PRODUCT PORTFOLIO REFERENCE GRID

AllWays Health Partners Complete HMO Plans for Merged Market

Effective July 1, 2019

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

AllWays Health Partners℠ 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.
Effective July 1, 2019

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

### Outpatient

| Plans | Metallic Tier | Deductible (D) Individual/Family (embedded, unless otherwise noted) | Out-of-Pocket Maximum Individual/Family (embedded) | Office Visit (PCP/Specialist) | 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 1/3/6/9/12/

| Complete HMO Plans | Metallic Tier | Deductible Individual/Family (embedded) | Out-of-Pocket Maximum Individual/Family (embedded) | Office Visit (PCP/Specialist) | 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 1/3/6/9/12/

| Complete HMO 25/40 Platinum | None | $3,000/$6,000 | $25/$40 | $150 | $0 | $150 | $250 | $500 | $25 | $500 | $5/$25/$40/$80/$100/$150 |
| Complete HMO 500 Gold | $500/$1,000 | $7,350/$14,700 | $25/$40 | $250 | $45 | $250 | (D) $250 | (D) $500 | $25 | (D) $500 | $5/$30/$50/$100/$125/$175 |
| Complete HMO 750 Gold | $750/$1,500 | $7,350/$14,700 | $30/$45 | $250 | $45 | $250 | (D) $250 | (D) $500 | $30 | (D) $500 | $5/$30/$50/$100/$125/$175 |
| Complete HMO 1000 25/40 Gold | $1,000/$2,000 | $7,350/$14,700 | $25/$40 | $200 | $40 | $250 | (D) $250 | (D) $500 | $25 | (D) $500 | $5/$30/$50/$100/$125/$175 |
| Complete HMO 1500 Gold | $1,500/$3,000 | $7,350/$14,700 | $25/$40 | $200 | $40 | $250 | (D) $250 | (D) $500 | $30 | (D) $500 | $5/$30/$50/$100/$125/$175 |
| Complete HMO 2000 25/40 Gold | $2,000/$4,000 | $7,350/$14,700 | $25/$40 | (D) $40 | (D) $250 | (D) $250 | (D) $500 | $25 | (D) $500 | $5/$30/$50/$100/$125/$175 |
| Complete HMO 1000 30% Gold | $1,000/$2,000 | $7,350/$14,700 | $20/$35 (D) | 30% (D) | $35 (D) | 30% (D) | 30% (D) | 30% (D) | 30% | 30% (D) | $5/$25/30/40/50/60/75/80/100/125/175 |
| Complete HMO 2000 25/50 Silver | $2,000/$4,000 | $7,900/$15,800 | $25/$50 | $250 (D) | $60 | $250 | (D) $250 | (D) $500 | $25 | (D) $500 | $5/$30/$50/$100/$175 |
| Complete HMO 2500 35% Silver | $2,500/$5,000 | $7,900/$15,800 | $30/$50 | (D) 35% | (D) $50 | (D) 35% | (D) 35% | (D) 35% | (D) 35% | (D) 35% | $5/$30/35/40/50/60/75/80/100/175 |
| Complete HMO 3000 Silver | $3,000/$6,000 | $7,900/$15,800 | $30/$50 | (D) 35% | (D) $50 | (D) 35% | (D) 35% | (D) 35% | (D) 35% | (D) 35% | $5/$30/35/40/50/60/75/80/100/175 |

| Plans | Metallic Tier | Deductible Individual/Family (embedded) | Out-of-Pocket Maximum Individual/Family (embedded) | Office Visit (PCP/Specialist) | 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 1/3/6/9/12/

| Complete HMO HSA 2000 Enhanced FlexRx | Gold | $2,000/$4,000 Aggregate | $6,750/$13,500 | (D) | (D) | (D) | (D) | (D) | (D) | (D) | (D) | $5/$30/$50/$100/$125/$175 |
| Complete HMO HSA 2500 Enhanced FlexRx | Silver | $2,500/$5,000 Aggregate | $6,750/$13,500 | (D) | (D) $150 | (D) | (D) $150 | (D) | $250 | (D) | $250 | $5/$30/$50/$100/$125/$175 |
| Complete HMO HSA 3000 Enhanced FlexRx | Silver | $3,000/$6,000 Aggregate | $6,750/$13,500 | (D) | (D) $250 | (D) | (D) $250 | (D) | $500 | (D) | $500 | $5/$30/$50/$100/$125/$175 |
| Complete HMO HSA 3500 Enhanced FlexRx | Silver | $3,500/$7,000 Aggregate | $6,750/$13,500 | (D) | (D) $300 | (D) | (D) $300 | (D) | $500 | (D) | $750 | $5/$30/$50/$100/$125/$175 |

(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 (OOPM).

### Notes:
- Plans are ordered based on relativity to the first plan of each section.
- Additional HSA plans without the Enhanced FlexRx benefit are available through the broker portal.

*HSA plans with Enhanced FlexRx (where certain preventive drugs bypass the plan’s deductible)*

- Complete HMO HSA 2000 Enhanced FlexRx
- Complete HMO HSA 2500 Enhanced FlexRx
- Complete HMO HSA 3000 Enhanced FlexRx
- Complete HMO HSA 3500 Enhanced FlexRx

### New for 7/1

- Care Complement option is available.

### Available with and without Care Complement

- Complete HMO Plans
- Complete HMO HSA Plans

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New for 7/1 - Care Complement option is available.

Note: Plans are ordered based on relativity to the first plan of each section.

*Additional HSA plans without the Enhanced FlexRx benefit are available through the broker portal.*
Comprehensive benefits that are simple to understand and easy to use

Care Complement
Care Complement® options remove cost barriers to various care options. The following benefits are at $0 cost sharing:

- 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

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 out-of-pocket maximum 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 Plans Include:
- Access to our strong and growing provider network that is on par with other insurers
- Exclusive access to Partners HealthCare on Demand® for convenient, high-quality urgent care for minor illnesses or injuries right from your tablet, smart phone, or computer
- DoctorSmart™ 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
- Pediatric vision benefits for members up to age 19 powered by EyeMed
- Pediatric Dental for members up to age 19 through Delta Dental

Medical Benefits (Outpatient, Inpatient, Other)
- No copayment, deductible or coinsurance applies to preventive services
- Routine eye exam at no cost sharing for members diagnosed with diabetes**
- Physical/occupational therapy: Coverage up to 120 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
Our FlexRx® 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**
- Coverage of 11 common prescriptions to treat chronic conditions, such as depression, diabetes, high cholesterol, and high blood pressure with $0 cost sharing**
- 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. Cost-sharing is 2x/2x/2x/3x of the 30-day supply, except on tiers with coinsurance.

Underwriting Guidelines
- Employer groups may offer two plan options total from the Complete HMO and Complete PPO Plus portfolios. Groups with under 19 enrolled subscribers, an Out of Area exception may be granted. Please contact your Sales Executive.
- Employer groups with 20 or more enrolled subscribers may offer three plan options total from the Complete HMO and Complete PPO Plus portfolios.

*One per policy (either subscriber or dependent)
**Deductible applies first for HSA plans, following IRS rules
† Weight loss membership benefit excludes food

Evidence of Coverage is comprised of the AllWays Health Partners Schedule of Benefits and Member Handbook.
Underwritten by AllWays Health Partners, Inc.