Effective January 1, 2020

AllWays Health Partners Choice Easy Tier PPO Plus Plans for Merged Market

<table>
<thead>
<tr>
<th>Metal Level</th>
<th>Individual (Deductible)</th>
<th>Individual (Out-of-Pocket Max)</th>
<th>Family (Deductible)</th>
<th>Family (Out-of-Pocket Max)</th>
<th>Deductible (D)</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choice Easy Tier PPO Plus</td>
<td>IN: $2,500/$5,000</td>
<td>IN: $15,800/$31,600</td>
<td>IN: $7,900/$15,800</td>
<td>IN: $16,300/$32,600</td>
<td>IN (D) 15%</td>
<td>IN $40</td>
<td>OON (D) 35%</td>
</tr>
<tr>
<td>Choice Easy Tier PPO Plus 2500 Silver</td>
<td>OON: $3,000/$6,000</td>
<td>OON: $15,800/$31,600</td>
<td>OON: $7,900/$15,800</td>
<td>OON: $16,300/$32,600</td>
<td>OON (D) 20%</td>
<td>OON $25</td>
<td>OON (D) 35%</td>
</tr>
<tr>
<td>Choice Easy Tier PPO Plus 2000 Gold</td>
<td>IN: $2,000/$4,000</td>
<td>IN: $15,800/$31,600</td>
<td>IN: $7,900/$15,800</td>
<td>IN: $16,300/$32,600</td>
<td>IN (D) 15%</td>
<td>IN $25</td>
<td>OON (D) 35%</td>
</tr>
<tr>
<td>Choice Easy Tier PPO Plus 1500 Gold</td>
<td>IN: $1,500/$3,000</td>
<td>IN: $15,800/$31,600</td>
<td>IN: $7,900/$15,800</td>
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<td>IN (D) 15%</td>
<td>IN $25</td>
<td>OON (D) 35%</td>
</tr>
<tr>
<td>Choice Easy Tier PPO Plus 500 Gold</td>
<td>IN: $500/$1,000</td>
<td>IN: $15,800/$31,600</td>
<td>IN: $7,900/$15,800</td>
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<td>IN (D) 15%</td>
<td>IN $25</td>
<td>OON (D) 35%</td>
</tr>
<tr>
<td>Choice Easy Tier PPO Plus 3000 Silver</td>
<td>OON: $3,000/$6,000</td>
<td>OON: $15,800/$31,600</td>
<td>OON: $7,900/$15,800</td>
<td>OON: $16,300/$32,600</td>
<td>OON (D) 20%</td>
<td>OON $25</td>
<td>OON (D) 35%</td>
</tr>
<tr>
<td>Choice Easy Tier PPO Plus 1500 Silver</td>
<td>OON: $3,000/$6,000</td>
<td>OON: $15,800/$31,600</td>
<td>OON: $7,900/$15,800</td>
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<td>OON (D) 20%</td>
<td>OON $25</td>
<td>OON (D) 35%</td>
</tr>
<tr>
<td>Choice Easy Tier PPO Plus 3000 Silver</td>
<td>OON: $3,000/$6,000</td>
<td>OON: $15,800/$31,600</td>
<td>OON: $7,900/$15,800</td>
<td>OON: $16,300/$32,600</td>
<td>OON (D) 20%</td>
<td>OON $25</td>
<td>OON (D) 35%</td>
</tr>
</tbody>
</table>

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

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

**Important Notice:** Tiered Provider Network

**Outpatient Services:***

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visit</td>
<td>IN: $40</td>
<td>OON (D) 35%</td>
</tr>
<tr>
<td>Emergency Room Visit</td>
<td>IN: $250</td>
<td>OON (D) 35%</td>
</tr>
<tr>
<td>Inpatient Hospital Admission</td>
<td>IN: $2,500</td>
<td>OON (D) 35%</td>
</tr>
<tr>
<td>Mental Health &amp; Substance Use</td>
<td>IN: $2,500</td>
<td>OON (D) 35%</td>
</tr>
<tr>
<td>DOT/90</td>
<td>IN: $2,500</td>
<td>OON (D) 35%</td>
</tr>
<tr>
<td>Imaging &amp; X-ray Lab</td>
<td>IN: $75</td>
<td>OON (D) 35%</td>
</tr>
<tr>
<td>Diagnostic, Preventative, &amp; Wellness Services</td>
<td>IN: $35</td>
<td>OON (D) 35%</td>
</tr>
</tbody>
</table>

**Pharmacy:**

<table>
<thead>
<tr>
<th>Generic</th>
<th>Brand</th>
<th>Formulary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>Brand</td>
<td>Formulary</td>
</tr>
</tbody>
</table>

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**AllWays Health Partners Choice Easy Tier PPO Plus Plans for Merged Market**

**Effective January 1, 2020**

All plans meet Medicare Part D prescription drug coverage requirements.

All plans meet Minnesota Good Neighbor requirements.

**PRODUCT PORTFOLIO REFERENCE GRID**

AllWays Health Partners Choice Easy Tier PPO Plus Plans for Merged Market

**Effective January 1, 2020**

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**Effective January 1, 2020**
### AllWays Health Partners Choice Easy Tier HMO Plans for Merged Market

**Product Portfolio Reference Grid**

<table>
<thead>
<tr>
<th>Choice Easy Tier HMO Plan</th>
<th>Deductible (D)</th>
<th>Out-of-Pocket Maximum</th>
<th>Gold</th>
<th>Silver</th>
<th>Choice Easy Tier PPO Plus</th>
<th>Deductible (D)</th>
<th>Out-of-Pocket Maximum</th>
<th>Gold</th>
<th>Silver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choice Easy Tier 1000</td>
<td>$100</td>
<td>$10,000/20,000</td>
<td></td>
<td></td>
<td>Choice Easy Tier PPO Plus</td>
<td>$100</td>
<td>$10,000/20,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choice Easy Tier 1500</td>
<td>$150</td>
<td>$10,000/20,000</td>
<td></td>
<td></td>
<td>Choice Easy Tier PPO Plus</td>
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<td>$10,000/20,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choice Easy Tier 2000</td>
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<td></td>
<td>Choice Easy Tier PPO Plus</td>
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<td></td>
</tr>
<tr>
<td>Choice Easy Tier 3000</td>
<td>$300</td>
<td>$10,000/20,000</td>
<td></td>
<td></td>
<td>Choice Easy Tier PPO Plus</td>
<td>$300</td>
<td>$10,000/20,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Outpatient**

- **Tier 1** (D): $25
- **Tier 2** (D): $50
- **Tier 3** (D): $75

**Inpatient**

- **Tier 1** (D): $500
- **Tier 2** (D): $1,000
- **Tier 3** (D): $1,500

**Pharmacy**

- **Tier 1** (D): $10
- **Tier 2** (D): $25
- **Tier 3** (D): $50

**Health Coverage Options**

- **Inpatient**
  - Hospital
  - Surgery
  - Detox
  - Rehab and Outpatient
- **Outpatient**
  - Imaging & Diagnostic, including ultrasound, outpatient high-tech radiology (CT Scans, MRIs, etc.), common major surgeries, and other reimbursable services.

**Evidence of Coverage and Formulary**

- AllWays Health Partners Choice Easy Tier HMO Plan Evidence of Coverage and Formulary can be found on the AllWays Health Partners website at "allwayshealthpartners.org/coverage/".
AllWays Health Partners Choice Easy Tier PPO Plus Plans for Merged Market

**PRODUCT PORTFOLIO REFERENCE GRID**

**Effective January 1, 2020**

<table>
<thead>
<tr>
<th>Choice Easy Tier PPO Plus plans</th>
<th>Individual (D)</th>
<th>Individual (D)</th>
<th>Individual (D)</th>
<th>Individual (D)</th>
<th>Office Visit</th>
<th>Diagnostic, Lab</th>
<th>High-Tech</th>
<th>Outpatient</th>
<th>Inpatient</th>
<th>Dental Health &amp; Substance Use (MH/SU)</th>
<th>Pharmacy Cost-Sharing (Tier 1 &amp; Tier 2 - see Product Directory)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choice Easy Tier PPO Plus 1000</td>
<td>Gold</td>
<td>IN 300/500</td>
<td>OON 400/600</td>
<td>OON 400/600</td>
<td>IN 500</td>
<td>OON 500</td>
<td>OON 500</td>
<td>IN 500</td>
<td>OON 500</td>
<td>IN 10%</td>
<td>OON 35%</td>
</tr>
<tr>
<td>Choice Easy Tier PPO Plus 1500</td>
<td>Gold</td>
<td>IN 300/500</td>
<td>OON 400/600</td>
<td>OON 400/600</td>
<td>IN 500</td>
<td>OON 500</td>
<td>OON 500</td>
<td>IN 500</td>
<td>OON 500</td>
<td>IN 10%</td>
<td>OON 35%</td>
</tr>
<tr>
<td>Choice Easy Tier PPO Plus 2000</td>
<td>Gold</td>
<td>IN 300/500</td>
<td>OON 400/600</td>
<td>OON 400/600</td>
<td>IN 500</td>
<td>OON 500</td>
<td>OON 500</td>
<td>IN 500</td>
<td>OON 500</td>
<td>IN 10%</td>
<td>OON 35%</td>
</tr>
<tr>
<td>Choice Easy Tier PPO Plus 2500 15%/35%</td>
<td>Gold</td>
<td>IN 300/500</td>
<td>OON 400/600</td>
<td>OON 400/600</td>
<td>IN 500</td>
<td>OON 500</td>
<td>OON 500</td>
<td>IN 500</td>
<td>OON 500</td>
<td>IN 10%</td>
<td>OON 35%</td>
</tr>
<tr>
<td>Choice Easy Tier PPO Plus 2500 10%/30%</td>
<td>Gold</td>
<td>IN 300/500</td>
<td>OON 400/600</td>
<td>OON 400/600</td>
<td>IN 500</td>
<td>OON 500</td>
<td>OON 500</td>
<td>IN 500</td>
<td>OON 500</td>
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<td>OON 35%</td>
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<tr>
<td>Choice Easy Tier PPO Plus 2000 15%</td>
<td>Gold</td>
<td>IN 300/500</td>
<td>OON 400/600</td>
<td>OON 400/600</td>
<td>IN 500</td>
<td>OON 500</td>
<td>OON 500</td>
<td>IN 500</td>
<td>OON 500</td>
<td>IN 10%</td>
<td>OON 35%</td>
</tr>
</tbody>
</table>

(1) - Deductible and/or copay tier changes occurring in 2020 apply only to the first three in-network PCP sick visits and behavioral health visits at no cost to members. Our fitness reimbursement is now up to $150 for individual coverage or up to $300 for family coverage per calendar year.
### Choice Easy Tier HMO Plans

<table>
<thead>
<tr>
<th>Plan Code</th>
<th>Deductible</th>
<th>Metal</th>
<th>Out-of-Pocket Maximum</th>
<th>Specific Benefits</th>
<th>Maximum Amount Covered</th>
<th>Tiers</th>
<th>Values</th>
<th>Tier 1 (D)</th>
<th>Tier 2 (D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choice Easy Tier HMO 2500</td>
<td>$500</td>
<td>Individua/Sm</td>
<td>$250/$400</td>
<td>General Medical &amp; Dental</td>
<td>$8,000</td>
<td>0.80</td>
<td>Tier 1 (D) $35</td>
<td>Tier 2 (D) $75</td>
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<tr>
<td>Choice Easy Tier HMO 3000</td>
<td>$1,000</td>
<td>Individua/Sm</td>
<td>$500/$1,000</td>
<td>General Medical &amp; Dental</td>
<td>$16,000</td>
<td>0.80</td>
<td>Tier 1 (D) $35</td>
<td>Tier 2 (D) $75</td>
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<tr>
<td>Choice Easy Tier HMO 2000</td>
<td>$750</td>
<td>Individua/Sm</td>
<td>$125/$250</td>
<td>General Medical &amp; Dental</td>
<td>$8,000</td>
<td>0.80</td>
<td>Tier 1 (D) $35</td>
<td>Tier 2 (D) $75</td>
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<tr>
<td>Choice Easy Tier HMO 1500</td>
<td>$500</td>
<td>Individua/Sm</td>
<td>$75/$150</td>
<td>General Medical &amp; Dental</td>
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<td>0.80</td>
<td>Tier 1 (D) $35</td>
<td>Tier 2 (D) $75</td>
<td></td>
</tr>
</tbody>
</table>

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

- All plans have an annual deductible and/or out-of-pocket maximum per benefit period. The family deductible can be satisfied by combining the deductible for both individual and family members. To determine the tier of providers in the Easy Tier Hospital Network, these plans include a Tiered Provider Network called Easy Tier Hospital Network. In these plans, members pay different levels of copayments, coinsurance, and deductibles depending on the tier of the provider delivering a covered service or supply. These plans may make changes to a provider’s benefit structure annually on January 1. Please consult the Easy Tier Hospital Network directory or visit allwayshealthpartners.org to determine the tier of providers in the Easy Tier Hospital Network.

### Benefits

- **Inpatient Medical Benefits**
  - **Emergency Treatment**
    - **In-Patient Hospital Services**
      - **Inpatient MH/SU per Benefit Period**: $25,000
      - **Inpatient Admission**: $500
      - **Inpatient High Acuity**
        - **Inpatient Inpatient MH/SU**: $15,000
        - **Inpatient Mental Health/SUBS**: $15,000
  - **Inpatient Rehabilitation**
    - **Outpatient MH/SU**: $15,000
    - **Inpatient MH/SU**: $15,000
    - **Rehab and SNF per Benefit Period**: $500/
  - **Inpatient Physical Therapy**
    - **Outpatient MH/SU**: $15,000
    - **Inpatient MH/SU**: $15,000
    - **Rehab and SNF per Benefit Period**: $500/

- **Outpatient Medical Benefits**
  - **Outpatient Rehabilitation**
    - **Outpatient MH/SU**: $15,000
    - **Inpatient MH/SU**: $15,000
    - **Rehab and SNF per Benefit Period**: $500/

- **Pharmacy Benefits**
  - **Prescription Drugs**
    - **Prescription Drugs**
      - **Inpatient Medications**
        - **Inpatient MH/SU**: $15,000
        - **Inpatient Mental Health/SUBS**: $15,000
      - **Outpatient Medications**
        - **Outpatient MH/SU**: $15,000
        - **Inpatient MH/SU**: $15,000

- **Mental Health & Substance Use Benefits**
  - **Mental Health & Substance Use**
    - **Outpatient MH/SU**: $15,000
    - **Inpatient MH/SU**: $15,000
    - **Rehab and SNF per Benefit Period**: $500/

- **Pediatric Vision Benefits**
  - **Pediatric Vision Benefits**
    - **Outpatient MH/SU**: $15,000
    - **Inpatient MH/SU**: $15,000
    - **Rehab and SNF per Benefit Period**: $500/

- **Family Planning Services**
  - **Family Planning Services**
    - **Outpatient MH/SU**: $15,000
    - **Inpatient MH/SU**: $15,000
    - **Rehab and SNF per Benefit Period**: $500/

- **Prescription Drugs**
  - **Prescription Drugs**
    - **Outpatient Medications**
      - **Outpatient MH/SU**: $15,000
      - **Inpatient MH/SU**: $15,000
    - **Inpatient Medications**
      - **Inpatient MH/SU**: $15,000
      - **Inpatient Mental Health/SUBS**: $15,000

### IMPORTANT NOTICE

These plans include a Tiered Provider Network called Easy Tier Hospital Network. For these plans, members pay different levels of copayments, coinsurance, and deductibles depending on the tier of the provider delivering a covered service or supply. These plans may make changes to a provider’s benefit structure annually on January 1. Please consult the Easy Tier Hospital Network directory or visit allwayshealthpartners.org to determine the tier of providers in the Easy Tier Hospital Network.

### About Easy Tier Hospital Network

Easy Tier plans are simple to understand and use. This plan includes the hospital-networking integration with chronic care (Tier 1 and Tier 2 coins) for in-network hospitals. In addition, the plan is limited to these services: inpatient medical services, outpatient diagnostic testing, imaging & lab (including bloodwork), outpatient high tech imaging (CT, MRI, MRIs), surgery, urgent care, urgent care from walk-in facilities (lab, physical, occupational, and speech therapy).

These plans include a Tiered Provider Network called Easy Tier Hospital Network. In these plans, members pay different levels of copayments, coinsurance, and deductibles depending on the tier of the provider delivering a covered service or supply. These plans may make changes to a provider’s benefit structure annually on January 1. Please consult the Easy Tier Hospital Network directory or visit allwayshealthpartners.org to determine the tier of providers in the Easy Tier Hospital Network.

### Underwriting Guidelines

- **Group Size**
  - **New Enrollment**
    - **Group Size**: 5 or more
    - **Inception Date**: January 1

- **Evidence of Coverage**
  - **Evidence of Coverage**: Required for all new group enrollments. Evidence of Coverage is comprised of the AllWays Health Partners Evidence of Coverage.

### AllWays Health Partners

- **www.allwayshealthpartners.org**
- **12524-1019-05**