

PRODUCT PORTFOLIO REFERENCE GRID

Prime™ Solutions HMO Plans for Large Employers

Effective January 1, 2018

Great doctors. Great benefits. Great choice.

- Some of the most competitive premiums available
- 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

NEW for 2018!

- Care Complementsm 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 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

Prime™ Solutions HMO Plans for Large Employers

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

Prime Solutions HMO Plan	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 and Lab	High-tech Radiology	Outpatient Surgery	Inpatient Medical, SNF (100 days/ benefit period) and Rehab (60 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 HMO 25/40 FlexRx 6-Tier	N/A	\$2,000/\$4,000	\$25/\$40	\$40	\$100	\$0	\$75	\$250	\$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 500/1000 20/35/150 FlexRx 6-Tier	\$500/\$1,000	\$3,000/\$6,000	\$20/\$35	\$35	\$150	(D)	(D)	(D)	(D)	\$20	(D)			
Prime Solutions HMO 500/1000 20/35 FlexRx 6-Tier	\$500/\$1,000	\$3,000/\$6,000	\$20/\$35	\$35	\$150	(D)	(D)	(D) \$100	(D) \$200	\$20	(D) \$200			
Prime Solutions HMO 750/1500 25/40/150 FlexRx 6-Tier	\$750/\$1,500	\$3,000/\$6,000	\$25/\$40	\$40	\$150	(D)	(D)	(D)	(D)	\$25	(D)			
Prime Solutions HMO 750/1500 25/40 FlexRx 6-Tier	\$750/\$1,500	\$3,000/\$6,000	\$25/\$40	\$40	\$150	(D)	(D)	(D) \$100	(D) \$200	\$25	(D) \$200			
Prime Solutions HMO 1000/2000 25/40 FlexRx 6-Tier	\$1,000/\$2,000	\$5,000/\$10,000	\$25/\$40	\$40	\$150	(D)	(D)	(D)	(D)	\$25	(D)			
Prime Solutions HMO 1000/2000 30/45 FlexRx 6-Tier	\$1,000/\$2,000	\$5,000/\$10,000	\$30/\$45	\$45	(D) \$150	(D) \$45	(D) \$200	(D) \$250	(D) \$500	\$30	(D) \$500			
Prime Solutions HMO 1000/2000 30/45 20% FlexRx 6-Tier	\$1,000/\$2,000	\$5,000/\$10,000	\$30/\$45	\$45	(D) \$150	(D) 20%	(D) 20%	(D) 20%	(D) 20%	\$30	(D) 20%			
Prime Solutions HMO 1500/3000 25/40/150 FlexRx 6-Tier	\$1,500/\$3,000	\$5,000/\$10,000	\$25/\$40	\$40	\$150	(D) \$40	(D)	(D)	(D)	\$25	(D)			
Prime Solutions HMO 1500/3000 25/40 FlexRx 6-Tier	\$1,500/\$3,000	\$5,000/\$10,000	\$25/\$40	\$40	(D) \$150	(D) \$40	(D) \$150	(D) \$250	(D) \$250	\$25	(D) \$250			
Prime Solutions HMO 1500/3000 25/50 10% FlexRx 6-Tier	\$1,500/\$3,000	\$5,000/\$10,000	\$25/\$50	\$50	(D) 10%	(D) \$50	(D) 10%	(D) 10%	(D) 10%	\$25	(D) 10%			
Prime Solutions HMO 2000/4000 25/40 FlexRx 6-Tier	\$2,000/\$4,000	\$5,000/\$10,000	\$25/\$40	\$40	\$150	(D)	(D)	(D)	(D)	\$25	(D)			
Prime Solutions HMO 2000/4000 30/45 FlexRx 6-Tier	\$2,000/\$4,000	\$7,000/\$14,000	\$30/\$45	\$45	(D) \$150	(D) \$45	(D) \$75	(D) \$250	(D) \$500	\$30	(D) \$500			
Prime Solutions HMO 2000/4000 30/45 20% FlexRx 6-Tier	\$2,000/\$4,000	\$7,000/\$14,000	\$30/\$45	\$45	(D) \$150	(D) 20%	(D) 20%	(D) 20%	(D) 20%	\$30	(D) 20%			
Prime Solutions HMO 2500/5000 25/40 FlexRx 6-Tier	\$2,500/\$5,000	\$7,000/\$14,000	\$25/\$40	\$40	\$200	(D)	(D)	(D)	(D)	\$25	(D)			
Prime Solutions HMO 2500/5000 30/45 FlexRx 6-Tier	\$2,500/\$5,000	\$7,000/\$14,000	\$30/\$45	\$45	(D) \$200	(D) \$45	(D) \$150	(D) \$250	(D) \$500	\$30	(D) \$500			
Prime Solutions HMO 2500/5000 30/50 10% FlexRx 6-Tier	\$2,500/\$5,000	\$7,000/\$14,000	\$30/\$50	\$50	(D) 10%	(D) \$50	(D) 10%	(D) 10%	(D) 10%	\$30	(D) 10%			
Prime Solutions HMO 3000/6000 25/40 FlexRx 6-Tier	\$3,000/\$6,000	\$7,000/\$14,000	\$25/\$40	\$40	\$250	(D)	(D)	(D)	(D)	\$25	(D)			
Prime Solutions HMO 3000/6000 30/45 FlexRx 6-Tier	\$3,000/\$6,000	\$7,000/\$14,000	\$30/\$45	\$45	(D) \$250	(D) \$45	(D) \$200	(D) \$500	(D) \$1,000	\$30	(D) \$1,000			
Prime Solutions HMO 3000/6000 30/45 20% FlexRx 6-Tier	\$3,000/\$6,000	\$7,000/\$14,000	\$30/\$45	\$45	(D) \$250	(D) 20%	(D) 20%	(D) 20%	(D) 20%	\$30	(D) 20%			
Prime Solutions HMO 4000/8000 25/40 FlexRx 6-Tier	\$4,000/\$8,000	\$7,350/\$14,700	\$25/\$40	\$40	\$250	(D)	(D)	(D)	(D)	\$25	(D)			
Prime Solutions HMO 5000/10000 25/40 FlexRx 6-Tier	\$5,000/\$10,000	\$7,350/\$14,700	\$25/\$40	\$40	\$250	(D)	(D)	(D)	(D)	\$25	(D)			
HSA														
Prime Solutions HMO HSA 1500/3000 FlexRx 6-Tier	\$1,500/\$3,000 Aggregate	\$5,000/\$10,000	(D)	(D)	(D)	(D)	(D)	(D)	(D)	(D)	(D)	(D) then: \$5/\$15/\$35/\$60/10% up to \$200 per script max/20% up to \$250 per script max	(D) then: \$5/\$20/\$40/\$65/\$100/\$150	(D) then: \$5/\$25/\$50/\$100/\$150/\$200
Prime Solutions HMO HSA 1500/3000 10% FlexRx 6-Tier	\$1,500/\$3,000 Aggregate	\$5,000/\$10,000	(D)	(D)	(D)	(D) 10%	(D) 10%	(D) 10%	(D) 10%	(D)	(D) 10%			
Prime Solutions HMO HSA 2000/4000 FlexRx 6-Tier	\$2,000/\$4,000 Aggregate	\$6,000/\$12,000	(D)	(D)	(D)	(D)	(D)	(D)	(D)	(D)	(D)			
Prime Solutions HMO HSA 2000/4000 10% FlexRx 6-Tier	\$2,000/\$4,000 Aggregate	\$6,000/\$12,000	(D)	(D)	(D)	(D) 10%	(D) 10%	(D) 10%	(D) 10%	(D)	(D) 10%			
Prime Solutions HMO HSA 3000/6000 FlexRx 6-Tier	\$3,000/\$6,000 Aggregate	\$6,650/\$13,300	(D)	(D)	(D)	(D)	(D)	(D)	(D)	(D)	(D)			
Prime Solutions HMO HSA 3000/6000 10% FlexRx 6-Tier	\$3,000/\$6,000 Aggregate	\$6,650/\$13,300	(D)	(D)	(D)	(D) 10%	(D) 10%	(D) 10%	(D) 10%	(D)	(D) 10%			

(D) = Deductible must be met first, then copayment or coinsurance may apply.

Available with and without Care Complement

Available with and without Care Complement

Available with and without Care Complement

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 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 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*†
- Access to AllWays Health Partners' comprehensive network of providers

- 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
- Routine eye exam at no cost sharing for members diagnosed with diabetes
- 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

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.