



PRODUCT PORTFOLIO REFERENCE GRID

AllWays Health Partners Complete PPO Plus 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 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 PPO Plus Plans for Merged Market

Effective July 1, 2019

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

Complete PPO Plus Plans	Metallic Tier	Deductible (D) Individual/Family (embedded, unless otherwise noted)	Out-of-Pocket Maximum Individual/Family (embedded)	OUTPATIENT					INPATIENT	MENTAL HEALTH & SUBSTANCE USE (MN/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 Tier for a 30-day Supply 1/2/3/4/5/6	
Complete PPO Plus 500	Gold	IN: \$500/\$1,000 OON: \$1,000/\$2,000	IN: \$7,350/\$14,700 OON: \$14,700/\$29,400	IN \$25/\$40 OON (D) 20%	IN \$250	IN \$45 OON (D) 20%	IN \$250 OON (D) 20%	IN (D) \$250 OON (D) 20%	IN (D) \$500 OON (D) 20%	IN \$25 OON (D) 20%	IN (D) \$500 OON (D) 20%	\$5/\$30/\$50/\$100/\$125/\$175	
Complete PPO Plus 750	Gold	IN: \$750/\$1,500 OON: \$1,500/\$3,000	IN: \$7,350/\$14,700 OON: \$14,700/\$29,400	IN \$30/\$45 OON (D) 20%	IN \$250	IN (D) \$45 OON (D) 20%	IN (D) \$250 OON (D) 20%	IN (D) \$250 OON (D) 20%	IN (D) \$500 OON (D) 20%	IN \$30 OON (D) 20%	IN (D) \$500 OON (D) 20%	\$5/\$30/\$50/\$100/\$125/\$175	
Available with and without Care Complement	Complete PPO Plus 1000 25/40	Gold	IN: \$1,000/\$2,000 OON: \$2,000/\$4,000	IN: \$7,350/\$14,700 OON: \$14,700/\$29,400	IN \$25/\$40 OON (D) 20%	IN \$200	IN (D) \$40 OON (D) 20%	IN (D) \$250 OON (D) 20%	IN (D) \$250 OON (D) 20%	IN (D) \$250 OON (D) 20%	IN \$25 OON (D) 20%	IN (D) \$250 OON (D) 20%	\$5/\$30/\$50/\$100/\$125/\$175
Complete PPO Plus 1500	Gold	IN: \$1,500/\$3,000 OON: \$3,000/\$6,000	IN: \$7,350/\$14,700 OON: \$14,700/\$29,400	IN \$25/\$40 OON (D) 20%	IN \$200	IN (D) \$40 OON (D) 20%	IN (D) \$250 OON (D) 20%	IN (D) \$250 OON (D) 20%	IN (D) \$300 OON (D) 20%	IN \$25 OON (D) 20%	IN (D) \$300 OON (D) 20%	\$5/\$30/\$50/\$100/\$125/\$175	
New for 7/1 - Care Complement option is available.	Complete PPO Plus 2000 25/40	Gold	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000	IN: \$7,350/\$14,700 OON: \$14,700/\$29,400	IN \$25/\$40 OON (D) 20%	IN \$250	IN (D) \$40 OON (D) 20%	IN (D) \$250 OON (D) 20%	IN (D) \$250 OON (D) 20%	IN (D) \$500 OON (D) 20%	IN \$25 OON (D) 20%	IN (D) \$500 OON (D) 20%	\$5/\$30/\$50/\$100/\$125/\$175
Complete PPO Plus 1000 30%	Gold	IN: \$1,000/\$2,000 OON: \$2,000/\$4,000	IN: \$7,350/\$14,700 OON: \$14,700/\$29,400	IN \$20/\$35 OON (D) 20%	IN (D) 30%	IN (D) \$35 OON (D) 20%	IN (D) 30% OON (D) 50%	IN (D) 30% OON (D) 50%	IN (D) 30% OON (D) 50%	IN \$20 OON (D) 20%	IN (D) 30% OON (D) 50%	\$5/\$25/ IN (D) 30%/ IN (D) 30%/ IN (D) 30%/ IN (D) 30%	
Available with and without Care Complement	Complete PPO Plus 2000 25/50	Silver	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000	IN: \$7,900/\$15,800 OON: \$15,800/\$31,600	IN \$25/\$50 OON (D) 20%	IN (D) \$250	IN (D) \$60 OON (D) 20%	IN (D) \$250 OON (D) 20%	IN (D) \$250 OON (D) 20%	IN (D) \$500 OON (D) 20%	IN \$25 OON (D) 20%	IN (D) \$500 OON (D) 20%	\$5/\$30/ IN (D) \$50/ IN (D) \$150/ IN (D) \$175/ IN (D) \$225
Complete PPO Plus 2000 35%	Silver	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000	IN: \$7,900/\$15,800 OON: \$15,800/\$31,600	IN \$30/\$50 OON (D) 20%	IN (D) 35%	IN (D) \$50 OON (D) 20%	IN (D) 35% OON (D) 50%	IN (D) 35% OON (D) 50%	IN (D) 35% OON (D) 50%	IN \$30 OON (D) 20%	IN (D) 35% OON (D) 50%	\$5/\$30/ IN (D) 35%/ IN (D) 35%/ IN (D) 35%/ IN (D) 35%	
Available with and without Care Complement	Complete PPO Plus 3000	Silver	IN: \$3,000/\$6,000 OON: \$6,000/\$12,000	IN: \$7,900/\$15,800 OON: \$15,800/\$31,600	IN \$25/\$50 OON (D) 20%	IN (D) \$250	IN (D) \$55 OON (D) 20%	IN (D) \$250 OON (D) 20%	IN (D) \$250 OON (D) 20%	IN (D) \$500 OON (D) 20%	IN \$25 OON (D) 20%	IN (D) \$500 OON (D) 20%	\$5/\$30/ IN (D) \$50/ IN (D) \$150/ IN (D) \$175/ IN (D) \$225
HSA* Plans with Enhanced FlexRx (where certain preventive drugs bypass the plan's deductible)													
NEW for 7/1	Complete PPO Plus HSA 2000 Enhanced FlexRx	Gold	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000 Aggregate	IN: \$6,750/\$13,500 OON: \$13,500/\$27,000	IN (D) OON (D) 20%	IN (D)	IN (D) OON (D) 20%	IN (D) OON (D) 20%	IN (D) OON (D) 20%	IN (D) OON (D) 20%	IN (D) OON (D) 20%	IN (D) OON (D) 20%	IN (D) then: \$5/\$30/\$50/\$100/\$125/\$175
NEW for 7/1	Complete PPO Plus HSA 2500 Enhanced FlexRx	Silver	IN: \$2,500/\$5,000 OON: \$5,000/\$10,000 Aggregate	IN: \$6,750/\$13,500 OON: \$13,500/\$27,000	IN (D) OON (D) 20%	IN (D) \$150	IN (D) OON (D) 20%	IN (D) OON (D) 20%	IN (D) \$150 OON (D) 20%	IN (D) \$250 OON (D) 20%	IN (D) OON (D) 20%	IN (D) \$250 OON (D) 20%	IN (D) then: \$5/\$30/\$50/\$100/\$125/\$175
NEW for 7/1	Complete PPO Plus HSA 3000 Enhanced FlexRx	Silver	IN: \$3,000/\$6,000 OON: \$6,000/\$12,000	IN: \$6,750/\$13,500 OON: \$13,500/\$27,000	IN (D) OON (D) 20%	IN (D) \$250	IN (D) OON (D) 20%	IN (D) OON (D) 20%	IN (D) \$250 OON (D) 20%	IN (D) \$500 OON (D) 20%	IN (D) OON (D) 20%	IN (D) \$500 OON (D) 20%	IN (D) then: \$5/\$30/\$50/\$100/\$125/\$175
NEW for 7/1	Complete PPO Plus HSA 3500 Enhanced FlexRx	Silver	IN: \$3,500/\$7,000 OON: \$7,000/\$14,000	IN: \$6,750/\$13,500 OON: \$13,500/\$27,000	IN (D) OON (D) 20%	IN (D) \$300	IN (D) OON (D) 20%	IN (D) OON (D) 20%	IN (D) \$500 OON (D) 20%	IN (D) \$750 OON (D) 20%	IN (D) OON (D) 20%	IN (D) \$750 OON (D) 20%	IN (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 out-of-pocket maximum (OOPM).

Note: Plans are ordered based on relativity to the first plan in 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 ComplementSM options remove cost barriers to various care options. The following in-network 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 PPO Plus 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 for minor illnesses or injuries 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
- 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 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 120 combined visits per benefit period
- No referrals required

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**
- 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.
- Employer groups with 50% of enrolled subscribers residing within AllWays Health Partners' service area may select any PPO Plus plan as a standalone offering.

* 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.