complement

Effective July 1, 2018

Great doctors. Great benefits. Great choice.

- Highly competitive premiums
- Access to the top doctors and hospitals
- A FlexRxsm pharmacy solution that controls pharmacy costs while offering money and time savings for members:
 - 6-Tier coverage for a wide variety of medications, including a \$5 low-cost tier
 - An over-the-counter (OTC) drug benefit that covers many common OTC cough, cold, and allergy drugs and products with a prescription
 - A 90-day supply of maintenance medications through mail order or retail pharmacies
 - Choose from three pharmacy cost-sharing options

Care Complementsm removes financial barriers to care and encourages members to seek the most efficient and effective care first—see back for details

Telemedicine benefit in partnership with Teladocsm that lets members have an audiovisual visit with a doctor at anytime by using their mobile device or computer

DoctorSmartsm Rewards program gives members cash back when they select to have certain services with a high-value provider

Easy Tier Plans

Easy Tier plans are simple to understand and use. This plan divides the hospital network into higher and lower cost tiers: Tier 1 (lower cost) and Tier 2 (higher cost). In addition, the tiering is limited to these services: inpatient medical services, outpatient diagnostic imaging and X-ray (including ultrasound), outpatient high-tech radiology (CT Scans, MRIs, etc.), outpatient surgery, outpatient short-term rehabilitation (cardiac, physical, occupational, and speech therapy).

PRODUCT PORTFOLIO REFERENCE GRID

Prime™ Solutions PPO Plus Plans with Easy Tier Hospital Network with Care Complement

Effective July 1, 2018

All plans meet Medicare Part D creditable coverage requirements.
All plans meet Minimum Creditable Coverage requirements.

Prime Solutions PPO Plus with Easy Tier Hospital Network Plans with Care Complement	Deductible (D) Individual/Family (embedded, unless otherwise noted)	Out-of-Pocket Maximum Individual/Family (embedded)	OUTPATIENT						INPATIENT			MENTAL HEALTH & SUBSTANCE USE (MH/SU)		PHARMACY OPTION A	PHARMACY OPTION B	PHARMACY OPTION C
			Office Visit PCP/Specialist	Routine Eye Exam One every 12 months	Emergency Room (Copayment waived if Admitted)	Diagnostic, imaging & X-ray	Laboratory	High-tech Radiology	Outpatient Surgery	Inpatient Medical, Medical Services (including Maternity)	SNF (100 days/ benefit period) and Rehab (100 days/ benefit period) per Admission	Outpatient MH/SU Visits Including Rehab and Detox	Inpatient MH/SU per Admission	Pharmacy Cost-Sharing by Tiers for a 30-day supply 1/2/3/4/5/6	Pharmacy Cost-Sharing by Tiers for a 30-day supply 1/2/3/4/5/6	Pharmacy Cost-Sharing by Tiers for a 30-day supply 1/2/3/4/5/6
Prime Solutions PPO Plus with Easy Tier Hospital Network FlexRx 6-Tier with Care Complement	IN: None OON: \$500/\$1,000	IN: \$5,000/\$10,000 OON: \$10,000/\$20,000 Pharmacy: \$2,000/\$4,000	IN: \$25/\$40 OON (D) 20%	IN \$40 OON (D) 20%	IN \$150	Tier 1: \$0 Tier 2: \$100 OON (D) 20%	IN \$0 OON (D) 20%	Tier 1: \$50 Tier 2: \$500 OON (D) 20%	Tier 1: \$250 Tier 2: \$1,250 OON (D) 20%	Tier 1: \$500 Tier 2: \$1,500 OON (D) 20%	IN \$500 OON (D) 20%	IN \$25 OON (D) 20%	IN \$500 OON (D) 20%	\$5/\$15/\$35/\$60/ 10% up to \$200 per script max/ 20% up to \$250 per script max	\$5/\$20/\$40/ \$65/\$100/\$150	\$5/\$25/\$50/ \$100/\$150/\$200
Prime Solutions PPO Plus 500 with Easy Tier Hospital Network FlexRx 6-Tier with Care Complement	IN: \$500/\$1,000 OON: \$1,000/\$2,000	IN: \$5,000/\$10,000 OON: \$10,000/\$20,000 Pharmacy: \$2,000/\$4,000	IN: \$25/\$40 OON (D) 20%	IN \$40 OON (D) 20%	IN \$150	Tier 1: IN (D) Tier 2: IN (D) \$100 OON (D) 20%	IN (D) OON (D) 20%	Tier 1: (D) Tier 2: (D) \$500 OON (D) 20%	Tier 1: (D) Tier 2: (D) \$1,000 OON (D) 20%	Tier 1: IN (D) Tier 2: IN (D) \$1,000 OON (D) 20%	IN (D) OON (D) 20%	IN \$25 OON (D) 20%	IN (D) OON (D) 20%			
Prime Solutions PPO Plus 1000 with Easy Tier Hospital Network FlexRx 6-Tier with Care Complement	IN: \$1,000/\$2,000 OON: \$2,000/\$4,000	IN: \$5,000/\$10,000 OON: \$10,000/\$20,000 Pharmacy: \$2,000/\$4,000	IN: \$25/\$40 OON (D) 20%	IN \$40 OON (D) 20%	IN \$150	Tier 1: IN (D) Tier 2: IN (D) \$100 OON (D) 20%	IN (D) OON (D) 20%	Tier 1: (D) Tier 2: (D) \$500 OON (D) 20%	Tier 1: (D) Tier 2: (D) \$1,000 OON (D) 20%	Tier 1: IN (D) Tier 2: IN (D) \$1,000 OON (D) 20%	IN (D) OON (D) 20%	IN \$25 OON (D) 20%	IN (D) OON (D) 20%			
Prime Solutions PPO Plus 1000 0%/20% with Easy Tier Hospital Network FlexRx 6-Tier with Care Complement	IN: \$1,000/\$2,000 OON: \$2,000/\$4,000	IN: \$5,000/\$10,000 OON: \$10,000/\$20,000 Pharmacy: \$2,000/\$4,000	IN: \$25/\$40 OON (D) 20%	IN \$40 OON (D) 20%	IN \$150	Tier 1: IN (D) Tier 2: IN (D) 20% OON (D) 20%	IN (D) OON (D) 20%	Tier 1: IN (D) Tier 2: IN (D) 20% OON (D) 20%	Tier 1: IN (D) Tier 2: IN (D) 20% OON (D) 20%	Tier 1: IN (D) Tier 2: IN (D) 20% OON (D) 20%	IN (D) OON (D) 20%	IN \$25 OON (D) 20%	IN (D) OON (D) 20%			
Prime Solutions PPO Plus 2000 with Easy Tier Hospital Network FlexRx 6-Tier with Care Complement	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000	IN: \$5,000/\$10,000 OON: \$10,000/\$20,000 Pharmacy: \$2,000/\$4,000	IN: \$25/\$40 OON (D) 20%	IN \$40 OON (D) 20%	IN \$150	Tier 1: IN (D) Tier 2: IN (D) \$100 OON (D) 20%	IN (D) OON (D) 20%	Tier 1: (D) Tier 2: (D) \$500 OON (D) 20%	Tier 1: (D) Tier 2: (D) \$1,000 OON (D) 20%	Tier 1: IN (D) Tier 2: IN (D) \$1,000 OON (D) 20%	IN (D) OON (D) 20%	IN \$25 OON (D) 20%	IN (D) OON (D) 20%			
Prime Solutions PPO Plus 2000 0%/20% with Easy Tier Hospital Network FlexRx 6-Tier with Care Complement	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000	IN: \$5,000/\$10,000 OON: \$10,000/\$20,000 Pharmacy: \$2,000/\$4,000	IN: \$25/\$40 OON (D) 20%	IN \$40 OON (D) 20%	IN \$150	Tier 1: IN (D) Tier 2: IN (D) 20% OON (D) 20%	IN (D) OON (D) 20%	Tier 1: IN (D) Tier 2: IN (D) 20% OON (D) 20%	Tier 1: IN (D) Tier 2: IN (D) 20% OON (D) 20%	Tier 1: IN (D) Tier 2: IN (D) 20% OON (D) 20%	IN (D) OON (D) 20%	IN \$25 OON (D) 20%	IN (D) OON (D) 20%			
Prime Solutions PPO Plus 2000 10%/30% with Easy Tier Hospital Network FlexRx 6-Tier with Care Complement	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000	IN: \$5,000/\$10,000 OON: \$10,000/\$20,000 Pharmacy: \$2,000/\$4,000	IN: \$25/\$40 OON (D) 20%	IN \$40 OON (D) 20%	IN \$150	Tier 1: IN (D) 10% Tier 2: IN (D) 30% OON (D) 30%	IN (D) 10% OON (D) 30%	Tier 1: (D) 10% Tier 2: (D) 30% OON (D) 30%	Tier 1: (D) 10% Tier 2: (D) 30% OON (D) 30%	Tier 1: IN (D) 10% Tier 2: IN (D) 30% OON (D) 30%	IN (D) 10% OON (D) 30%	IN \$25 OON (D) 20%	IN (D) 10% OON (D) 30%			
Prime Solutions PPO Plus 3000 10%/30% with Easy Tier Hospital Network FlexRx 6-Tier with Care Complement	IN: \$3,000/\$6,000 OON: \$6,000/\$12,000	IN: \$5,000/\$10,000 OON: \$10,000/\$20,000 Pharmacy: \$2,000/\$4,000	IN: \$25/\$40 OON (D) 20%	IN \$40 OON (D) 20%	IN \$150	Tier 1: IN (D) 10% Tier 2: IN (D) 30% OON (D) 30%	IN (D) 10% OON (D) 30%	Tier 1: (D) 10% Tier 2: (D) 30% OON (D) 30%	Tier 1: (D) 10% Tier 2: (D) 30% OON (D) 30%	Tier 1: IN (D) 10% Tier 2: IN (D) 30% OON (D) 30%	IN (D) 10% OON (D) 30%	IN \$25 OON (D) 20%	IN (D) 10% OON (D) 30%			

(D) = Deductible must be met first, then copayment or coinsurance may apply. Cost sharing for medical and behavioral health applies to the Out-of-Pocket Maximum (MOOP). Pharmacy cost sharing applies to a separate Pharmacy Out-of-Pocket Maximum as noted above.

PPO Plus plans can be sold as a standalone plan to employer groups when at least 50% of subscribers enrolled in the PPO Plus plan reside inside AllWays Health Partners' service area.

Employers may offer any two Easy Tier Hospital Network plan options in this portfolio

For employers with more than 20 subscribers enrolled in AllWays Health Partners, additional plan options are available

IMPORTANT NOTICE: These plans include a Tiered Provider Network called Easy Tier Hospital Network. In these plans, members pay different levels of Copayments, Coinsurance, and/or Deductibles depending on the tier of the provider delivering a covered service or supply. These plans may make changes to a provider's benefit tier annually on January 1. Please consult the Easy Tier Hospital Network provider directory or visit allwayshealthpartners.org to determine the tier of providers in the Easy Tier Hospital Network.

PRODUCT PORTFOLIO REFERENCE GRID

Prime™ Solutions HMO Plans with Easy Tier Hospital Network with Care Complement

Effective July 1, 2018

All plans meet Medicare Part D creditable coverage requirements.
All plans meet Minimum Creditable Coverage requirements.

Prime Solutions HMO with Easy Tier Hospital Network Plans with Care Complement	Deductible (D) Individual/Family (embedded, unless otherwise noted)	Out-of-Pocket Maximum Individual/Family (embedded)	OUTPATIENT							INPATIENT		MENTAL HEALTH & SUBSTANCE USE (MH/SU)		PHARMACY OPTION A Pharmacy Cost-Sharing by Tiers for a 30-day supply 1/2/3/4/5/6	PHARMACY OPTION B Pharmacy Cost-Sharing by Tiers for a 30-day supply 1/2/3/4/5/6	PHARMACY OPTION C Pharmacy Cost-Sharing by Tiers for a 30-day supply 1/2/3/4/5/6
			Office Visit PCP/Specialist	Routine Eye Exam One every 12 months	Emergency Room (Copayment waived if Admitted)	Diagnostic, imaging & X-ray	Laboratory	High-tech Radiology	Outpatient Surgery	Inpatient Medical, Medical Services (including Maternity)	SNF (100 days/ benefit period) and Rehab (100 days/ benefit period) per Admission	Outpatient MH/SU Visits Including Rehab and Detox	Inpatient MH/SU per Admission			
Prime Solutions HMO with Easy Tier Hospital Network FlexRx 6-Tier with Care Complement	None	\$5,000/\$10,000 Pharmacy: \$2,000/\$4,000	\$25/\$40	\$40	\$150	Tier 1: \$0 Tier 2: \$100	\$0	Tier 1: \$50 Tier 2: \$500	Tier 1: \$250 Tier 2: \$1,250	Tier 1: \$500 Tier 2: \$1,500	\$500	\$25	\$500	\$5/\$15/\$35/\$60/ 10% up to \$200 per script max/ 20% up to \$250 per script max	\$5/\$20/\$40/ \$65/\$100/\$150	\$5/\$25/\$50/ \$100/\$150/\$200
Prime Solutions HMO 500 with Easy Tier Hospital Network FlexRx 6-Tier with Care Complement	\$500/\$1,000	\$5,000/\$10,000 Pharmacy: \$2,000/\$4,000	\$25/\$40	\$40	\$150	Tier 1: (D) Tier 2: (D) \$100	(D)	Tier 1: (D) Tier 2: (D) \$500	Tier 1: (D) Tier 2: (D) \$1,000	Tier 1: (D) Tier 2: (D) \$1,000	(D)	\$25	(D)			
Prime Solutions HMO 1000 with Easy Tier Hospital Network FlexRx 6-Tier with Care Complement	\$1,000/\$2,000	\$5,000/\$10,000 Pharmacy: \$2,000/\$4,000	\$25/\$40	\$40	\$150	Tier 1: (D) Tier 2: (D) \$100	(D)	Tier 1: (D) Tier 2: (D) \$500	Tier 1: (D) Tier 2: (D) \$1,000	Tier 1: (D) Tier 2: (D) \$1,000	(D)	\$25	(D)			
Prime Solutions HMO 1000 0%/20% with Easy Tier Hospital Network FlexRx 6-Tier with Care Complement	\$1,000/\$2,000	\$5,000/\$10,000 Pharmacy: \$2,000/\$4,000	\$25/\$40	\$40	\$150	Tier 1: (D) Tier 2: (D) 20%	(D)	Tier 1: (D) Tier 2: (D) 20%	Tier 1: (D) Tier 2: (D) 20%	Tier 1: (D) Tier 2: (D) 20%	(D)	\$25	(D)			
Prime Solutions HMO 2000 with Easy Tier Hospital Network FlexRx 6-Tier with Care Complement	\$2,000/\$4,000	\$5,000/\$10,000 Pharmacy: \$2,000/\$4,000	\$25/\$40	\$40	\$150	Tier 1: (D) Tier 2: (D) \$100	(D)	Tier 1: (D) Tier 2: (D) \$500	Tier 1: (D) Tier 2: (D) \$1,000	Tier 1: (D) Tier 2: (D) \$1,000	(D)	\$25	(D)			
Prime Solutions HMO 2000 0%/20% with Easy Tier Hospital Network FlexRx 6-Tier with Care Complement	\$2,000/\$4,000	\$5,000/\$10,000 Pharmacy: \$2,000/\$4,000	\$25/\$40	\$40	\$150	Tier 1: (D) Tier 2: (D) 20%	(D)	Tier 1: (D) Tier 2: (D) 20%	Tier 1: (D) Tier 2: (D) 20%	Tier 1: (D) Tier 2: (D) 20%	(D)	\$25	(D)			
Prime Solutions HMO 2000 10%/30% with Easy Tier Hospital Network FlexRx 6-Tier with Care Complement	\$2,000/\$4,000	\$5,000/\$10,000 Pharmacy: \$2,000/\$4,000	\$25/\$40	\$40	\$150	Tier 1: (D) 10% Tier 2: (D) 30%	(D) 10%	Tier 1: (D) 10% Tier 2: (D) 30%	Tier 1: (D) 10% Tier 2: (D) 30%	Tier 1: (D) 10% Tier 2: (D) 30%	(D) 10%	\$25	(D) 10%			
Prime Solutions HMO 3000 10%/30% with Easy Tier Hospital Network FlexRx 6-Tier with Care Complement	\$3,000/\$6,000	\$5,000/\$10,000 Pharmacy: \$2,000/\$4,000	\$25/\$40	\$40	\$150	Tier 1: (D) 10% Tier 2: (D) 30%	(D) 10%	Tier 1: (D) 10% Tier 2: (D) 30%	Tier 1: (D) 10% Tier 2: (D) 30%	Tier 1: (D) 10% Tier 2: (D) 30%	(D) 10%	\$25	(D) 10%			

(D) = Deductible must be met first, then copayment or coinsurance may apply. Cost sharing for medical and behavioral health applies to the Out-of-Pocket Maximum (MOOP). Pharmacy cost sharing applies to a separate Pharmacy Out-of-Pocket Maximum as noted above.

IMPORTANT NOTICE: These plans include a Tiered Provider Network called Easy Tier Hospital Network. In these plans, members pay different levels of Copayments, Coinsurance, and/or Deductibles depending on the tier of the provider delivering a covered service or supply. These plans may make changes to a provider's benefit tier annually on January 1. Please consult the Easy Tier Hospital Network provider directory or visit alwayshealthpartners.org to determine the tier of providers in the Easy Tier Hospital Network.

Care Complement

Care Complement eliminates financial barriers to: ensure members are getting the care they need, assist in reducing the reliance on narcotics by promoting therapy visits, and improve or maintain illnesses such as heart disease and diabetes to stay healthy.

With Care Complement, the following in-network benefits are at \$0 cost sharing:

- 11 common prescriptions to treat chronic conditions, such as depression, diabetes, high cholesterol, and high blood pressure
- Cardiac rehabilitation therapy
- Medication assisted therapy office visits and certain prescription medications
- The first 6 physical/occupational therapy and chiropractic visits
- The first 6 acupuncture visits (benefit limit of 20 visits)
- Diabetes education & nutritional counseling

Embedded Deductible and/or Out-of-Pocket Maximum

All members are responsible for the individual deductible per benefit period. The family deductible can be satisfied by combining the deductibles paid by covered family members. With family coverage, the family out-of-pocket maximum is satisfied by combining the deductibles, coinsurance, and copayment amounts paid by covered family members. A covered family member will not exceed the individual maximum out-of-pocket amount.

All Prime Solutions Plans Include:

- Fitness benefit: One month gym membership fee (covers a minimum of \$150 per policy)*
- Weight loss benefit: Up to 6 months of membership at Weight Watchers or Jenny Craig*†
- No limits for Mental Health/Substance Use outpatient office visits or inpatient admissions
- Physical/Occupational therapy: Coverage up to 100 combined visits per benefit period
- Childbirth education class reimbursement: \$130 per pregnancy

About Easy Tier Hospital Network

All hospitals in AllWays Health Partners's Easy Tier Hospital Network plans must meet high quality standards and are measured by a set of quality benchmarks from publicly available resources like Leapfrog and Hospital Compare. To determine a hospital's tier, AllWays Health Partners used statewide cost data from the Center for Health Information and Analysis, an agency of the Commonwealth of Massachusetts. Based on this data, AllWays Health Partners identified cost efficient hospitals by hospital type and placed these hospitals in Tier 1 (lower cost).

Medical Benefits (Outpatient, Inpatient, Other)

- No copayment, deductible or coinsurance applies to preventive services when provided by an in-network provider
- In-network routine eye exam at no cost sharing for members diagnosed with diabetes
- For HMO plans: A referral is needed for any specialty care, with the following exceptions when provided by an AllWays Health Partners provider:
 - Gynecologist or Obstetrician for routine, preventive, or urgent care
 - Family planning services
 - Outpatient and diversionary behavioral health services
 - Emergency services provided by any provider
 - Routine eye exam
 - Physical, occupational, and speech therapy
- Referrals are not needed for PPO Plus plans

Pharmacy Benefits

AllWays Health Partners requires that members receive maintenance medications

in a 90-day supply through the Maintenance 90-Day Supply program. Members can fill their maintenance medications in two convenient ways:

- For members who prefer the convenience of receiving their prescriptions through the mail, certain maintenance medications are available through our Mail Order Pharmacy.
- Access 90 provides members with a 90-day supply of certain maintenance medications when purchased through participating pharmacies.

*One per policy (either subscriber or dependent)

† Weight loss membership benefit excludes food

Evidence of Coverage is comprised of the AllWays Health Partners Schedule of Benefits and Member Handbook. For additional plan information, please visit allwayshealthpartners.org.

Participating hospitals are classified into two tiers as described below for certain services (see front page):

Tier 1, lower cost: Hospitals in this tier offer the most value and have the lower member cost-sharing. All outpatient services at a freestanding/independent (non-hospital affiliated) facility are included in this tier.

Tier 2, higher cost: Hospitals and affiliated facilities assigned to this tier still offer good value relative to cost-efficiency.

To look up any network hospital's tier, visit allwayshealthpartners.org