

## PRODUCT PORTFOLIO REFERENCE GRID

# Choice Easy Tier<sup>SM</sup> HMO and PPO Plus Plans with Care Complement for Large Employers

Effective January 1, 2020

### New for 2020

- For members age 18 and younger: The first three in-network PCP sick visits and behavioral health visits at no cost to members
- New Rx Option E – see inside for cost sharing
- Our fitness reimbursement is now up to \$150 for individual coverage or up to \$300 for family coverage per calendar year

The following plans represent our standard portfolio. Please contact your sales executive to discuss other plan options that may be available.

# AllWays Health Partners Choice Easy Tier PPO Plus Plans with Care Complement

Effective January 1, 2020

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

|   |  |  | OUTPATIENT                   |   |   |                           |   |   | INPATIENT   |  | MENTAL HEALTH & SUBSTANCE USE (MH/SU)             |                               |
|---|--|--|------------------------------|---|---|---------------------------|---|---|---|--|---|-------------------------------|
| Choice Easy Tier PPO Plus with Care Complement plans        | Deductible (D) Individual/Family (embedded)  | Out-of- Pocket Maximum Individual/ Family (embedded) | Office Visit PCP/ Specialist | Emergency Room (Copayment waived if Admitted) | Diagnostic, imaging & X-ray                             | 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 |
| Choice Easy Tier PPO Plus with Care Complement              | IN: None<br>OON: \$1,000/\$2,000             | IN: \$5,000/\$10,000<br>OON: \$10,000/\$20,000       | IN: \$25/\$40<br>OON (D) 20% | IN \$150                                      | Tier 1: \$0<br>Tier 2: \$100<br>OON (D) 20%             | IN \$0<br>OON (D) 20%     | Tier 1: \$50<br>Tier 2: \$500<br>OON (D) 20%            | Tier 1: \$250<br>Tier 2: \$1,250<br>OON (D) 20%         | Tier 1: \$500<br>Tier 2: \$1,500<br>OON (D) 20%         | IN \$500<br>OON (D) 20%  | IN \$25<br>OON (D) 20%                            | IN \$500<br>OON (D) 20%       |
| Choice Easy Tier PPO Plus 500 with Care Complement          | IN: \$500/\$1,000<br>OON: \$1,500/\$3,000    | IN: \$5,000/\$10,000<br>OON: \$10,000/\$20,000       | IN: \$25/\$40<br>OON (D) 20% | IN \$150                                      | Tier 1: IN (D)<br>Tier 2: IN (D) \$100<br>OON (D) 20%   | IN (D)<br>OON (D) 20%     | Tier 1: IN (D)<br>Tier 2: IN (D) \$500<br>OON (D) 20%   | Tier 1: IN (D)<br>Tier 2: IN (D) \$1,000<br>OON (D) 20% | Tier 1: IN (D)<br>Tier 2: IN (D) \$1,000<br>OON (D) 20% | IN (D)<br>OON (D) 20%  | IN \$25<br>OON (D) 20%                            | IN (D)<br>OON (D) 20%         |
| Choice Easy Tier PPO Plus 1000 with Care Complement         | IN: \$1,000/\$2,000<br>ONN: \$2,000/\$4,000  | IN: \$5,000/\$10,000<br>OON: \$10,000/\$20,000       | IN: \$25/\$40<br>OON (D) 20% | IN \$150                                      | Tier 1: IN (D)<br>Tier 2: IN (D) \$100<br>OON (D) 20%   | IN (D)<br>OON (D) 20%     | Tier 1: IN (D)<br>Tier 2: IN (D) \$500<br>OON (D) 20%   | Tier 1: IN (D)<br>Tier 2: IN (D) \$1,000<br>OON (D) 20% | Tier 1: IN (D)<br>Tier 2: IN (D) \$1,000<br>OON (D) 20% | IN (D)<br>OON (D) 20%  | IN \$25<br>OON (D) 20%                            | IN (D)<br>OON (D) 20%         |
| Choice Easy Tier PPO Plus 2000 with Care Complement         | IN: \$2,000/\$4,000<br>OON: \$4,000/\$8,000  | IN: \$5,000/\$10,000<br>OON: \$10,000/\$20,000       | IN: \$25/\$40<br>OON (D) 20% | IN \$150                                      | Tier 1: IN (D)<br>Tier 2: IN (D) \$100<br>OON (D) 20%   | IN (D)<br>OON (D) 20%     | Tier 1: IN (D)<br>Tier 2: IN (D) \$500<br>OON (D) 20%   | Tier 1: IN (D)<br>Tier 2: IN (D) \$1,000<br>OON (D) 20% | Tier 1: IN (D)<br>Tier 2: IN (D) \$1,000<br>OON (D) 20% | IN (D)<br>OON (D) 20%  | IN \$25<br>OON (D) 20%                            | IN (D)<br>OON (D) 20%         |
| Choice Easy Tier PPO Plus 3000 with Care Complement         | IN: \$3,000/\$6,000<br>OON: \$6,000/\$12,000 | IN: \$5,000/\$10,000<br>OON: \$10,000/\$20,000       | IN: \$25/\$40<br>OON (D) 20% | IN \$150                                      | Tier 1: IN (D)<br>ier 2: IN (D) \$100<br>OON (D) 20%    | IN (D)<br>OON (D) 20%     | Tier 1: IN (D)<br>Tier 2: IN (D) \$500<br>OON (D) 20%   | Tier 1: IN (D)<br>Tier 2: IN (D) \$1,000<br>OON (D) 20% | Tier 1: IN (D)<br>Tier 2: IN (D) \$1,000<br>OON (D) 20% | IN (D)<br>OON (D) 20%  | IN \$25<br>OON (D) 20%                            | IN (D)<br>OON (D) 20%         |
| Choice Easy Tier PPO Plus 3000 10%/30% with Care Complement | IN: \$3,000/\$6,000<br>OON: \$6,000/\$12,000 | IN: \$5,000/\$10,000<br>OON: \$10,000/\$20,000       | IN: \$25/\$40<br>OON (D) 20% | IN \$150                                      | Tier 1: IN (D) 10%<br>Tier 2: IN (D) 30%<br>OON (D) 30% | IN (D) 10%<br>OON (D) 30% | Tier 1: IN (D) 10%<br>Tier 2: IN (D) 30%<br>OON (D) 30% | Tier 1: IN (D) 10%<br>Tier 2: IN (D) 30%<br>OON (D) 30% | Tier 1: IN (D) 10%<br>Tier 2: IN (D) 30%<br>OON (D) 30% | IN (D) 10%<br>OON (D) 30%  | IN \$25<br>OON (D) 20%                            | IN (D) 10%<br>OON (D) 30%     |

(D) = Deductible must be met first, then copayment or coinsurance may apply. Cost sharing for medical and behavioral health applies to the out-of-pocket maximum. Pharmacy cost sharing applies to a separate Pharmacy out-of-pocket maximum as noted in the Pharmacy Options section.

Underwriting Guidelines

Employer groups with 20 or more enrolled subscribers may offer any three plan options from this Choice Easy Tier Hospital Network portfolio  
Employer groups may offer any two Choice Easy Tier Hospital Network plan options in this portfolio  
Employer groups with 50% of enrolled subscribers residing within AllWays Health Partners’ service area may select any Choice Easy Tier Hospital Network PPO Plus plan as a standalone offering

| PHARMACY OPTIONS  |
|---|
| Choice Easy Tier plans have a separate pharmacy out-of-pocket maximum of \$2,000 Individual/\$4,000 Family.   |
| <b>OPTION A</b><br>Cost-sharing by tiers for a 30-day supply:<br>\$5/\$15/\$35/\$60/<br>10% up to \$200 per script max/<br>20% up to \$250 per script max |
| <b>OPTION B</b><br>Cost-sharing by tiers for a 30-day supply:<br>\$5/\$20/\$40/\$65/\$100/\$150   |
| <b>OPTION C</b><br>Cost-sharing by tiers for a 30-day supply:<br>\$5/\$25/\$50/\$100/\$150/\$200  |
| <b>OPTION D</b><br>Cost-sharing by tiers for a 30-day supply:<br>\$5/\$15/\$30/\$50/\$30/\$50   |
| <b>OPTION E</b><br>Cost-sharing by tiers for a 30-day supply:<br>\$5/\$20/\$40/\$65/\$40/\$65   |

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



# AllWays Health Partners Choice Easy Tier HMO Plans with Care Complement

Effective January 1, 2020

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

|  |  |  | OUTPATIENT                   |   |                                    |         |                                    |                                    | INPATIENT                          |  | MENTAL HEALTH & SUBSTANCE USE (MH/SU)             |                               |
|--|--|--|------------------------------|---|------------------------------------|---------|------------------------------------|------------------------------------|------------------------------------|--|---|-------------------------------|
| Choice Easy Tier HMO with Care Complement plans        | Deductible (D) Individual/ Family (embedded) | Out-of- Pocket Maximum Individual/ Family (embedded) | Office Visit PCP/ Specialist | Emergency Room (Copayment waived if Admitted) | Diagnostic, imaging & X-ray        | Lab     | High-tech Radiology                | Outpateint 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 with Care Complement              | None   | \$5,000/\$10,000                                     | \$25/\$40                    | \$150   | Tier 1: \$0<br>Tier 2: \$100       | \$0     | Tier 1: \$50<br>Tier 2: \$500      | Tier 1: \$250<br>Tier 2: \$1,250   | Tier 1: \$500<br>Tier 2: \$1,500   | \$500  | \$25  | \$500                         |
| Choice Easy Tier HMO 500 with Care Complement          | \$500/\$1,000                                | \$5,000/\$10,000                                     | \$25/\$40                    | \$150   | Tier 1: (D)<br>Tier 2: (D) \$100   | (D)     | Tier 1: (D)<br>Tier 2: (D) \$500   | Tier 1: (D)<br>Tier 2: (D) \$1,000 | Tier 1: (D)<br>Tier 2: (D) \$1,000 | (D)  | \$25  | (D)                           |
| Choice Easy Tier HMO 1000 with Care Complement         | \$1,000/\$2,000                              | \$5,000/\$10,000                                     | \$25/\$40                    | \$150   | Tier 1: (D)<br>Tier 2: (D) \$100   | (D)     | Tier 1: (D)<br>Tier 2: (D) \$500   | Tier 1: (D)<br>Tier 2: (D) \$1,000 | Tier 1: (D)<br>Tier 2: (D) \$1,000 | (D)  | \$25  | (D)                           |
| Choice Easy Tier HMO 2000 with Care Complement         | \$2,000/\$4,000                              | \$5,000/\$10,000                                     | \$25/\$40                    | \$150   | Tier 1: (D)<br>Tier 2: (D) \$100   | (D)     | Tier 1: (D)<br>Tier 2: (D) \$500   | Tier 1: (D)<br>Tier 2: (D) \$1,000 | Tier 1: (D)<br>Tier 2: (D) \$1,000 | (D)  | \$25  | (D)                           |
| Choice Easy Tier HMO 3000 with Care Complement         | \$3,000/\$6,000                              | \$5,000/\$10,000                                     | \$25/\$40                    | \$150   | Tier 1: (D)<br>Tier 2: (D) \$100   | (D)     | Tier 1: (D)<br>Tier 2: (D) \$500   | Tier 1: (D)<br>Tier 2: (D) \$1,000 | Tier 1: (D)<br>Tier 2: (D) \$1,000 | (D)  | \$25  | (D)                           |
| Choice Easy Tier HMO 3000 10%/30% with Care Complement | \$3,000/\$6,000                              | \$5,000/\$10,000                                     | \$25/\$40                    | \$150   | Tier 1: (D) 10%<br>Tier 2: (D) 30% | (D) 10% | Tier 1: (D) 10%<br>Tier 2: (D) 30% | Tier 1: (D) 10%<br>Tier 2: (D) 30% | Tier 1: (D) 10%<br>Tier 2: (D) 30% | (D) 10%  | \$25  | (D) 10%                       |

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## About Easy Tier Hospital Network

Easy Tier plans are simple to understand and use. This plan divides the hospital network into lower and higher 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).

With Easy Tier, the tiering keeps premiums lower, while the simple plan design makes it easy for members to understand their costs.

**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](http://allwayshealthpartners.org).

## Care Complement

Care Complement<sup>SM</sup> removes cost barriers to various care options. The following in-network benefits are at \$0 cost sharing:

- 11 common prescriptions to treat chronic conditions, such as depression, diabetes, high cholesterol, and high blood pressure
- 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

## 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<sup>SM</sup> for convenient, high-quality virtual urgent care visits for minor illnesses or injuries right from a tablet, smart phone, or computer
- DoctorSmart<sup>SM</sup> Rewards program gives members cash back when they select to have certain services with a high-value provider
- Fitness reimbursement: Up to \$150 for individual coverage or \$300 for family coverage per calendar year
- 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

## 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 100 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 FlexRx<sup>SM</sup> pharmacy solutions control pharmacy costs while offering money and time savings for members:

- A low-cost generic tier
- 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); weight loss membership benefit excludes food

Evidence of Coverage is comprised of the AllWays Health Partners Schedule of Benefits and Member Handbook.

AllWays Health Partners includes AllWays Health Partners, Inc., and AllWays Health Partners Insurance Company.