



PRODUCT PORTFOLIO REFERENCE GRID

AllWays Health Partners HMO Plans for Intermediary Small Group

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.

PRODUCT PORTFOLIO REFERENCE GRID

AllWays Health Partners Choice Easy Tier HMO Plans for Intermediary Small Group

Effective January 1, 2019

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

| Choice Easy Tier HMO Plans | Metallic Tier | Deductible (D) Individual/ Family (embedded) | Maximum Out-of-Pocket Individual/ Family (embedded) | OUTPATIENT | | | | | | INPATIENT | | MENTAL HEALTH & SUBSTANCE USE (MH/SU) | | 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 | 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 500 | Gold | \$500/\$1,000 | \$7,350/\$14,700 | \$25/\$40 | \$250 | Tier 1: (D) \$35 Tier 2: (D) \$135 | (D) \$35 | Tier 1: (D) Tier 2: (D) \$450 | Tier 1: (D) Tier 2: (D) \$1,000 | Tier 1: (D) Tier 2: (D) \$1,000 | (D) | \$25 | (D) | \$5/\$25/\$50/ \$100/\$150/\$225 |
| Choice Easy Tier HMO 1000 Inpatient* | Gold | \$1,000/\$2,500 | \$7,350/\$14,700 | \$25/\$40 | \$250 | Tier 1: \$35 Tier 2: \$135 | \$35 | Tier 1: \$150 Tier 2: \$600 | Tier 1: \$500 Tier 2: \$1,500 | Tier 1: (D) Tier 2: (D) \$1,000 | (D) | \$25 | (D) | \$5/\$25/\$50/ \$100/\$150/\$225 |
| Choice Easy Tier HMO 1000 | Gold | \$1,000/\$2,000 | \$7,350/\$14,700 | \$25/\$40 | \$250 | Tier 1: (D) \$35 Tier 2: (D) \$135 | (D) \$35 | Tier 1: (D) \$75 Tier 2: (D) \$525 | Tier 1: (D) Tier 2: (D) \$1,000 | Tier 1: (D) Tier 2: (D) \$1,000 | (D) | \$25 | (D) | \$5/\$25/\$50/ \$100/\$150/\$225 |
| Choice Easy Tier HMO 1000 10%/30% | Gold | \$1,000/\$2,000 | \$7,350/\$14,700 | \$25/\$40 | (D) 10% | Tier 1: (D) \$35 Tier 2: (D) \$135 | (D) \$35 | 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% | \$5/\$25/(D)30%/ (D)30%/(D)30%/(D)30% |
| Choice Easy Tier HMO 1500 | Gold | \$1,500/\$3,000 | \$7,350/\$14,700 | \$25/\$40 | \$250 | Tier 1: (D) \$35 Tier 2: (D) \$135 | (D) \$35 | Tier 1: (D) \$75 Tier 2: (D) \$525 | Tier 1: (D) Tier 2: (D) \$1,000 | Tier 1: (D) Tier 2: (D) \$1,000 | (D) | \$25 | (D) | \$5/\$25/\$50/ \$100/\$150/\$225 |
| Choice Easy Tier HMO 2000 | Gold | \$2,000/\$4,000 | \$7,900/\$15,800 | \$25/\$40 | \$250 | Tier 1: (D) Tier 2: (D) \$100 | (D) | Tier 1: (D) Tier 2: (D) \$450 | Tier 1: (D) Tier 2: (D) \$1,000 | Tier 1: (D) Tier 2: (D) \$1,000 | (D) | \$25 | (D) | \$5/\$25/\$50/ \$100/\$150/\$225 |
| Choice Easy Tier HMO 2000 15%/35% | Silver | \$2,000/\$4,000 | \$7,900/\$15,800 | \$35/\$50 | (D) 15% | Tier 1: (D) \$55 Tier 2: (D) \$155 | (D) \$55 | Tier 1: (D) 15% Tier 2: (D) 35% | Tier 1: (D) 15% Tier 2: (D) 35% | Tier 1: (D) 15% Tier 2: (D) 35% | (D) 15% | \$35 | (D) 15% | \$5/\$30/(D)35%/ (D)35%/(D)35%/(D)35% |
| Choice Easy Tier HMO 3000 | Silver | \$3,000/\$6,000 | \$7,900/\$15,800 | \$30/\$40 | (D) \$500 | Tier 1: (D) \$75 Tier 2: (D) \$175 | (D) \$75 | Tier 1: (D) \$500 Tier 2: (D) \$950 | Tier 1: (D) \$500 Tier 2: (D) \$1,500 | Tier 1: (D) \$500 Tier 2: (D) \$1,500 | (D) \$500 | \$30 | (D) \$500 | \$5/\$25/\$50/ \$100/\$150/\$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).

* Deductible applies to inpatient services only.

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

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AllWays Health Partners Complete HMO Plans for Intermediary Small Group

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 | Laboratory | 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 | \$0 | \$150 | \$250 | \$500 | \$500 | \$25 | \$500 | \$5/\$25/\$40/\$80/\$100/\$150 |
| Complete HMO 500 | Gold | \$500/\$1,000 | \$7,350/\$14,700 | \$25/\$40 | \$250 | \$45 | \$45 | \$250 | (D) \$250 | (D) \$500 | (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) \$45 | (D) \$250 | (D) \$250 | (D) \$500 | (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) \$35 | (D) 30% | (D) 30% | (D) 30% | (D) 30% | \$20 | (D) 30% | \$5/\$25/(D)30%/(D)30%/(D)30%/(D)30% |
| Complete HMO 1000 25/40 | Gold | \$1,000/\$2,000 | \$7,350/\$14,700 | \$25/\$40 | \$200 | (D) \$40 | (D) \$40 | (D) \$250 | (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) \$40 | (D) \$250 | (D) \$250 | (D) \$300 | (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) \$40 | (D) \$250 | (D) \$250 | (D) \$500 | (D) \$500 | \$25 | (D) \$500 | \$5/\$30/\$50/\$100/\$125/\$175 |
| Complete HMO 2000 25/50 | Silver | \$2,000/\$4,000 | \$7,900/\$15,800 | \$25/\$50 | (D) \$250 | (D) \$60 | (D) \$60 | (D) \$250 | (D) \$250 | (D) \$500 | (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) \$50 | (D) 35% | (D) 35% | (D) 35% | (D) 35% | \$30 | (D) 35% | \$5/\$30/(D)35%/(D)35%/(D)35%/(D)35% |
| Complete HMO HSA 2500 | Silver | \$2,500/\$5,000 Aggregate | \$6,750/\$13,500 | (D): \$30/\$45 | (D) \$250 | (D) | (D) | (D) | (D) \$250 | (D) \$500 | (D) \$500 | (D) \$30 | (D) \$500 | (D) then: \$5/\$30/\$60/\$100/\$125/\$175 |
| Complete HMO 3000 | Silver | \$3,000/\$6,000 | \$7,900/\$15,800 | \$25/\$50 | (D) \$250 | (D) \$55 | (D) \$55 | (D) \$250 | (D) \$250 | (D) \$500 | (D) \$500 | \$25 | (D) \$500 | \$5/\$30/(D)\$50/(D)\$150/(D)\$175/(D)\$225 |
| Complete HMO HSA 3500 | Bronze | \$3,500/\$7,000 | \$6,750/\$13,500 | (D): \$30/\$50 | (D) \$300 | (D) \$75 | (D) \$75 | (D) \$300 | (D) \$500 | (D) \$750 | (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

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 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).

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 Infirmary, 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.

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 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
- 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**
- Physical/occupational therapy: Coverage up to 120 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**
- Coverage of 11 common prescriptions to treat chronic conditions, such as depression, diabetes, high cholesterol, and high blood pressure with \$0 cost**
- 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

*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.