



## PRODUCT PORTFOLIO REFERENCE GRID

# AllWays Health Partners Complete HMO Plans for Non-Group Intermediaries

Effective January 1, 2020

### New for 2020

- 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

PRODUCT PORTFOLIO REFERENCE GRID

# AllWays Health Partners Complete HMO Plans for Non-Group Intermediaries

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) | 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 and 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 2000 30/60 with Care Complement      | Silver        | \$2,000/\$4,000                             | \$8,150/\$16,300                                   | \$30*/\$60                  | (D) \$350                                     | (D) \$75                      | (D) \$60 | (D) \$500           | (D) \$500          | (D) \$1,000   | \$30*   | (D) \$1,000                   | \$5/\$30/\$60/(D)\$100/\$60/(D)\$100                            |
| Complete HMO 2000 30%                             | Gold          | \$2,000/\$4,000                             | \$6,350/\$12,700                                   | \$25/\$45                   | (D) 30%                                       | (D) \$50                      | (D) \$50 | (D) 30%             | (D) 30%            | (D) 30%   | \$25  | (D) 30%                       | \$5/\$25/\$50/(D)30%/\$50/(D)30%                                |
| Complete HMO HSA 3000 ER 250 with Enhanced FlexRx | Silver        | \$3,000/\$6,000                             | \$6,900/\$13,800                                   | (D)                         | (D) \$250                                     | (D) \$75                      | (D)      | (D) \$150           | (D) \$250          | (D) \$500   | (D)   | (D) \$500                     | (D) then: \$5/\$30/\$60/\$100/\$125/\$175                       |
| Complete HMO 2900                                 | Bronze        | \$2,900/\$5,800                             | \$8,150/\$16,300                                   | (D): \$30/\$60              | (D) \$350                                     | (D) \$75                      | (D) \$60 | (D) \$500           | (D) \$500          | (D) \$750   | (D) \$30  | (D) \$750                     | \$5/\$30/(D)\$60/(D)\$125/(D)\$60/(D)\$125                      |

(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 this grid.

\*For members age 18 and younger: The first three in-network PCP sick visits and behavioral health visits at no cost to members

# Comprehensive benefits that are simple to understand and easy to use

## Care Complement

Care Complement<sup>SM</sup> removes cost barriers to various care options. When you choose Care Complement, 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 Maximum Out-of-Pocket

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 amount maximum.

## 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
- 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\*\*
- 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 FlexRx<sup>SM</sup> 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.

\* 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.