

PRODUCT PORTFOLIO REFERENCE GRID

AllWays Health Partners Complete HMO Plans for Merged Market

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 *
- 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

AllWays Health Partners Complete HMO Plans for Merged Market

Effective January 1, 2020

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)	Out-of-Pocket Maximum 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	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	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	\$25	\$500	\$5/\$25/\$40/\$80/\$100/\$150	
Complete HMO 500	Gold	\$500/\$1,000	\$7,900/\$15,800	\$25/\$40	\$250	\$45	\$45	\$250	(D) \$250	(D) \$500	\$25	(D) \$500	\$5/\$30/\$50/\$100/\$125/\$175	
Complete HMO 750	Gold	\$750/\$1,500	\$7,900/\$15,800	\$30/\$45	\$250	(D) \$45	(D)	(D) \$250	(D) \$250	(D) \$500	\$30	(D) \$500	\$5/\$30/\$50/\$100/\$125/\$175	
Available with and without Care Complement	Complete HMO 1000 25/40	Gold	\$1,000/\$2,000	\$7,900/\$15,800	\$25/\$40	\$250	(D) \$40	(D)	(D) \$250	(D) \$250	(D) \$250	\$25	(D) \$250	\$5/\$30/\$50/\$100/\$125/\$175
Complete HMO 1500	Gold	\$1,500/\$3,000	\$7,900/\$15,800	\$25/\$40	\$250	(D) \$40	(D)	(D) \$250	(D) \$250	(D) \$300	\$25	(D) \$300	\$5/\$30/\$50/\$100/\$125/\$175	
Available with and without Care Complement	Complete HMO 2000 25/40	Gold	\$2,000/\$4,000	\$7,900/\$15,800	\$25/\$40	\$250	(D) \$40	(D) \$25	(D) \$250	(D) \$250	(D) \$500	\$25	(D) \$500	\$5/\$30/\$50/\$100/\$125/\$175
Complete HMO 1000 30%	Gold	\$1,000/\$2,000	\$7,900/\$15,800	\$20/\$35	(D) 30%	(D) \$35	(D)	(D) 30%	(D) 30%	(D) 30%	\$20	(D) 30%	\$5/\$25/(D) 30%/(D) 30%/(D) 30%/(D) 30%	
Available with and without Care Complement	Complete HMO 3000 35/50	Silver	\$3,000/\$6,000	\$8,150/\$16,300	\$35/\$50	(D) \$300	(D) \$60	(D) \$35	(D) \$300	(D) \$500	(D) \$1,000	\$35	(D) \$1,000	\$5/\$30/\$50/(D) \$150/\$175/(D) \$225
Complete HMO 2000 35%	Silver	\$2,000/\$4,000	\$8,150/\$16,300	\$30/\$50	(D) 35%	(D) \$50	(D) \$30	(D) 35%	(D) 35%	(D) 35%	\$30	(D) 35%	\$5/\$30/(D) 35%/(D) 35%/(D) 35%/(D) 35%	
Available with and without Care Complement	Complete HMO 2500 25/50	Silver	\$2,500/\$5,000	\$8,150/\$16,300	\$25/\$50	(D) \$300	(D) \$60	(D) \$25	(D) \$250	(D) \$250	(D) \$500	\$25	(D) \$500	\$5/\$30/(D) \$50/(D) \$150/(D) \$175/(D) \$225
Available with and without Care Complement	Complete HMO 3000	Silver	\$3,000/\$6,000	\$8,150/\$16,300	\$25/\$50	(D) \$300	(D) \$55	(D) \$25	(D) \$250	(D) \$250	(D) \$500	\$25	(D) \$500	\$5/\$30/(D) \$50/(D) \$150/(D) \$175/(D) \$225
HSA Plans with Enhanced FlexRx (where certain preventive drugs bypass the plan's deductible)														
Complete HMO HSA 2000 Enhanced FlexRx	Gold	\$2,000/\$4,000 Aggregate	\$6,900/\$13,800	(D)	(D)	(D)	(D)	(D)	(D)	(D)	(D)	(D)	(D)	(D) then: \$5/\$30/\$50/\$100/\$125/\$175
Complete HMO HSA 2500 Enhanced FlexRx	Silver	\$2,500/\$5,000 Aggregate	\$6,900/\$13,800	(D)	(D) \$150	(D)	(D)	(D)	(D) \$150	(D) \$250	(D)	(D) \$250	(D)	(D) then: \$5/\$30/\$50/\$100/\$125/\$175
Complete HMO HSA 3000 Enhanced FlexRx	Silver	\$3,000/\$6,000	\$6,900/\$13,800	(D)	(D) \$250	(D)	(D)	(D)	(D) \$250	(D) \$500	(D)	(D) \$500	(D)	(D) then: \$5/\$30/\$60/\$100/\$125/\$175
Complete HMO HSA 2500 30/45 Enhanced FlexRx	Silver	\$2,500/\$5,000 Aggregate	\$6,900/\$13,800	(D): \$30/\$45	(D) \$250	(D)	(D)	(D)	(D) \$250	(D) \$500	(D) \$30	(D) \$500	(D)	(D) then: \$5/\$30/\$60/\$100/\$125/\$175
Complete HMO HSA 3500 Enhanced FlexRx	Silver	\$3,500/\$7,000	\$6,900/\$13,800	(D)	(D) \$300	(D)	(D)	(D)	(D) \$500	(D) \$750	(D)	(D) \$750	(D)	(D) then: \$5/\$30/\$60/\$150/\$175/\$225
Complete HMO HSA 3550 Enhanced FlexRx	Bronze	\$3,550/\$7,100	\$6,900/\$13,800	(D): \$40/\$60	(D) \$500	(D) \$135	(D) \$60	(D) \$500	(D) \$1,000	(D) \$1,000	(D) \$40	(D) \$1,000	(D)	(D) then: \$5/\$30/\$60/\$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 out-of-pocket maximum.

Note: Plans are ordered based on relativity to the first plan of each section.

Comprehensive benefits that are simple to understand and easy to use

Care Complement

Care ComplementSM options remove cost barriers to various care options. The following benefits are at \$0 cost sharing:

- 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

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
- 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
- Routine eye exam at no cost sharing for members diagnosed with diabetes**
- Physical/occupational therapy: Coverage up to 120 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:

- 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 sharing**
- 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. Cost-sharing is 2x/2x/2x/3x of the 30-day supply, except on tiers with coinsurance.

Underwriting Guidelines

- Employer groups may offer two plan options total from the Complete HMO and Complete PPO Plus portfolios. Care Complement plans may only be offered alongside Care Complement or HSA plans. Groups with under 19 enrolled subscribers, an Out of Area exception may be granted. Please contact your Sales Executive.
- Employer groups with 20 or more enrolled subscribers may offer three plan options total from the Complete HMO and Complete PPO Plus portfolios.

*One per policy (either subscriber or dependent); weight loss membership benefit excludes food

**Deductible applies first for HSA plans, following IRS rules

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

Underwritten by AllWays Health Partners, Inc.