



PRODUCT PORTFOLIO REFERENCE GRID

AllWays Health Partners Complete HMO Plans for Merged Market

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 Complete HMO Plans for Merged Market

Effective January 1, 2019

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

Complete HMO Plans	Metallic Tier	Deductible (D) Individual/Family (embedded, unless otherwise noted)	Maximum Out-of-Pocket Individual/Family (embedded)	OUTPATIENT					INPATIENT	MENTAL HEALTH & SUBSTANCE USE (MH/SU)		PHARMACY	
				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 1/2/3/4/5/6	
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	(D) \$45	(D) \$250	(D) \$250	(D) \$500	\$30	(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%	\$20	(D) 30%	\$5/\$25/(D) 30%/(D) 30%/(D) 30%/(D) 30%	
Available with and without Care Complement	Complete HMO 1000 25/40	Gold	\$1,000/\$2,000	\$7,350/\$14,700	\$25/\$40	\$200	(D) \$40	(D) \$250	(D) \$250	(D) \$250	\$25	(D) \$250	\$5/\$30/\$50/\$100/\$125/\$175
Complete HMO 1500	Gold	\$1,500/\$3,000	\$7,350/\$14,700	\$25/\$40	\$200	(D) \$40	(D) \$250	(D) \$250	(D) \$300	\$25	(D) \$300	\$5/\$30/\$50/\$100/\$125/\$175	
Complete HMO 2000 25/40	Gold	\$2,000/\$4,000	\$7,350/\$14,700	\$25/\$40	\$250	(D) \$40	(D) \$250	(D) \$250	(D) \$500	\$25	(D) \$500	\$5/\$30/\$50/\$100/\$125/\$175	
Available with and without Care Complement	Complete HMO 2000 25/50	Silver	\$2,000/\$4,000	\$7,900/\$15,800	\$25/\$50	(D) \$250	(D) \$60	(D) \$250	(D) \$250	(D) \$500	\$25	(D) \$500	\$5/\$30/(D) \$50/(D) \$150/(D) \$175/(D) \$225
Complete HMO 2000 35%	Silver	\$2,000/\$4,000	\$7,900/\$15,800	\$30/\$50	(D) 35%	(D) \$50	(D) 35%	(D) 35%	(D) 35%	\$30	(D) 35%	\$5/\$30/(D) 35%/(D) 35%/(D) 35%/(D) 35%	
Available with and without Care Complement	Complete HMO 3000	Silver	\$3,000/\$6,000	\$7,900/\$15,800	\$25/\$50	(D) \$250	(D) \$55	(D) \$250	(D) \$250	(D) \$500	\$25	(D) \$500	\$5/\$30/(D) \$50/(D) \$150/(D) \$175/(D) \$225
HSA													
Complete HMO HSA 2000	Silver	\$2,000/\$4,000 Aggregate	\$6,750/\$13,500	(D): \$25/\$40	(D) \$250	(D) \$40	(D) \$250	(D) \$250	(D) \$500	(D) \$25	(D) \$500	(D) then: \$5/\$30/\$50/\$100/\$125/\$175	
Complete HMO HSA 2500	Silver	\$2,500/\$5,000 Aggregate	\$6,750/\$13,500	(D): \$30/\$45	(D) \$250	(D)	(D)	(D) \$250	(D) \$500	(D) \$30	(D) \$500	(D) then: \$5/\$30/\$60/\$100/\$125/\$175	
Complete HMO HSA 3500	Bronze	\$3,500/\$7,000	\$6,750/\$13,500	(D): \$30/\$50	(D) \$300	(D) \$75	(D) \$300	(D) \$500	(D) \$750	(D) \$30	(D) \$750	(D) then: \$5/\$30/\$50/\$150/\$175/\$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 maximum out-of-pocket (MOOP).

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 Maximum Out-of-Pocket

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 maximum out-of-pocket 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 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 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

Underwriting Guidelines

- Employer groups may offer any two plan options from AllWays Health Partners' portfolio of Complete HMO and Complete PPO Plus plans.
- Employer groups with 20 or more enrolled subscribers may offer any three plan options 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.