
- Some of the most competitive premiums available
- Access to hundreds of thousands of top doctors and hospitals within the PPO Plus Network
- A FlexRx℠ 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

- 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 plan options in AllWays Health Partners’ portfolio of HMO and PPO Plus plans
- For employers with more than 20 subscribers enrolled in AllWays Health Partners, additional plan options are available

NEW for 2018!

- Care Complement℠ plans that remove financial barriers to care and encourage members to seek the most efficient and effective care first—see back for details
- Telemedicine benefit in partnership with Teladoc℠ that lets members have an audiovisual visit with a doctor at anytime by using their mobile device or computer
- DoctorSmart℠ Rewards program gives members cash back when they select to have certain services with a high-value provider
<table>
<thead>
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<th>Prime Solutions PPO Plus Plans for Large Employers</th>
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**Effective January 1, 2018**

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

### Product Portfolio Reference Grid

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<th>Prime PPO Plan</th>
<th>Deductible</th>
<th>Individual/ Family</th>
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<td>$15,000</td>
<td>$20,000</td>
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<tr>
<td>Prime Solutions PPO Plus 1500/1500</td>
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<td>$22,500</td>
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<tr>
<td>Prime Solutions PPO Plus 2000/2000</td>
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<td>$30,000</td>
<td>$40,000</td>
</tr>
</tbody>
</table>

### Deductible (D) Individual/Family

- **In Network (IN)**: $1,500/$3,000
- **Out of Network (OON)**: $3,000/$6,000

### Aggregate Out-of-Pocket Maximum

- **In Network (IN)**: $2,000/$4,000
- **Out of Network (OON)**: $4,000/$8,000

### Deductible (D) Individually/ Family

- **In Network (IN)**: $2,500/$5,000
- **Out of Network (OON)**: $5,000/$10,000

### Aggregate Out-of-Pocket Maximum

- **In Network (IN)**: $3,000/$6,000
- **Out of Network (OON)**: $6,000/$12,000

### Deductible (D) Individually/ Family

- **In Network (IN)**: $7,500/$15,000
- **Out of Network (OON)**: $15,000/$30,000

### Aggregate Out-of-Pocket Maximum

- **In Network (IN)**: $10,000/$20,000
- **Out of Network (OON)**: $20,000/$40,000

### Deductible (D) Individually/ Family

- **In Network (IN)**: $10,000/$20,000
- **Out of Network (OON)**: $20,000/$40,000

### Aggregate Out-of-Pocket Maximum

- **In Network (IN)**: $12,000/$24,000
- **Out of Network (OON)**: $24,000/$48,000

### Deductible (D) Individually/ Family

- **In Network (IN)**: $14,000/$28,000
- **Out of Network (OON)**: $28,000/$56,000

### Aggregate Out-of-Pocket Maximum

- **In Network (IN)**: $16,000/$32,000
- **Out of Network (OON)**: $32,000/$64,000

### Deductible (D) Individually/ Family

- **In Network (IN)**: $18,000/$36,000
- **Out of Network (OON)**: $36,000/$72,000

### Aggregate Out-of-Pocket Maximum

- **In Network (IN)**: $20,000/$40,000
- **Out of Network (OON)**: $40,000/$80,000

### Deductible (D) Individually/ Family

- **In Network (IN)**: $22,000/$44,000
- **Out of Network (OON)**: $44,000/$88,000

### Aggregate Out-of-Pocket Maximum

- **In Network (IN)**: $24,000/$48,000
- **Out of Network (OON)**: $48,000/$96,000

### Deductible (D) Individually/ Family

- **In Network (IN)**: $26,000/$52,000
- **Out of Network (OON)**: $52,000/$104,000

### Aggregate Out-of-Pocket Maximum

- **In Network (IN)**: $28,000/$56,000
- **Out of Network (OON)**: $56,000/$112,000

### Deductible (D) Individually/ Family

- **In Network (IN)**: $30,000/$60,000
- **Out of Network (OON)**: $60,000/$120,000

### Aggregate Out-of-Pocket Maximum

- **In Network (IN)**: $32,000/$64,000
- **Out of Network (OON)**: $64,000/$128,000

### Deductible (D) Individually/ Family

- **In Network (IN)**: $34,000/$68,000
- **Out of Network (OON)**: $68,000/$136,000

### Aggregate Out-of-Pocket Maximum

- **In Network (IN)**: $36,000/$72,000
- **Out of Network (OON)**: $72,000/$144,000
Comprehensive benefits that are simple to understand and easy to use

NEW! Care Complement
Now there’s an option to enhance some of our Prime Solutions plans with Care Complement. This benefit design 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. $0 cost sharing for the following in-network benefits when you choose Care Complement:

- 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
- New for 2018 and only with Care Complement: 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.

Aggregate Deductible
With family coverage, the individual deductible amount does not apply. The entire family deductible amount must be met before benefits are payable for anyone in the family.

All Prime Solutions PPO Plus Pans Include:
- Minimum $150 fitness benefit: One month’s gym membership fee or $150, whichever is greater*
- 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

Medical Benefits (Outpatient, Inpatient, Other)
- No copayment, deductible or coinsurance applies to preventive services when through an in-network provider
- No referrals required
- Routine eye exam at no cost sharing for members diagnosed with diabetes through an in-network provider

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 AllWays Health Partners.org.