

MERGED MARKET PRODUCT PORTFOLIO REFERENCE GRID

Prime™ HMO and PPO Plus Plans  
with Easy Tier Hospital Network<sup>SM</sup>

Effective July 1, 2018

## Great doctors. Great benefits. Great choice.

- Highly competitive premiums
- Access to the top doctors and hospitals
- A FlexRx<sup>SM</sup> 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 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
  - Coverage of 11 common medications for chronic conditions with \$0 cost sharing
  - A 90-day supply of maintenance medications through mail order or retail pharmacies
- Exclusive access to Partners HealthCare On Demand for convenient, high-quality urgent care anytime, anywhere in the U.S. right from a tablet, smart phone, or computer
- DoctorSmart<sup>SM</sup> Rewards program gives members cash back when they select to have certain services with a high-value provider
- 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, any three plan designs from this portfolio may be selected

### 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).

MERGED MARKET PRODUCT PORTFOLIO REFERENCE GRID

# Prime™ HMO Plans with Easy Tier Hospital Network<sup>SM</sup>

Effective July 1, 2018

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

Prime HMO Plans	Metallic Tier	Deductible (D) Individual/Family (embedded, unless otherwise noted)	Out-of-Pocket Maximum Individual/Family (embedded)	OUTPATIENT							INPATIENT		MENTAL HEALTH & SUBSTANCE USE (MH/SU)		PHARMACY
				Office Visit PCP/Specialist	Routine Eye Exam (19 and older) One every 12 months	Emergency Room (Copayment waived if Admitted)	Diagnostic, imaging & X-ray	Laboratory	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
Prime HMO 500 with Easy Tier Hospital Network	Gold	\$500/\$1,000	\$6,850/\$13,700	\$25/\$40	\$40	\$150	Tier 1: (D) \$35 Tier 2: (D) \$135	(D) \$35	Tier 1: (D) Tier 2: (D) \$450	Tier 1: (D) Tier 2: (D) \$1,000	Tier 1: (D) Tier 2: (D) \$1,000	(D)	\$25	(D)	\$5/\$25/\$50/ \$100/\$150/\$225
Prime HMO 1000 Inpatient with Easy Tier Hospital Network*	Gold	\$1,000/\$2,500	\$6,850/\$13,700	\$25/\$40	\$40	\$250	Tier 1: \$25 Tier 2: \$125	\$25	Tier 1: \$150 Tier 2: \$600	Tier 1: \$500 Tier 2: \$1,500	Tier 1: (D) Tier 2: (D) \$1,000	(D)	\$25	(D)	\$5/\$25/\$50/ \$100/\$150/\$225
Prime HMO 1000 with Easy Tier Hospital Network	Gold	\$1,000/\$2,000	\$5,550/\$11,100	\$25/\$40	\$40	\$250	Tier 1: (D) \$35 Tier 2: (D) \$135	(D) \$35	Tier 1: (D) \$75 Tier 2: (D) \$525	Tier 1: (D) Tier 2: (D) \$1,000	Tier 1: (D) Tier 2: (D) \$1,000	(D)	\$25	(D)	\$5/\$25/\$50/ \$100/\$150/\$225
Prime HMO 1000 10%/30% with Easy Tier Hospital Network	Gold	\$1,000/\$2,000	\$7,350/\$14,700	\$25/\$40	\$40	(D) 10%	Tier 1: (D) \$35 Tier 2: (D) \$135	(D) \$35	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%	\$5/\$25/(D) 30%/ (D) 30%/(D) 30%/ (D) 30%
Prime HMO 1500 with Easy Tier Hospital Network	Gold	\$1,500/\$3,000	\$5,550/\$11,100	\$25/\$40	\$40	\$125	Tier 1: (D) \$35 Tier 2: (D) \$135	(D) \$35	Tier 1: (D) \$75 Tier 2: (D) \$525	Tier 1: (D) Tier 2: (D) \$1,000	Tier 1: (D) Tier 2: (D) \$1,000	(D)	\$25	(D)	\$5/\$25/\$50/ \$100/\$150/\$225
Prime HMO 2000 with Easy Tier Hospital Network	Gold	\$2,000/\$4,000	\$5,550/\$11,100	\$25/\$40	\$40	\$150	Tier 1: (D) Tier 2: (D) \$100	(D)	Tier 1: (D) Tier 2: (D) \$450	Tier 1: (D) Tier 2: (D) \$1,000	Tier 1: (D) Tier 2: (D) \$1,000	(D)	\$25	(D)	\$5/\$25/\$50/ \$100/\$150/\$225
Prime HMO 2000 15%/35% with Easy Tier Hospital Network	Silver	\$2,000/\$4,000	\$7,350/\$14,700	\$25/\$40	\$40	(D) 15%	Tier 1: (D) \$35 Tier 2: (D) \$135	(D) \$35	Tier 1: (D) 15% Tier 2: (D) 35%	Tier 1: (D) 15% Tier 2: (D) 35%	Tier 1: (D) 15% Tier 2: (D) 35%	(D) 15%	\$25	(D) 15%	\$5/\$30/(D) 35%/(D) 35%/(D) 35%/(D) 35%
Prime HMO 2500 with Easy Tier Hospital Network	Silver	\$2,500/\$5,000	\$7,350/\$14,700	\$40/\$60	\$60	(D) \$400	Tier 1: (D) \$75 Tier 2: (D) \$175	(D) \$40	Tier 1: (D) \$250 Tier 2: (D) \$500	Tier 1: (D) \$350 Tier 2: (D) \$750	Tier 1: (D) Tier 2: (D) \$1,000	(D)	\$40	(D)	\$5/\$30/\$60/\$100/ \$150/\$225
Prime HMO 3000 with Easy Tier Hospital Network	Silver	\$3,000/\$6,000	\$7,350/\$14,700	\$30/\$40	\$40	(D) \$500	Tier 1: (D) \$35 Tier 2: (D) \$135	(D) \$35	Tier 1: (D) \$500 Tier 2: (D) \$950	Tier 1: (D) \$500 Tier 2: (D) \$1,500	Tier 1: (D) \$500 Tier 2: (D) \$1,500	(D) \$500	\$30	(D) \$500	\$5/\$25/\$50/ \$100/\$150/\$225

(D) = Deductible must be met first, then copayment or coinsurance may apply. Cost sharing for medical, behavioral health, pharmacy, and dental applies to the Out-of-Pocket Maximum (MOOP).

\* Deductible applies to inpatient services only.

**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](http://alwayshealthpartners.org) to determine the tier of providers in the Easy Tier Hospital Network.

**MERGED MARKET PRODUCT PORTFOLIO REFERENCE GRID**

**Prime™ PPO Plus Plans with Easy Tier Hospital Network<sup>SM</sup>**

Effective July 1, 2018

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

Prime PPO Plus Plans with Easy Tier Hospital Network	Metallic Tier	Deductible (D) Individual/Family (embedded, unless otherwise noted)	Out-of-Pocket Maximum Individual/Family (embedded)	OUTPATIENT							INPATIENT		MENTAL HEALTH & SUBSTANCE USE (MH/SU)		PHARMACY
				Office Visit PCP/Specialist	Routine Eye Exam (19 and older) One every 12 Months	Emergency Room (copayment waived if admitted)	Diagnostic, Imaging & X-ray	Laboratory	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
Prime PPO Plus 500 with Easy Tier Hospital Network	Gold	IN: \$500/\$1,000 OON: \$1,000/\$2,000	IN: \$6,850/\$13,700 OON: \$13,700/\$27,400	IN \$25/\$40 OON (D) 20%	IN \$40 OON (D) 20%	IN \$150	Tier 1: IN (D) \$35 Tier 2: IN (D) \$135 OON (D) 20%	IN (D) \$35 OON (D) 20%	Tier 1: IN (D) Tier 2: IN (D) \$450 OON (D) 20%	Tier 1: IN (D) Tier 2: IN (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%	\$5/\$25/ \$50/\$100/ \$150/\$225
Prime PPO Plus 1000 Inpatient with Easy Tier Hospital Network*	Gold	IN: \$1,000/\$2,500 OON: \$2,000/\$5,000	IN: \$6,850/\$13,700 OON: \$13,700/\$27,400	IN \$25/\$40 OON (D) 20%	IN \$40 OON (D) 20%	IN \$250	Tier 1: IN \$25 Tier 2: IN \$125 OON (D) 20%	IN \$25 OON (D) 20%	Tier 1: \$150 Tier 2: \$600 OON (D) 20%	Tier 1: \$500 Tier 2: \$1,500 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%	\$5/\$25/ \$50/\$100/ \$150/\$225
Prime PPO Plus 1000 with Easy Tier Hospital Network	Gold	IN: \$1,000/\$2,000 OON: \$2,000/\$4,000	IN: \$5,550/\$11,100 OON: \$11,100/\$22,200	IN \$25/\$40 OON (D) 20%	IN \$40 OON (D) 20%	IN \$250	Tier 1: IN (D) \$35 Tier 2: IN (D) \$135 OON (D) 20%	IN (D) \$35 OON (D) 20%	Tier 1: IN (D) \$75 Tier 2: IN (D) \$525 OON (D) 20%	Tier 1: IN (D) Tier 2: IN (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%	\$5/\$25/ \$50/\$100/ \$150/\$225
Prime PPO Plus 1000 10%/30% with Easy Tier Hospital Network	Gold	IN: \$1,000/\$2,000 OON: \$2,000/\$4,000	IN: \$7,350/\$14,700 OON: \$14,700/\$29,400	IN \$25/\$40 OON (D) 20%	IN \$40 OON (D) 20%	IN (D) 10%	Tier 1: IN (D) \$35 Tier 2: IN (D) \$135 OON (D) 20%	IN (D) \$35 OON (D) 20%	Tier 1: IN (D) 10% Tier 2: IN (D) 30% OON (D) 30%	Tier 1: IN (D) 10% Tier 2: IN (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%	\$5/\$25/ (D) 30%/(D) 30%/ (D) 30%/(D) 30%
Prime PPO Plus 1500 with Easy Tier Hospital Network	Gold	IN: \$1,500/\$3,000 OON: \$3,000/\$6,000	IN: \$5,550/\$11,100 OON: \$11,100/\$22,200	IN \$25/\$40 OON (D) 20%	IN \$40 OON (D) 20%	IN \$125	Tier 1: IN (D) \$35 Tier 2: IN (D) \$135 OON (D) 20%	IN (D) \$35 OON (D) 20%	Tier 1: IN (D) \$75 Tier 2: IN (D) \$525 OON (D) 20%	Tier 1: IN (D) Tier 2: IN (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%	\$5/\$25/ \$50/\$100/ \$150/\$225
Prime PPO Plus 2000 with Easy Tier Hospital Network	Gold	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000	IN: \$5,550/\$11,100 OON: \$11,100/\$22,200	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) \$450 OON (D) 20%	Tier 1: IN (D) Tier 2: IN (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%	\$5/\$25/ \$50/\$100/ \$150/\$225
Prime PPO Plus 2000 15%/35% with Easy Tier Hospital Network	Silver	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000	IN: \$7,350/\$14,700 OON: \$14,700/\$29,400	IN \$25/\$40 OON (D) 20%	IN \$40 OON (D) 20%	IN (D) 15%	Tier 1: IN (D) \$35 Tier 2: IN (D) \$135 OON (D) 20%	IN (D) \$35 OON (D) 20%	Tier 1: IN (D) 15% Tier 2: IN (D) 35% OON (D) 35%	Tier 1: IN (D) 15% Tier 2: IN (D) 35% OON (D) 35%	Tier 1: IN (D) 15% Tier 2: IN (D) 35% OON (D) 35%	IN (D) 15% OON (D) 35%	IN \$25 OON (D) 20%	IN (D) 15% OON (D) 35%	\$5/\$30/ (D) 35%/(D) 35%/ (D) 35%/(D) 35%
Prime PPO Plus 2500 with Easy Tier Hospital Network	Silver	IN: \$2,500/\$5,000 OON: \$5,000/\$10,000	IN: \$7,350/\$14,700 OON: \$14,700/\$29,400	IN \$40/\$60 OON (D) 20%	IN \$60 OON (D) 20%	IN (D) \$400	Tier 1: IN (D) \$75 Tier 2: IN (D) \$175 OON (D) 20%	IN (D) \$40 OON (D) 20%	Tier 1: IN (D) \$250 Tier 2: IN (D) \$500 OON (D) 20%	Tier 1: IN (D) \$350 Tier 2: IN (D) \$750 OON (D) 20%	Tier 1: IN (D) Tier 2: IN (D) \$1,000 OON (D) 20%	IN (D) OON (D) 20%	IN \$40 OON (D) 20%	IN (D) OON (D) 20%	\$5/\$30/ \$60/\$100/ \$150/\$225
Prime PPO Plus 3000 with Easy Tier Hospital Network	Silver	IN: \$3,000/\$6,000 OON: \$6,000/\$12,000	IN: \$7,350/\$14,700 OON: \$14,700/\$29,400	IN \$30/\$40 OON (D) 20%	IN \$40 OON (D) 20%	IN (D) \$500	Tier 1: IN (D) \$35 Tier 2: IN (D) \$135 OON (D) 20%	IN (D) \$35 OON (D) 20%	Tier 1: IN (D) \$500 Tier 2: IN (D) \$950 OON (D) 20%	Tier 1: IN (D) \$500 Tier 2: IN (D) \$1,500 OON (D) 20%	Tier 1: IN (D) \$500 Tier 2: IN (D) \$1,500 OON (D) 20%	IN (D) \$500 OON (D) 20%	IN \$30 OON (D) 20%	IN (D) \$500 OON (D) 20%	\$5/\$25/ \$50/\$100/ \$150/\$225

(D) = Deductible must be met first, then copayment or coinsurance may apply. Cost sharing for medical, behavioral health, pharmacy, and dental applies to the Out-of-Pocket Maximum (MOOP).

\* In-network deductible applies to in-network inpatient services only.

**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](http://allwayshealthpartners.org) to determine the tier of providers in the Easy Tier Hospital Network.

## 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 Plans Include:

- Pediatric Vision benefits for members up to age 19 powered by EyeMed
- Pediatric Dental for members up to age 19 through Delta Dental
- 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\*\*†
- 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
- In-network routine eye exam at no cost sharing for members diagnosed with diabetes
- No limits for Mental Health/Substance Use outpatient office visits or inpatient admissions

- Physical/Occupational therapy: Coverage up to 60 combined visits per benefit period
- 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

- 11 common prescription drugs for chronic conditions are available with \$0 cost sharing.
- 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](http://allwayshealthpartners.org).

## About Easy Tier Hospital Network

All hospitals in AllWays Health Partners' 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 the lower tier, Tier 1.

To look up any network hospital's tier, [visit allwayshealthpartners.org](http://visit.allwayshealthpartners.org).

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

**Tier 1 (lower member cost-sharing):** Hospitals assigned to this tier offer the most value relative to cost-efficiency 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 member cost-sharing):** Hospitals and affiliated facilities assigned to this tier still offer good value relative to cost-efficiency.

Tier 2 hospitals with higher member cost-sharing:

- Beth Israel Deaconess Medical Center
- Boston Children's Hospital
- Boston Medical Center
- Brigham and Women's Hospital
- Dana Farber Cancer Institute
- Massachusetts Eye and Ear Infirmary
- Massachusetts General Hospital
- New England Baptist Hospital
- Tufts Medical Center
- UMASS Memorial Medical Center