

PRODUCT PORTFOLIO REFERENCE GRID

Prime™ HMO Plans for Merged Market

Effective July 1, 2018

Great doctors. Great benefits. Great choice.

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

* Deductible applies first for HSA plans, following IRS rules

NEW for July 1, 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

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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 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
PLANS SOLD ON THE HEALTH CONNECTOR AND DIRECT													
Prime HMO 20/40 FlexRx 6-Tier	Platinum	None	\$3,000/\$6,000	\$20/\$40	\$40	\$150	\$0	\$150	\$250	\$500	\$20	\$500	\$5/\$10/\$25/\$50/\$25/\$50
Prime HMO 1000/2000 20/35 30% FlexRx 6-Tier	Gold	\$1,000/\$2,000	\$6,350/\$12,700	\$20/\$35	\$35	(D) 30%	(D) \$35	(D) 30%	(D) 30%	(D) 30%	\$20	(D) 30%	\$5/\$25/(D) 30%/(D) 30%/(D) 30%/(D) 30%
Prime HMO 1000/2000 30/45 FlexRx 6-Tier	Gold	\$1,000/\$2,000	\$5,000/\$10,000	\$30/\$45	\$45	(D) \$150	(D) \$20	(D) \$200	(D) \$250	(D) \$500	\$30	(D) \$500	\$5/\$20/\$30/\$50/\$30/\$50
Prime HMO 2000/4000 30/50 FlexRx 6-Tier	Silver	\$2,000/\$4,000	\$7,350/\$14,700	\$30/\$50	\$50	(D) \$700	(D) \$25	(D) \$500	(D) \$750	(D) \$1,000	\$30	(D) \$1,000	\$7/\$20/\$60/(D) \$90/\$60/(D) \$90
Prime HMO 2000/4000 30/50 35% FlexRx 6-Tier	Silver	\$2,000/\$4,000	\$7,350/\$14,700	\$30/\$50	\$50	(D) 35%	(D) \$50	(D) 35%	(D) 35%	(D) 35%	\$30	(D) 35%	\$5/\$30/(D) 35%/(D) 35%/(D) 35%/(D) 35%
Prime HMO 3000/6000 30/50 35% FlexRx 6-Tier	Silver	\$3,000/\$6,000	\$7,350/\$14,700	\$30/\$50	\$50	(D) 35%	(D) \$50	(D) 35%	(D) 35%	(D) 35%	\$30	(D) 35%	\$5/\$30/(D) 35%/(D) 35%/(D) 35%/(D) 35%
ADDITIONAL PLANS AVAILABLE DIRECT													
Prime HMO 500/1000 25/40 FlexRx 6-Tier	Gold	\$500/\$1,000	\$7,350/\$14,700	\$25/\$40	\$40	\$200	\$45	\$200	(D) \$250	(D) \$300	\$25	(D) \$300	\$5/\$25/\$40/\$80/\$100/\$150
Prime HMO 750/1500 30/45 FlexRx 6-Tier	Gold	\$750/\$1,500	\$6,850/\$13,700	\$30/\$45	\$45	\$200	(D) \$45	(D) \$250	(D) \$250	(D) \$500	\$30	(D) \$500	\$5/\$25/\$40/\$80/\$100/\$150
Prime HMO 1000/2000 25/40 FlexRx 6-Tier	Gold	\$1,000/\$2,000	\$5,350/\$10,700 \$2,000/\$4,000 Pharmacy	\$25/\$40	\$40	\$200	(D) \$40	(D) \$150	(D) \$250	(D) \$250	\$25	(D) \$250	\$5/\$30/\$50/\$100/\$125/\$175
Prime HMO 1500/3000 25/40 FlexRx 6-Tier	Gold	\$1,500/\$3,000	\$5,350/\$10,700 \$2,000/\$4,000 Pharmacy	\$25/\$40	\$40	\$200	(D) \$40	(D) \$150	(D) \$250	(D) \$300	\$25	(D) \$300	\$5/\$30/\$50/\$100/\$125/\$175
Prime HMO 2000/4000 25/40 FlexRx 6-Tier	Gold	\$2,000/\$4,000	\$5,350/\$10,700 \$2,000/\$4,000 Pharmacy	\$25/\$40	\$40	\$250	(D) \$40	(D) \$150	(D) \$250	(D) \$500	\$25	(D) \$500	\$5/\$25/\$50/\$100/\$125/\$175
Prime HMO 2000/4000 25/45 FlexRx 6-Tier (New for 7/1)	Silver	\$2,000/\$4,000	\$7,350/\$14,700	\$25/\$45	\$45	(D) \$250	(D) \$55	(D) \$150	(D) \$250	(D) \$500	\$25	(D) \$500	\$5/\$30/(D) \$50/(D) \$150/(D) \$175/(D) \$225
Prime HMO HSA 2000/4000 25/40 FlexRx 6-Tier (New for 7/1)	Silver	\$2,000/\$4,000 Aggregate	\$6,650/\$13,300	(D): \$25/\$40	(D) \$40	(D) \$250	(D) \$40	(D) \$250	(D) \$250	(D) \$500	(D) \$25	(D) \$500	(D) then: \$5/\$25/\$50/\$100/\$125/\$175
Prime HMO 2500/5000 40/60 FlexRx 6-Tier	Silver	\$2,500/\$5,000	\$7,350/\$14,700	\$40/\$60	\$60	(D) \$400	(D) \$75	(D) \$750	(D) \$750	(D) \$1,000	\$40	(D) \$1,000	\$5/\$30/\$60/\$100/\$125/\$175
Prime HMO HSA 2500/5000 FlexRx 6-Tier	Silver	\$2,500/\$5,000 Aggregate	\$6,650/\$13,300	(D)	(D)	(D)	(D)	(D)	(D)	(D)	(D)	(D)	(D) then: \$5/\$50/\$80/\$100/\$125/\$175
Prime HMO HSA 3000/6000 FlexRx 6-Tier	Silver	\$3,000/\$6,000	\$6,650/\$13,300	(D)	(D)	(D) \$250	(D) \$75	(D) \$150	(D) \$250	(D) \$500	(D)	(D) \$500	(D) then: \$5/\$30/\$60/\$100/\$125/\$175
Prime HMO 3000/6000 25/50 FlexRx 6-Tier (New for 7/1)	Silver	\$3,000/\$6,000	\$7,350/\$14,700	\$25/\$50	\$50	(D) \$250	(D) \$55	(D) \$250	(D) \$250	(D) \$500	(D) \$25	(D) \$500	\$5/\$30/(D) \$50/(D) \$150/(D) \$175/(D) \$225
Prime HMO 3000/6000 25/40 FlexRx 6-Tier	Bronze	\$3,000/\$6,000	\$7,150/\$14,300	(D): \$25/\$40	(D) \$40	(D) \$500	(D) \$75	(D) \$500	(D) \$750	(D) \$750	(D) \$25	(D) \$750	\$5/\$30/(D) \$80/(D) \$100/(D) \$125/(D) \$175

Available with and without Care Complement

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(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). As noted above, some plans have a separate Pharmacy Out-of-Pocket Maximum.

NEW! Care Complement

Now there's an option to enhance some of our Prime 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:

- 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 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
- 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
- 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

- 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.

*Deductible applies first for HSA plans, following IRS rules

**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.