

PRODUCT PORTFOLIO REFERENCE GRID

AllWays Health Partners Complete HMO Plans for Large Employers

Effective January 1, 2020

New for 2020

- For members age 18 and younger: The first three PCP sick visits and behavioral health visits at no cost to members *
- New Rx Option E – see inside for cost sharing
- We have expanded our Enhanced prescription drug benefit to include an even greater list of preventive medications covered before an HSA plan's deductible
- Our fitness reimbursement is now up to \$150 for individual coverage or up to \$300 for family coverage per calendar year

*Does not apply to HSA plans

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

AllWays Health Partners Complete HMO Plans for Large Employers

Effective January 1, 2020

All plans meet Medicare Part D creditable coverage requirements. All plans meet minimum creditable coverage requirements.

Complete HMO Plans	Deductible (D) Individual/Family (embedded, unless otherwise noted)	Out-of-Pocket Maximum Individual/Family (embedded)	OUTPATIENT					INPATIENT	MENTAL HEALTH & SUBSTANCE USE (MH/SU)	
			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
Complete HMO 25/40 with Care Complement	N/A	\$2,000/\$4,000	\$25/\$40	\$100	\$0	\$75	\$250	\$500	\$25	\$500
Complete HMO 500 with Care Complement	\$500/\$1,000	\$3,000/\$6,000	\$20/\$35	\$150	(D)	(D)	(D)	(D)	\$20	(D)
Complete HMO 500 20/35 with Care Complement	\$500/\$1,000	\$3,000/\$6,000	\$20/\$35	\$150	(D)	(D)	(D) \$100	(D) \$200	\$20	(D) \$200
Complete HMO 750 with Care Complement	\$750/\$1,500	\$3,000/\$6,000	\$25/\$40	\$150	(D)	(D)	(D)	(D)	\$25	(D)
Complete HMO 1000 with Care Complement	\$1,000/\$2,000	\$4,000/\$8,000	\$20/\$20	\$200	(D)	(D)	(D)	(D)	\$20	(D)
Complete HMO 1000 25/40 with Care Complement	\$1,000/\$2,000	\$5,000/\$10,000	\$25/\$40	\$150	(D)	(D)	(D)	(D)	\$25	(D)
Complete HMO 1500 with Care Complement	\$1,500/\$3,000	\$5,000/\$10,000	\$25/\$40	\$150	(D) \$40	(D)	(D)	(D)	\$25	(D)
Complete HMO 1500 25/40 with Care Complement	\$1,500/\$3,000	\$5,000/\$10,000	\$25/\$40	(D) \$150	(D) \$40	(D) \$150	(D) \$250	(D) \$250	\$25	(D) \$250
Complete HMO 2000 with Care Complement	\$2,000/\$4,000	\$4,500/\$9,000	\$25/\$25	\$200	(D)	(D)	(D)	(D)	\$25	(D)
Complete HMO 2000 25/40 with Care Complement	\$2,000/\$4,000	\$5,000/\$10,000	\$25/\$40	\$150	(D)	(D)	(D)	(D)	\$25	(D)
Complete HMO 2000 30/45 with Care Complement	\$2,000/\$4,000	\$7,000/\$14,000	\$30/\$45	(D) \$150	(D) \$45	(D) \$75	(D) \$250	(D) \$500	\$30	(D) \$500
Complete HMO 2000 20% with Care Complement	\$2,000/\$4,000	\$7,000/\$14,000	\$30/\$45	(D) \$150	(D) 20%	(D) 20%	(D) 20%	(D) 20%	\$30	(D) 20%
Complete HMO 2500 30/45 with Care Complement	\$2,500/\$5,000	\$7,000/\$14,000	\$30/\$45	(D) \$200	(D) \$45	(D) \$150	(D) \$500	(D) \$1,000	\$30	(D) \$1,000
Complete HMO 3000 with Care Complement	\$3,000/\$6,000	\$7,000/\$14,000	\$25/\$40	\$250	(D)	(D)	(D)	(D)	\$25	(D)
Complete HMO 3000 30/45 with Care Complement	\$3,000/\$6,000	\$7,000/\$14,000	\$30/\$45	(D) \$250	(D) \$45	(D) \$200	(D) \$500	(D) \$1,000	\$30	(D) \$1,000
Complete HMO 3000 20% with Care Complement	\$3,000/\$6,000	\$7,000/\$14,000	\$30/\$45	(D) \$250	(D) 20%	(D) 20%	(D) 20%	(D) 20%	\$30	(D) 20%
Complete HMO 4000 with Care Complement	\$4,000/\$8,000	\$7,350/\$14,700	\$25/\$40	\$250	(D)	(D)	(D)	(D)	\$25	(D)
Complete HMO 5000 with Care Complement	\$5,000/\$10,000	\$7,350/\$14,700	\$25/\$40	\$250	(D)	(D)	(D)	(D)	\$25	(D)
HSA										
Complete HMO HSA 2000	\$2,000/\$4,000 Aggregate	\$6,000/\$12,000	(D)	(D)	(D)	(D)	(D)	(D)	(D)	(D)
Complete HMO HSA 3000	\$3,000/\$6,000 Aggregate	\$6,650/\$13,300	(D)	(D)	(D)	(D)	(D)	(D)	(D)	(D)
Complete HMO HSA 3000 10%	\$3,000/\$6,000 Aggregate	\$6,650/\$13,300	(D)	(D)	(D) 10%	(D) 10%	(D) 10%	(D) 10%	(D)	(D) 10%
Complete HMO HSA 3500	\$3,500/\$7,000 Aggregate	\$6,750/\$13,500	(D)	(D)	(D)	(D)	(D)	(D)	(D)	(D)

PHARMACY OPTIONS
<p>OPTION A Cost-sharing by tiers for a 30-day supply: \$5/\$15/\$35/\$60/ 10% up to \$200 per script max/ 20% up to \$250 per script max</p> <p>For HSA Plans (D) then: \$5/\$15/\$35/\$60/10% up to \$200 per script max/ 20% up to \$250 per script max</p>
<p>OPTION B Cost-sharing by tiers for a 30-day supply: \$5/\$20/\$40/\$65/\$100/\$150</p> <p>For HSA Plans (D) then: \$5/\$20/\$40/\$65/\$100/\$150</p>
<p>OPTION C Cost-sharing by tiers for a 30-day supply: \$5/\$25/\$50/\$100/\$150/\$200</p> <p>For HSA Plans (D) then: \$5/\$25/\$50/\$100/\$150/\$200</p>
<p>OPTION D Cost-sharing by tiers for a 30-day supply: \$5/\$15/\$30/\$50/\$30/\$50</p> <p>For HSA Plans (D) then: \$5/\$15/\$30/\$50/\$30/\$50</p>
<p>OPTION E Cost-sharing by tiers for a 30-day supply: \$5/\$20/\$40/\$65/\$40/\$65</p> <p>For HSA Plans (D) then: \$5/\$20/\$40/\$65/\$40/\$65</p>

All HSA plans can be purchased with Enhanced Rx, where certain preventive drugs bypass the plan's deductible.

(D) = Deductible must be met first, then copayment or coinsurance may apply. Cost sharing for medical, behavioral health, and pharmacy applies to the out-of-pocket maximum.

Comprehensive benefits that are simple to understand and easy to use

Care Complement

Care ComplementSM removes cost barriers to various care options. The following 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 and nutritional counseling

Plans are available without Care Complement.

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 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 virtual urgent care visits for minor illnesses or injuries right from a 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 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
- Routine eye exam at no cost sharing for members diagnosed with diabetes**
- Physical/occupational therapy: Coverage up to 100 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 FlexRxSM 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

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); weight loss membership benefit excludes food

**Does not apply to HSA plans

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.