



PRODUCT PORTFOLIO REFERENCE GRID

Choice Easy TierSM HMO and PPO Plus Plans with Care Complement for Large Employers

Effective January 1, 2019

A fresh start. A new option.
A commitment to innovations that are accessible to all.

AllWays Health PartnersSM is dedicated to redefining health insurance by challenging the current status quo and putting the needs of the people we serve front and center.

To do this, we continue to listen to and partner with brokers, employers, members, and providers.

To all, we offer our commitment to developing straightforward products and services that improve access to care and make the healthcare experience easier, smarter, better, and more customer-focused.

AllWays Health Partners Choice Easy Tier HMO Plans with Care Complement

Effective January 1, 2019

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

Choice Easy Tier HMO with Care Complement plans	Deductible (D) Individual/Family (embedded)	Maximum Out-of-Pocket Individual/Family (embedded)	OUTPATIENT					INPATIENT		MENTAL HEALTH & SUBSTANCE USE (MH/SU)		PHARMACY OPTION A Pharmacy Cost-Sharing by Tiers for a 30-day supply 1/2/3/4/5/6	PHARMACY OPTION B Pharmacy Cost-Sharing by Tiers for a 30-day supply 1/2/3/4/5/6	PHARMACY OPTION C Pharmacy Cost-Sharing by Tiers for a 30-day supply 1/2/3/4/5/6	PHARMACY OPTION D Pharmacy Cost-Sharing by Tiers for a 30-day supply 1/2/3/4/5/6	
			Office Visit PCP/Specialist	Emergency Room (Copayment waived if Admitted)	Diagnostic, imaging & X-ray	Laboratory	High-tech Radiology	Outpatient Surgery	Inpatient Medical, Medical Services (including Maternity)	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
Choice Easy Tier HMO with Care Complement	None	\$5,000/\$10,000 Pharmacy: \$2,000/\$4,000	\$25/\$40	\$150	Tier 1: \$0 Tier 2: \$100	\$0	Tier 1: \$50 Tier 2: \$500	Tier 1: \$250 Tier 2: \$1,250	Tier 1: \$500 Tier 2: \$1,500	\$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	\$5/\$15/\$30/\$50/ \$30/\$50
Choice Easy Tier HMO 500 with Care Complement	\$500/\$1,000	\$5,000/\$10,000 Pharmacy: \$2,000/\$4,000	\$25/\$40	\$150	Tier 1: (D) Tier 2: (D) \$100	(D)	Tier 1: (D) Tier 2: (D) \$500	Tier 1: (D) Tier 2: (D) \$1,000	Tier 1: (D) Tier 2: (D) \$1,000	(D)	\$25	(D)				
Choice Easy Tier HMO 1000 with Care Complement	\$1,000/\$2,000	\$5,000/\$10,000 Pharmacy: \$2,000/\$4,000	\$25/\$40	\$150	Tier 1: (D) Tier 2: (D) \$100	(D)	Tier 1: (D) Tier 2: (D) \$500	Tier 1: (D) Tier 2: (D) \$1,000	Tier 1: (D) Tier 2: (D) \$1,000	(D)	\$25	(D)				
Choice Easy Tier HMO 1000 0%/20% with Care Complement	\$1,000/\$2,000	\$5,000/\$10,000 Pharmacy: \$2,000/\$4,000	\$25/\$40	\$150	Tier 1: (D) Tier 2: (D) 20%	(D)	Tier 1: (D) Tier 2: (D) 20%	Tier 1: (D) Tier 2: (D) 20%	Tier 1: (D) Tier 2: (D) 20%	(D)	\$25	(D)				
Choice Easy Tier HMO 2000 with Care Complement	\$2,000/\$4,000	\$5,000/\$10,000 Pharmacy: \$2,000/\$4,000	\$25/\$40	\$150	Tier 1: (D) Tier 2: (D) \$100	(D)	Tier 1: (D) Tier 2: (D) \$500	Tier 1: (D) Tier 2: (D) \$1,000	Tier 1: (D) Tier 2: (D) \$1,000	(D)	\$25	(D)				
Choice Easy Tier HMO 2000 0%/20% with Care Complement	\$2,000/\$4,000	\$5,000/\$10,000 Pharmacy: \$2,000/\$4,000	\$25/\$40	\$150	Tier 1: (D) Tier 2: (D) 20%	(D)	Tier 1: (D) Tier 2: (D) 20%	Tier 1: (D) Tier 2: (D) 20%	Tier 1: (D) Tier 2: (D) 20%	(D)	\$25	(D)				
Choice Easy Tier HMO 2000 10%/30% with Care Complement	\$2,000/\$4,000	\$5,000/\$10,000 Pharmacy: \$2,000/\$4,000	\$25/\$40	\$150	Tier 1: (D) 10% Tier 2: (D) 30%	(D) 10%	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%				
Choice Easy Tier HMO 3000 10%/30% with Care Complement	\$3,000/\$6,000	\$5,000/\$10,000 Pharmacy: \$2,000/\$4,000	\$25/\$40	\$150	Tier 1: (D) 10% Tier 2: (D) 30%	(D) 10%	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%				

(D) = Deductible must be met first, then copayment or coinsurance may apply. Cost sharing for medical and behavioral health applies to the maximum out-of-pocket (MOOP). Pharmacy cost sharing applies to a separate Pharmacy maximum out-of-pocket as noted above.

Underwriting Guidelines

- Employer groups with 20 or more enrolled subscribers may offer any three plan options from this Choice Easy Tier Hospital Network portfolio
- Employer groups may offer any two Choice Easy Tier Hospital Network plan options in this portfolio
- Employer groups with 50% of enrolled subscribers residing within AllWays Health Partners' service area may select any Choice Easy Tier Hospital Network PPO Plus plan as a standalone offering

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 provider directory at allwayshealthpartners.org to determine the tier of providers in the Easy Tier Hospital Network.

AllWays Health Partners Choice Easy Tier PPO Plus Plans with Care Complement

Effective January 1, 2019

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

Choice Easy Tier PPO Plus with Care Complement plans	Deductible (D) Individual/Family (embedded)	Maximum Out-of-Pocket Individual/Family (embedded)	OUTPATIENT						INPATIENT		MENTAL HEALTH & SUBSTANCE USE (MH/SU)		PHARMACY OPTION A Pharmacy Cost-Sharing by Tiers for a 30-day supply 1/2/3/4/5/6	PHARMACY OPTION B Pharmacy Cost-Sharing by Tiers for a 30-day supply 1/2/3/4/5/6	PHARMACY OPTION C Pharmacy Cost-Sharing by Tiers for a 30-day supply 1/2/3/4/5/6	PHARMACY OPTION D Pharmacy Cost-Sharing by Tiers for a 30-day supply 1/2/3/4/5/6
			Office Visit PCP/ Specialist	Emergency Room (Copayment waived if Admitted)	Diagnostic, imaging & X-ray	Laboratory	High-tech Radiology	Outpatient Surgery	Inpatient Medical, Medical Services (including Maternity)	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				
Choice Easy Tier PPO Plus with Care Complement	IN: None OON: \$500/\$1,000	IN: \$5,000/\$10,000 OON: \$10,000/\$20,000 Pharmacy: \$2,000/\$4,000	IN: \$25/\$40 OON (D) 20%	IN \$150	Tier 1: \$0 Tier 2: \$100 OON (D) 20%	IN \$0 OON (D) 20%	Tier 1: \$50 Tier 2: \$500 OON (D) 20%	Tier 1: \$250 Tier 2: \$1,250 OON (D) 20%	Tier 1: \$500 Tier 2: \$1,500 OON (D) 20%	IN \$500 OON (D) 20%	IN \$25 OON (D) 20%	IN \$500 OON (D) 20%	\$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	\$5/\$15/\$30/\$50/ \$30/\$50
Choice Easy Tier PPO Plus 500 with Care Complement	IN: \$500/\$1,000 OON: \$1,000/\$2,000	IN: \$5,000/\$10,000 OON: \$10,000/\$20,000 Pharmacy: \$2,000/\$4,000	IN: \$25/\$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: IN (D) Tier 2: IN (D) \$500 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%				
Choice Easy Tier PPO Plus 1000 with Care Complement	IN: \$1,000/\$2,000 OON: \$2,000/\$4,000	IN: \$5,000/\$10,000 OON: \$10,000/\$20,000 Pharmacy: \$2,000/\$4,000	IN: \$25/\$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: IN (D) Tier 2: IN (D) \$500 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%				
Choice Easy Tier PPO Plus 1000 0%/20% with Care Complement	IN: \$1,000/\$2,000 OON: \$2,000/\$4,000	IN: \$5,000/\$10,000 OON: \$10,000/\$20,000 Pharmacy: \$2,000/\$4,000	IN: \$25/\$40 OON (D) 20%	IN \$150	Tier 1: IN (D) Tier 2: IN (D) 20% OON (D) 20%	IN (D) OON (D) 20%	Tier 1: IN (D) Tier 2: IN (D) 20% OON (D) 20%	Tier 1: IN (D) Tier 2: IN (D) 20% OON (D) 20%	Tier 1: IN (D) Tier 2: IN (D) 20% OON (D) 20%	IN (D) OON (D) 20%	IN \$25 OON (D) 20%	IN (D) OON (D) 20%				
Choice Easy Tier PPO Plus 2000 with Care Complement	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000	IN: \$5,000/\$10,000 OON: \$10,000/\$20,000 Pharmacy: \$2,000/\$4,000	IN: \$25/\$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: IN (D) Tier 2: IN (D) \$500 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%				
Choice Easy Tier PPO Plus 2000 0%/20% with Care Complement	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000	IN: \$5,000/\$10,000 OON: \$10,000/\$20,000 Pharmacy: \$2,000/\$4,000	IN: \$25/\$40 OON (D) 20%	IN \$150	Tier 1: IN (D) Tier 2: IN (D) 20% OON (D) 20%	IN (D) OON (D) 20%	Tier 1: IN (D) Tier 2: IN (D) 20% OON (D) 20%	Tier 1: IN (D) Tier 2: IN (D) 20% OON (D) 20%	Tier 1: IN (D) Tier 2: IN (D) 20% OON (D) 20%	IN (D) OON (D) 20%	IN \$25 OON (D) 20%	IN (D) OON (D) 20%				
Choice Easy Tier PPO Plus 2000 10%/30% with Care Complement	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000	IN: \$5,000/\$10,000 OON: \$10,000/\$20,000 Pharmacy: \$2,000/\$4,000	IN: \$25/\$40 OON (D) 20%	IN \$150	Tier 1: IN (D) 10% Tier 2: IN (D) 30% OON (D) 30%	IN (D) 10% 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%	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%				
Choice Easy Tier PPO Plus 3000 10%/30% with Care Complement	IN: \$3,000/\$6,000 OON: \$6,000/\$12,000	IN: \$5,000/\$10,000 OON: \$10,000/\$20,000 Pharmacy: \$2,000/\$4,000	IN: \$25/\$40 OON (D) 20%	IN \$150	Tier 1: IN (D) 10% Tier 2: IN (D) 30% OON (D) 30%	IN (D) 10% 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%	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%				

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About Easy Tier Hospital Network

Easy Tier plans are simple to understand and use. This plan divides the hospital network into lower and higher 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).

All hospitals in our 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, we used statewide cost data from the Center for Health Information and Analysis, an agency of the Commonwealth of Massachusetts. Based on this data, we identified cost efficient hospitals by hospital type and placed these hospitals in Tier 1 (lower cost).

With Easy Tier, the tiering keeps premiums lower, while the simple plan design makes it easy for members to understand their costs.

Tier 1, lower cost: Most hospitals and affiliated facilities fall into the lower-cost tier, including popular local hospitals like Newton-Wellesley Hospital, North Shore Medical Center, and South Shore Hospital.

Tier 2, higher cost: Higher cost sharing applies only to the following hospitals and some of their affiliated facilities: 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 Infirmery, Massachusetts General Hospital, New England Baptist Hospital, Tufts Medical Center, and UMASS Memorial Medical Center

To look up any network hospital's tier, visit allwayshealthpartners.org.

Care Complement

Care ComplementSM options remove cost barriers to various care options. When you choose Care Complement, the following in-network benefits are at \$0 cost sharing:

- 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
- The first 6 acupuncture visits (benefit limit of 20 visits)
- Diabetes education & nutritional counseling

All Plans Include:

- Access to our strong and growing provider network that is on par with other insurers

- Exclusive access to Partners HealthCare on DemandSM for convenient, high-quality urgent care right from your tablet, smart phone, or computer
- DoctorSmartSM Rewards program gives members cash back when they select to have certain services with a high-value provider
- 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*†
- No limits for mental health/substance use outpatient office visits or inpatient admissions
- 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 through an in-network provider
- Physical/occupational therapy: Coverage up to 100 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

Pharmacy Benefits

Our FlexRxSM pharmacy solutions control 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 four pharmacy cost-sharing options

*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.

AllWays Health Partners includes AllWays Health Partners, Inc., and AllWays Health Partners Insurance Company.