

PRODUCT PORTFOLIO REFERENCE GRID

AllWays Health Partners HMO Plans for Intermediary Small Group

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

PRODUCT PORTFOLIO REFERENCE GRID

AllWays Health Partners Complete HMO Plans for Intermediary Small Group

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)	Maximum Out-of-Pocket 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	
Complete HMO 25/40	Platinum	None	\$3,000/\$6,000	\$25/\$40	\$150	\$0	\$0	\$150	\$250	\$500	\$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	(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	(D) \$500	\$30	(D) \$500	\$5/\$30/\$50/\$100/\$125/\$175
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	(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	(D) \$300	\$25	(D) \$300	\$5/\$30/\$50/\$100/\$125/\$175
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	(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%	(D) 30%	\$20	(D) 30%	\$5/\$25/(D)30%/(D)30%/(D)30%/(D)30%
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%	(D) 35%	\$30	(D) 35%	\$5/\$30/(D)35%/(D)35%/(D)35%/(D)35%
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	(D) \$500	\$25	(D) \$500	\$5/\$30/(D)\$50/(D)\$150/(D)\$175/(D)\$225
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	(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 3000 Enhanced FlexRx	Silver	\$3,000/\$6,000	\$6,900/\$13,800	(D)	(D) \$250	(D)	(D)	(D)	(D) \$250	(D) \$500	(D) \$500	(D)	(D) \$500	(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) \$500	(D) \$30	(D) \$500	(D) then: \$5/\$30/\$60/\$100/\$125/\$175
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) \$1,000	(D) \$40	(D) \$1,000	(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.

PRODUCT PORTFOLIO REFERENCE GRID

AllWays Health Partners Choice Easy Tier HMO Plans for Intermediary Small Group

Effective January 1, 2020

All plans meet Medicare Part D creditable coverage requirements.
All plans meet Minimum Creditable Coverage requirements.

Choice Easy Tier 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 & 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
Choice Easy Tier HMO 500	Gold	\$500/\$1,000	\$7,900/\$15,800	\$25/\$40	\$300	Tier 1: (D) \$35 Tier 2: (D) \$135	(D) \$35	Tier 1: (D) Tier 2: (D) \$450	Tier 1: (D) \$250 Tier 2: (D) \$1,000	Tier 1: (D) \$500 Tier 2: (D) \$1,500	(D) \$500	\$25	(D) \$500	\$5/\$25/\$50/ \$100/\$150/\$225
Choice Easy Tier HMO 1000	Gold	\$1,000/\$2,000	\$7,900/\$15,800	\$25/\$40	\$300	Tier 1: (D) \$35 Tier 2: (D) \$135	(D) \$35	Tier 1: (D) \$75 Tier 2: (D) \$525	Tier 1: (D) \$250 Tier 2: (D) \$1,000	Tier 1: (D) \$500 Tier 2: (D) \$1,500	(D) \$500	\$25	(D) \$500	\$5/\$25/\$50/ \$100/\$150/\$225
Choice Easy Tier HMO 1500	Gold	\$1,500/\$3,000	\$7,900/\$15,800	\$25/\$40	\$300	Tier 1: (D) \$35 Tier 2: (D) \$135	(D) \$35	Tier 1: (D) \$75 Tier 2: (D) \$525	Tier 1: (D) \$250 Tier 2: (D) \$1,000	Tier 1: (D) \$500 Tier 2: (D) \$1,500	(D) \$500	\$25	(D) \$500	\$5/\$25/\$50/ \$100/\$150/\$225
Choice Easy Tier HMO 2000	Gold	\$2,000/\$4,000	\$8,150/\$16,300	\$25/\$40	\$300	Tier 1: (D) Tier 2: (D) \$100	(D)	Tier 1: (D) \$75 Tier 2: (D) \$525	Tier 1: (D) \$250 Tier 2: (D) \$1,000	Tier 1: (D) \$500 Tier 2: (D) \$1,500	(D) \$500	\$25	(D) \$500	\$5/\$25/\$50/ \$100/\$150/\$225
Choice Easy Tier HMO 1500 10%/30%	Gold	\$1,500/\$3,000	\$7,900/\$15,800	\$25/\$40	(D) 10%	Tier 1: (D) \$35 Tier 2: (D) \$135	(D) \$35	Tier 1: (D) 10% Tier 2: (D) 30%	Tier 1: (D) 10% Tier 2: (D) 30%	Tier 1: (D) 10% Tier 2: (D) 30%	(D) 10%	\$25	(D) 10%	\$5/\$25/(D)30%/ (D)30%/(D)30%
Choice Easy Tier HMO 3000	Silver	\$3,000/\$6,000	\$8,150/\$16,300	\$40/\$50	(D) \$500	Tier 1: (D) \$125 Tier 2: (D) \$225	(D) \$75	Tier 1: (D) \$500 Tier 2: (D) \$1,500	Tier 1: (D) \$500 Tier 2: (D) \$1,500	Tier 1: (D) \$500 Tier 2: (D) \$1,500	(D) \$500	\$40	(D) \$500	\$5/\$30/\$50/ \$100/\$150/\$225
Choice Easy Tier HMO 2500 15%/35%	Silver	\$2,500/\$5,000	\$8,150/\$16,300	\$35/\$50	(D) 15%	Tier 1: (D) \$75 Tier 2: (D) \$175	(D) \$55	Tier 1: (D) 15% Tier 2: (D) 35%	Tier 1: (D) 15% Tier 2: (D) 35%	Tier 1: (D) 15% Tier 2: (D) 35%	(D) 15%	\$35	(D) 15%	\$5/\$30/(D)35%/ (D)35%/(D)35%

(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 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 or visit allwayshealthpartners.org to determine the tier of providers in the Easy Tier Hospital Network.

Comprehensive benefits that are simple to understand and easy to use

About Easy Tier Hospital Network

Easy Tier plans are simple to understand and use. This plan divides the hospital network into higher and lower cost tiers: Tier 1 (lower cost) and Tier 2 (higher cost). In addition, the tiering is limited to these services: inpatient medical services, outpatient diagnostic imaging and X-ray (including ultrasound), outpatient high-tech radiology (CT Scans, MRIs, etc.), outpatient surgery, outpatient short-term rehabilitation (cardiac, physical, occupational, and speech therapy).

All hospitals in our Easy Tier Hospital Network plans must meet high-quality standards and are measured by a set of quality benchmarks from publicly available resources like Leapfrog and Hospital Compare. To determine a hospital's tier, we used statewide cost data from the Center for Health Information and Analysis, an agency of the Commonwealth of Massachusetts. Based on this data, we identified cost efficient hospitals by hospital type and placed these hospitals in Tier 1 (lower cost).

Tier 1, lower cost: Most hospitals and affiliated facilities fall into the lower-cost tier, including popular local hospitals like Newton-Wellesley Hospital, North Shore Medical Center, and South Shore Hospital.

Tier 2, higher cost: Higher cost sharing applies only to the following hospitals and some of their affiliated facilities: Beth Israel Deaconess Medical Center, Boston Children's Hospital, Boston Medical Center, Brigham and Women's Hospital, Dana Farber Cancer Institute, Massachusetts Eye and Ear Infirmary, Massachusetts General Hospital, New England Baptist Hospital, Tufts Medical Center, and UMASS Memorial Medical Center

To look up any network hospital's tier, visit allwayshealthpartners.org.

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 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
- For HMO plans, 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**
- 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.