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<table>
<thead>
<tr>
<th>Complete HMO Plan</th>
<th>Metallic Tier</th>
<th>Deductible</th>
<th>Individual/Family (Embedded, unless otherwise noted)</th>
<th>Maximum Deductible</th>
<th>Office Visit PCP/Specialist</th>
<th>ER Room (Copayment waived if Admitted)</th>
<th>Diagnostic, Imaging, X-ray Laboratory</th>
<th>Inpatient Surgery</th>
<th>Inpatient Hospital Stay (180 days)</th>
<th>Outpatient MH/SU Visits including Detox and Rehab</th>
<th>Inpatient MH/SU per Admission</th>
<th>Pharmacy Cost-Sharing by Tiers for a 30-day Supply</th>
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Note: Plans are ordered based on relativity to the first plan on this grid.
## Outcome & Inpatient Hospital

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<th>Plan Name</th>
<th>Metal Category</th>
<th>Aggregate Deductible</th>
<th>Inpatient Deductible</th>
<th>Recommended Office Visit &amp; Outpatient Implant Dollar Amount</th>
<th>Other Services Cost Sharing</th>
<th>Outpatient Pharmacy Cost Sharing</th>
<th>Outpatient Imaging &amp; X-ray Laboratory Cost Sharing</th>
<th>Outpatient Surgery Cost Sharing</th>
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<td>Choice Easy Tier HMO 3000 Silver</td>
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<td>Tier 2: (D) $135 (D) $35 Tier 1: (D) $75</td>
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<td>Tier 2: (D) 30% (D) 15% Tier 1: (D) 10%</td>
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<td>Tier 2: (D) $1,000 Tier 2: (D) 30% Tier 2: (D) $1,000 Tier 2: (D) 15%</td>
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<td>Tier 2: (D) 30% (D) 15% Tier 1: (D) 10%</td>
<td></td>
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</table>

## Embedded Deductible and/or Out-of-Pocket Maximum

All members are responsible for the individual deductible per benefit period. The family deductible is satisfied by covering the deductible 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 and total out-of-pocket maximum amount.

## Aggregate Deductible

All members must select coverage and the individual deductible amount must be met before benefits are paid for services in the benefit.

## All Plans Include:

- Access to our strong and growing provider network that is on par with the competition.
- Our FlexRx Pharmacy Benefits program gives members cash back when they select to have certain services with a high-value provider.
- Flexible benefits. One month gym membership (covers a maximum of $100 per policy)*
- Medical benefits are paid up to 100% through Delta Dental

## Medical Benefits (Outpatient, Inpatient, Other)

- Outpatient: deductible, coinsurance, and copayments apply only to the following services: $
- Emergency services provided by any provider
- Ambulatory surgery
- Inpatient hospitalization
- Routine eye exam (including ultrasound), outpatient high-tech radiology (CT Scans, MRIs, PETs)
- Physical/occupational therapy: Coverage up to 120 combined visits per benefit period

## Pharmacy Benefits

- $100/$150/$225
- $100/$150/$225
- $100/$150/$225
- $100/$150/$225

## Allways Health Partners Choice Easy Tier HMO Plans for Intermediate Small Group

- Effective July 1, 2019
- Underwritten by AllWays Health Partners, Inc.
- Evidence of Coverage is comprised of the AllWays Health Partners Evidence of Benefits and Member Handbook.
- Product Number: 12526-0419-03

Comprehensive benefits that are simple to understand and easy to use

- Deductibles: Programs provide members cash back when they select to have certain services with a high-value provider.
- Flexible benefits. One month gym membership (covers a maximum of $100 per policy)*
- Medical benefits are paid up to 100% through Delta Dental

## Allways Health Partners

Visit allwayshealthpartners.org to look up any network hospital’s tier, visit allwayshealthpartners.org to look up any network provider, or visit allwayshealthpartners.org to look up any network provider.

- **Inpatient Hospital:**
  - **Tier 1, lower cost:**
    - Most hospitals and affiliated facilities fall into the lower-tier, or one providing medical care for any inpatient care. With family coverage, we identified cost efficient hospitals by determining a hospital’s tier, we used statewide cost data from the Center for Medicare & Medicaid Services. Based on this data, we identified our lowest cost hospitals and placed facilities in Tier 1 (lower cost).
  - **Tier 2, higher cost:**
    - In addition, the tiering is limited to these services: Outpatient surgery, anesthesia, and hospital services.

## About Easy Tier Hospital Network

Easy Tier plans are simple to understand and use. This plan divides the hospital network into higher and lower cost tiers. Tier 1 (lower cost) and Tier 2 (higher cost). In addition, the tiering is limited to inpatient services. Some services are in both Tier 1 and Tier 2 (including ultrasound), some are only in Tier 1, and others are only in Tier 2 (including inpatient surgery). The deductible and copay apply to both.

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**Effective July 1, 2019**

<table>
<thead>
<tr>
<th>Complete HMO Plans</th>
<th>Metallic Tier</th>
<th>Deductible (D) Individual/Family</th>
<th>Out-of-Pocket (OOP) Individual/Family</th>
<th>Office Visit PCP/Specialist (Copayment waived if admitted)</th>
<th>Emergency Room</th>
<th>Diagnostic, Imaging &amp; X-ray Laboratory</th>
<th>Outpatient Surgery</th>
<th>Inpatient Surgery</th>
<th>Outpatient MH/SU visits including Detox and Rehab</th>
<th>Inpatient MH/SU per Admission</th>
<th>Pharmacy Cost-Sharing by Tiers for a 30-day supply 1/2/3/4/5/6</th>
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<tbody>
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Note: Plans are ordered based on relativity to the first plan on this grid.
### AllWays Health Partners Choice Easy Tier HMO Plans for Intermediary Small Group

**Effective July 1, 2019**

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<th>Plan Code</th>
<th>Plan Name</th>
<th>Metal Level</th>
<th>Individual/Deductible/Family</th>
<th>Aggregate Deductible</th>
<th>Office Visit</th>
<th>Emergency Outpatient</th>
<th>Surgery</th>
<th>Detox</th>
<th>Inpatient*</th>
<th>Childbirth Education</th>
<th>Pediatric Dental</th>
<th>EyeCarePlus</th>
<th>Fitness</th>
<th>Weight Loss</th>
<th>Physical Therapy</th>
<th>Occupational Therapy</th>
<th>Speech Therapy</th>
<th>Prescription Benefits</th>
<th>Family Planning</th>
<th>Out-of-Pocket Maximum</th>
<th>Vision</th>
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<td>$250</td>
<td>Tier 1: $250</td>
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<td>$30/$40 (D)</td>
<td>$500 Tier 2: $75</td>
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<td>Tier 1: $100</td>
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<td>$25/$40</td>
<td>$250 Tier 2: $135</td>
<td>Tier 1: $35</td>
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</tbody>
</table>

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**All plans meet Minimum Creditable Coverage requirements.**

**Deductible applies to inpatient services only.**

**Important Notice:** Plans include a Tiered Provider Network called Easy Tier Hospital Network. To locate plans, members must identify the level of care that best suits their needs. A tiered network can be satisfied by combining the deductibles, coinsurance, and copayments paid by covered family members. With family coverage, a covered family member will satisfy their individual deductible or out-of-pocket maximum amount for all family members. All members are responsible for the individual deductible per benefit period.

**Out-of-Pocket Maximum:**

- Members must provide their own transportation to and from the hospital.
- For inpatient services, the out-of-pocket maximum amount paid for inpatient services will be the lesser of: (a) the Aggregate Deductible; or (b) the Aggregate Deductible + the total out-of-pocket maximum for inpatient services.
- For outpatient services, the out-of-pocket maximum amount paid for outpatient services will be the lesser of: (a) the Aggregate Deductible; or (b) the Aggregate Deductible + the total out-of-pocket maximum for outpatient services.

**Aggregate Deductible:**

Members must pay the individual deductible amount due each year. This amount does not apply to the entire family's deductible amount. Members will satisfy their individual deductible amount for all family members. The individual deductible amount due must be met before benefits are paid for services in the family.

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### Medical Benefits (Outpatient, Inpatient, Other)

- **Outpatient/pharmacy benefits:** Covered as an in-network benefit through a state insurance plan.
- **Outpatient drugs and devices:** Covered as in-network benefit through a state insurance plan.

### Pharmacy Benefits

- **Deductible:** Drug program use must start when members enroll in this plan.
- **Out-of-Pocket Maximum:** Drug plan use must continue for the remainder of the plan year.

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**Note:** Plans are ordered based on relativity to the first plan on this grid.