
- Highly competitive premiums
- Access to the top doctors and hospitals
- 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 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, smartphone, or computer
- DoctorSmart™ 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).
**Prime™ HMO Plans with Easy Tier Hospital Network™**

Effective July 1, 2018

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

### Prime HMO Plans with Easy Tier Hospital Network

| Prime HMO Plans | Metallic Tier | Deductible (D) | Out-of-Pocket Maximum | Office Visit PCP/Specialist | Routine Eye Exam (19 and older) | 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
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Prime HMO 500 with Easy Tier Hospital Network</td>
<td>Gold</td>
<td>$500/$1,000</td>
<td>$6,850/$13,700</td>
<td>$25/$40</td>
<td>$40</td>
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<td>Tier 1: (D) $35 Tier 2: (D) $135</td>
<td>(D) $35</td>
<td>Tier 1: (D) Tier 2: (D) $400</td>
<td>Tier 1: (D) Tier 2: (D) $1,000</td>
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<td>(D) $5/$25/$50/$100/$150/$225</td>
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<tr>
<td>Prime HMO 1000 with Easy Tier Hospital Network</td>
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<td>$5,550/$11,100</td>
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<td>Tier 1: (D) $25 Tier 2: (D) $1,000</td>
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<td>Tier 1: (D) Tier 2: (D) $525</td>
<td>Tier 1: (D) Tier 2: (D) $1,000</td>
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<tr>
<td>Prime HMO 1000 10%/30% with Easy Tier Hospital Network</td>
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<td>$25/$40</td>
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<td>Tier 1: (D) $25 Tier 2: (D) $1,000</td>
<td>(D) $35</td>
<td>Tier 1: (D) Tier 2: (D) $525</td>
<td>Tier 1: (D) Tier 2: (D) $1,000</td>
<td>Tier 1: (D) Tier 2: (D) $1,000</td>
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<td>Prime HMO 1500 with Easy Tier Hospital Network</td>
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<tr>
<td>Prime HMO 2000 with Easy Tier Hospital Network</td>
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<td>Prime HMO 2000 15%/35% with Easy Tier Hospital Network</td>
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<td>Tier 1: (D) Tier 2: (D) $400</td>
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<td>Prime HMO 2500 with Easy Tier Hospital Network</td>
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<td>(D) $40</td>
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<td>Prime HMO 3000 with Easy Tier Hospital Network</td>
<td>Silver</td>
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<td>$7,350/$14,700</td>
<td>$30/$50</td>
<td>$40</td>
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<td>(D) $5/$25/$30/$60/$100/$150/$225</td>
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</tbody>
</table>

**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 the 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.
### Prime™ PPO Plus Plans with Easy Tier Hospital Network

**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

<table>
<thead>
<tr>
<th>Prime PPO Plus Plans with Easy Tier Hospital Network</th>
<th>Deductible (D)</th>
<th>Out-of-Pocket Maximum Individual/Family (embodied)</th>
<th>Routine Eye Exam (19+ One every 12 Months)</th>
<th>Emergency Room (copayment waived if admitted)</th>
<th>Diagnostic, Imaging &amp; X-ray</th>
<th>Laboratory</th>
<th>High Tech Reimbursement</th>
<th>Outpatient Pharmacy</th>
<th>Inpatient Medical</th>
<th>SNF (100 days)</th>
<th>Outpatient MH/SU visits including Rehab and Detox</th>
<th>Inpatient MH/SU per Admission</th>
<th>Pharmacy Cost-Sharing by Tiers for a 30-day Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prime PPO Plus 500 with Easy Tier Hospital Network</td>
<td>Gold</td>
<td>IN: $500/$1,000/OON: $1,000/$2,000</td>
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<td>$5/25/$50/$100/$150/$225</td>
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<tr>
<td>Prime PPO Plus 1000 10%30% with Easy Tier Hospital Network</td>
<td>Gold</td>
<td>IN: $1,000/$2,000/OON: $2,000/$4,000</td>
<td>IN: $5,550/$11,100/OON: $11,000/$22,200</td>
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<td>$5/25/$50/$100/$150/$225</td>
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<tr>
<td>Prime PPO Plus 3000 with Easy Tier Hospital Network</td>
<td>Silver</td>
<td>IN: $3,000/$6,000/OON: $6,000/$12,000</td>
<td>IN: $5,550/$11,100/OON: $11,000/$22,200</td>
<td>IN: $125</td>
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<td>$5/25/$50/$100/$150/$225</td>
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</tbody>
</table>

**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 (OOP).

*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 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.

For all members, please visit allwayshealthpartners.org.
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.

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.

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