PRODUCT PORTFOLIO REFERENCE GRID

AllWays Health Partners
Complete PPO Plus Plans for Merged Market

Effective April 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 *
- 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

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<table>
<thead>
<tr>
<th>Complete PPO Plus Plans</th>
<th>Metallic Tier</th>
<th>Deductible (D) Individual/Family (embedded, unless otherwise noted)</th>
<th>Out-of-Pocket Maximum Individual/Family (embedded)</th>
<th>Office Visit PCP/ Specialist</th>
<th>Emergency Room (copayment waived if admitted)</th>
<th>Diagnostic Imaging and X-Ray</th>
<th>Lab</th>
<th>High-tech Radiology</th>
<th>Outpatient Surgery</th>
<th>Inpatient Medical: SNF (100 days/ benefit period) and Rehab (60 days/ benefit period) per Admission</th>
<th>Outpatient MH/ SU Visits including Rehab and Detox</th>
<th>Inpatient MH/SU par Admission</th>
<th>Pharmacy Cost-Sharing by Tier for a 30-day Supply of 1/2/3/4/5/6/7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete PPO Plus 500</td>
<td>Gold</td>
<td>IN $500/$1,000</td>
<td>IN $7,000/$15,800</td>
<td>IN $25/$50</td>
<td>IN $545 OON (D) 20%</td>
<td>IN $250</td>
<td>OON (D) $25</td>
<td>IN (D) 30%</td>
<td>IN (D) 33%</td>
<td>IN (D) $125</td>
<td>IN (D) $125</td>
<td>IN (D) $125</td>
<td>IN (D) 50%</td>
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<tr>
<td>Complete PPO Plus 750</td>
<td>Gold</td>
<td>IN $750/$1,500</td>
<td>IN $9,500/$15,800</td>
<td>IN $30/$54</td>
<td>IN $540 OON (D) 20%</td>
<td>IN $250</td>
<td>OON (D) $50</td>
<td>IN (D) 30%</td>
<td>IN (D) 33%</td>
<td>IN (D) $125</td>
<td>IN (D) $125</td>
<td>IN (D) $125</td>
<td>IN (D) 50%</td>
</tr>
<tr>
<td>Complete PPO Plus 1000 25/40</td>
<td>Gold</td>
<td>IN $1,000/$2,000</td>
<td>IN $11,500/$15,800</td>
<td>IN $25/$50</td>
<td>IN $540 OON (D) 20%</td>
<td>IN $250</td>
<td>OON (D) $25</td>
<td>IN (D) 30%</td>
<td>IN (D) 33%</td>
<td>IN (D) $125</td>
<td>IN (D) $125</td>
<td>IN (D) $125</td>
<td>IN (D) 50%</td>
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<tr>
<td>Complete PPO Plus 1500</td>
<td>Gold</td>
<td>IN $1,500/$3,000</td>
<td>IN $13,500/$15,800</td>
<td>IN $30/$55</td>
<td>IN $535 OON (D) 20%</td>
<td>IN $300</td>
<td>OON (D) $50</td>
<td>IN (D) 35%</td>
<td>IN (D) 35%</td>
<td>IN (D) $125</td>
<td>IN (D) $125</td>
<td>IN (D) $125</td>
<td>IN (D) 50%</td>
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<tr>
<td>Complete PPO Plus 2000 25/40</td>
<td>Gold</td>
<td>IN $2,000/$4,000</td>
<td>IN $16,000/$15,800</td>
<td>IN $30/$55</td>
<td>IN $530 OON (D) 20%</td>
<td>IN (D) 35%</td>
<td>OON (D) $25</td>
<td>IN (D) 30%</td>
<td>IN (D) 30%</td>
<td>IN (D) $125</td>
<td>IN (D) $125</td>
<td>IN (D) $125</td>
<td>IN (D) 50%</td>
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<tr>
<td>Complete PPO Plus 2500 35/50</td>
<td>Silver</td>
<td>IN $3,000/$5,000</td>
<td>IN $19,500/$16,300</td>
<td>IN $35/$55</td>
<td>IN $525 OON (D) 20%</td>
<td>IN (D) 35%</td>
<td>OON (D) $25</td>
<td>IN (D) 30%</td>
<td>IN (D) 30%</td>
<td>IN (D) $125</td>
<td>IN (D) $125</td>
<td>IN (D) $125</td>
<td>IN (D) 50%</td>
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<tr>
<td>Complete PPO Plus 3000 35/50</td>
<td>Silver</td>
<td>IN $6,000/$10,000</td>
<td>IN $33,000/$16,300</td>
<td>IN $30/$55</td>
<td>IN $515 OON (D) 20%</td>
<td>IN (D) 30%</td>
<td>OON (D) $25</td>
<td>IN (D) 30%</td>
<td>IN (D) 30%</td>
<td>IN (D) $125</td>
<td>IN (D) $125</td>
<td>IN (D) $125</td>
<td>IN (D) 50%</td>
</tr>
<tr>
<td>Complete PPO Plus 2500 35/50</td>
<td>Silver</td>
<td>IN $2,500/$5,000</td>
<td>IN $15,000/$16,300</td>
<td>IN $30/$55</td>
<td>IN (D) 30%</td>
<td>OON (D) $50</td>
<td>IN (D) 30%</td>
<td>IN (D) 30%</td>
<td>IN (D) $125</td>
<td>IN (D) $125</td>
<td>IN (D) $125</td>
<td>IN (D) 50%</td>
<td>$5/$30/$50/$100/$125/$175</td>
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<tr>
<td>Complete PPO Plus 3000 35/50</td>
<td>Silver</td>
<td>IN $6,000/$10,000</td>
<td>IN $30,000/$16,300</td>
<td>IN $30/$55</td>
<td>IN (D) 30%</td>
<td>OON (D) $50</td>
<td>IN (D) 30%</td>
<td>IN (D) 30%</td>
<td>IN (D) $125</td>
<td>IN (D) $125</td>
<td>IN (D) $125</td>
<td>IN (D) 50%</td>
<td>$5/$30/$50/$100/$125/$175</td>
</tr>
</tbody>
</table>

**HSA Plans with Enhanced FlexRx (where certain preventive drugs bypass the plan's deductible)**

| Complete PPO HSA 2000 Enhanced FlexRx | Gold          | IN $2,000/$4,000                                  | IN $6,000/$13,800               | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | $5/$30/$50/$100/$125/$175        |
| Complete PPO HSA 2500 Enhanced FlexRx | Silver        | IN $2,500/$5,000                                  | IN $6,000/$13,800               | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | $5/$30/$50/$100/$125/$175        |
| Complete PPO HSA 3000 Enhanced FlexRx | Silver        | IN $3,000/$6,000                                  | IN $6,000/$13,800               | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | $5/$30/$50/$100/$125/$175        |
| Complete PPO HSA 2500 30/45 Enhanced FlexRx | Silver        | IN $3,500/$7,000                                  | IN $7,000/$13,800               | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | IN (D) OON (D) 20%             | $5/$30/$50/$100/$125/$175        |

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

(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.

*New* plans effective April 1, 2020.
Comprehensive benefits that are simple to understand and easy to use

Care Complement
Care Complement℠ options remove cost barriers to various care options. The following in-network 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 Demand℠ for convenient, high-quality virtual urgent care visits for minor illnesses or injuries right from a tablet, smart phone, or computer
• DoctorSmart℠ 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 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 120 combined visits per benefit period
• No referrals required

Pharmacy Benefits
Our FlexRx℠ 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 can be offered alongside any non-tiered plan, except the identical plan without Care Complement. 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.
• Employer groups with 50% of enrolled subscribers residing within AllWays Health Partners’ service area may select any PPO Plus plan as a standalone offering.

* 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.