**Effective January 1, 2020**

**PRODUCT PORTFOLIO REFERENCE GRID**

AllWays Health Partners Complete HMO Plans for Intermediary Small Group

All plans meet Medicare Part D creditable coverage requirements.

All plans meet Minimum Creditable Coverage requirements.

(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.

<table>
<thead>
<tr>
<th>OUTPATIENT</th>
<th>INPATIENT</th>
<th>DENTAL, HEARING &amp; EYE (SUNEX)</th>
<th>PHARMACY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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

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AllWays Health Partners HMO Plans for Intermediary Small Group

**OUTPATIENT**

<table>
<thead>
<tr>
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**allwayshealthpartners.org**

A member of

**A MIRROR TO LIFE**
AllWays Health Partners Complete HMO Plans for Intermediary Small Group

Effective January 1, 2020

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AllWays Health Partners HMO Plans for Intermediary Small Group

Effective January 1, 2020

<table>
<thead>
<tr>
<th>AllWays Health Partners Complete HMO Plans for Intermediary Small Group</th>
<th>OUTPATIENT</th>
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<th>DENTAL, vision &amp; SUBSTANCE USE (if offered)</th>
<th>PHARMACY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Complete HMO Plans</strong></td>
<td>Deductible (if applicable), coinsurance</td>
<td>Maximum out-of-pocket limit (if applicable)</td>
<td>Emergency Room, Outpatient, Urgent Care, Office Visits, PCP/Specialist, Diagnostic, Imaging, Lab, High-Tech Radiology, Outpatient Surgery, Inpatient Medical, SNF (100 days/benefit period) and Rehab (60 days/benefit period) per Admission</td>
<td>Inpatient Mental Health &amp; Substance Use (if offered)</td>
</tr>
<tr>
<td>Complete HMO 25/40 Platinum</td>
<td>None</td>
<td>$3,000/$6,000</td>
<td>$25/$40</td>
<td>$150</td>
</tr>
<tr>
<td>Complete HMO 100 Gold</td>
<td>$5,000/$10,000</td>
<td>$7,900/$15,800</td>
<td>$25/$40</td>
<td>$150</td>
</tr>
<tr>
<td>Complete HMO 250 Gold</td>
<td>$7,500/$15,000</td>
<td>$7,900/$15,800</td>
<td>$30/$50</td>
<td>$150</td>
</tr>
<tr>
<td>Complete HMO 750 Gold</td>
<td>$11,000/$22,000</td>
<td>$7,900/$15,800</td>
<td>$30/$50</td>
<td>$150</td>
</tr>
<tr>
<td>Complete HMO 1,500 Gold</td>
<td>$11,000/$22,000</td>
<td>$7,900/$15,800</td>
<td>$30/$50</td>
<td>$150</td>
</tr>
<tr>
<td>Complete HMO 2,000 Gold</td>
<td>$12,000/$24,000</td>
<td>$7,900/$15,800</td>
<td>$30/$50</td>
<td>$150</td>
</tr>
<tr>
<td>Complete HMO 2,500 Gold</td>
<td>$12,000/$24,000</td>
<td>$7,900/$15,800</td>
<td>$30/$50</td>
<td>$150</td>
</tr>
<tr>
<td>Complete HMO 3,000 Gold</td>
<td>$12,000/$24,000</td>
<td>$7,900/$15,800</td>
<td>$30/$50</td>
<td>$150</td>
</tr>
</tbody>
</table>

**Complete HMO Plans with Enhanced FlexRx where certain preventive drugs bypass the plan’s deductible**

<table>
<thead>
<tr>
<th>AllWays Health Partners Complete HMO Plans for Intermediary Small Group</th>
<th>OUTPATIENT</th>
<th>INPATIENT</th>
<th>DENTAL, vision &amp; SUBSTANCE USE (if offered)</th>
<th>PHARMACY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete HMO HSA 3,000 Enhanced FlexRx</td>
<td>None</td>
<td>$6,900/$13,800</td>
<td>$250</td>
<td>$5/$30/$60/$100/$125/$175</td>
</tr>
<tr>
<td>Complete HMO HSA 2,500 Enhanced FlexRx</td>
<td>Aggregate $6,900/$13,800</td>
<td>$30/$45</td>
<td>$250</td>
<td></td>
</tr>
<tr>
<td>Complete HMO HSA 3,550 Enhanced FlexRx</td>
<td>None</td>
<td>$6,900/$13,800</td>
<td>$40/$60</td>
<td>$1,000</td>
</tr>
<tr>
<td>Complete HMO 3,000 HSA</td>
<td>None</td>
<td>$6,900/$13,800</td>
<td>$30/$50</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

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

HRAs Plans with Enhanced FlexRx where certain preventive drugs bypass the plan’s deductible

<table>
<thead>
<tr>
<th>AllWays Health Partners Complete HMO Plans for Intermediary Small Group</th>
<th>OUTPATIENT</th>
<th>INPATIENT</th>
<th>DENTAL, vision &amp; SUBSTANCE USE (if offered)</th>
<th>PHARMACY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete HMO HSA 3,000 Enhanced FlexRx Aggregate</td>
<td>None</td>
<td>$6,900/$13,800</td>
<td>Aggregate $300</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

Note: The lists are subject to change; please view AllWays Health Partners’ CCO benefits at allwayshealthpartners.org. Plans are ordered based on relativity to the first plan of each section.
## About Easy Tier Hospital Network

Easy Tier plans are simple to understand and use. This plan divides the hospital network into higher cost tiers: Tier 1 (lower cost) and Tier 2 (higher cost). In addition, the plan is designed to ensure in-network services are simple to understand and use.

### Tier 1:
- **Lower Cost:**
  - Inpatient: 10%
  - Emergency: 15%
  - Outpatient: 15%
  - Weight loss: Up to 6 months of membership at Tier 1
  - Family planning services
  - All glasses for children under age 19
  - 12-month supply of generic medications

### Tier 2:
- **Higher Cost:**
  - Inpatient: 35%
  - Emergency: 30%
  - Outpatient: 30%
  - Weight loss: Up to 6 months of membership at Tier 2

**Out-of-Network Services:**
- Inpatient: 50%
- Emergency: 50%
- Outpatient: 50%
- Specialty: 50%
- Weight loss: 50%
- Family planning services
- All glasses for children under age 19
- 12-month supply of generic medications

**Out-of-Pocket Maximum:**
- $100/$150/$225

**Benefits of Low-Cost Hospitals:**
- AllWays members have access to specialists and inpatient medical services in low-cost hospitals.
- Inpatient services in low-cost hospitals are covered at a lower cost.
- AllWays members have access to specialists and inpatient medical services in high-cost hospitals.
- Inpatient services in high-cost hospitals are covered at a higher cost.

**Out-of-Tier Medical Services:**
- Inpatient: 50%
- Emergency: 50%
- Outpatient: 50%
- Specialty: 50%
- Weight loss: 50%
- Family planning services
- All glasses for children under age 19
- 12-month supply of generic medications

**Out-of-Pocket Maximum:**
- $100/$150/$225

**Pharmacy Benefits:**
- Coverage of 11 common medications to treat chronic conditions, such as diabetes, depression, high cholesterol, and high blood pressure with $0 cost.
- OTC cough, cold, and allergy drugs and products with a prescription
- 90-day supply of maintenance medications through mail order or retail pharmacies

**Prescription Benefits:**
- Cost-sharing is 2x/2x/2x/3x of the 30-day supply, except on the 5% low-cost tier.
- 90-day supply of maintenance medications through mail order or retail pharmacies

**Out-of-Tier Pharmacy Costs:**
- Inpatient: 50%
- Emergency: 50%
- Outpatient: 50%
- Specialty: 50%
- Weight loss: 50%
- Family planning services
- All glasses for children under age 19
- 12-month supply of generic medications

**Out-of-Pocket Maximum:**
- $100/$150/$225

**Pharmacy Solutions Control Pharmacy Costs While Offering Rewards:**
- Our FlexRx pharmacy solutions control pharmacy costs while offering rewards program members cash back when they select in-network pharmacies.

### Out-of-Tier Benefits

- Emergency services: Members can get care at any hospital.
- OTC medications: Covered at the cost-sharing amount.
- Dental: Covered at the cost-sharing amount.
- Prescription medications: Covered at the cost-sharing amount.
- Mental health care: Covered at the cost-sharing amount.

**Out-of-Tier Limitations:**
- Emergency services: Covered at the cost-sharing amount.
- OTC medications: Covered at the cost-sharing amount.
- Dental: Covered at the cost-sharing amount.
- Prescription medications: Covered at the cost-sharing amount.
- Mental health care: Covered at the cost-sharing amount.

**Out-of-Tier Copayments:**
- Emergency services: Covered at the cost-sharing amount.
- OTC medications: Covered at the cost-sharing amount.
- Dental: Covered at the cost-sharing amount.
- Prescription medications: Covered at the cost-sharing amount.
- Mental health care: Covered at the cost-sharing amount.

### Summary of Benefits

<table>
<thead>
<tr>
<th>Coverage Tier</th>
<th>Metallic</th>
<th>Individual/ Family</th>
<th>Tier 1 (D) 15%</th>
<th>Tier 2 (D) 35%</th>
<th>Tier 1 (D) 30%</th>
<th>Tier 2 (D) 40%</th>
<th>Tier 1 (D) 25%</th>
<th>Tier 2 (D) 30%</th>
<th>Tier 1 (D) 15%</th>
<th>Tier 2 (D) 35%</th>
<th>Tier 1 (D) 10%</th>
<th>Tier 2 (D) 25%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient</strong></td>
<td>Gold</td>
<td>$2,500/$5,000</td>
<td>$250</td>
<td>$4,400</td>
<td>$1,500</td>
<td>$2,750</td>
<td>$1,000</td>
<td>$2,000</td>
<td>$625</td>
<td>$1,625</td>
<td>$625</td>
<td>$1,625</td>
</tr>
<tr>
<td><strong>Emergency</strong></td>
<td>Gold</td>
<td>$2,500/$5,000</td>
<td>$250</td>
<td>$4,400</td>
<td>$1,500</td>
<td>$2,750</td>
<td>$1,000</td>
<td>$2,000</td>
<td>$625</td>
<td>$1,625</td>
<td>$625</td>
<td>$1,625</td>
</tr>
<tr>
<td><strong>Outpatient</strong></td>
<td>Gold</td>
<td>$2,500/$5,000</td>
<td>$250</td>
<td>$4,400</td>
<td>$1,500</td>
<td>$2,750</td>
<td>$1,000</td>
<td>$2,000</td>
<td>$625</td>
<td>$1,625</td>
<td>$625</td>
<td>$1,625</td>
</tr>
<tr>
<td><strong>Radiology</strong></td>
<td>Gold</td>
<td>$2,500/$5,000</td>
<td>$250</td>
<td>$4,400</td>
<td>$1,500</td>
<td>$2,750</td>
<td>$1,000</td>
<td>$2,000</td>
<td>$625</td>
<td>$1,625</td>
<td>$625</td>
<td>$1,625</td>
</tr>
<tr>
<td><strong>Pharmacy</strong></td>
<td>Gold</td>
<td>$2,500/$5,000</td>
<td>$250</td>
<td>$4,400</td>
<td>$1,500</td>
<td>$2,750</td>
<td>$1,000</td>
<td>$2,000</td>
<td>$625</td>
<td>$1,625</td>
<td>$625</td>
<td>$1,625</td>
</tr>
</tbody>
</table>

**Deductible** is the amount you must pay for covered services before insurance pays. **Copayment** is the amount you pay after the deductible has been met. **Coinsurance** is a percent of the total amount you and your insurance pay for covered services. **Out-of-Pocket Maximum** is the most you can pay in one year for eligible services. **In-network** means the provider or service is considered less costly.
### AllWays Health Partners Choice Easy Tier HMO Plans for Intermediary Small Group

**Effective January 1, 2020**

<table>
<thead>
<tr>
<th>Network</th>
<th>Metallic</th>
<th>Individual/Family</th>
<th>Deductible (D)</th>
<th>Tier 1: (D)</th>
<th>Tier 2: (D)</th>
<th>Tier 3: (D)</th>
<th>Tier 2: (D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choice Easy Tier HMO plans</td>
<td>Gold</td>
<td>$3,000/$6,000</td>
<td>$250</td>
<td>$1,500/$3,000</td>
<td>$2,250</td>
<td>$3,000</td>
<td>$2,250</td>
</tr>
<tr>
<td></td>
<td>Silver</td>
<td>$3,000/$6,000</td>
<td>$250</td>
<td>$1,500/$3,000</td>
<td>$2,000</td>
<td>$3,000</td>
<td>$2,000</td>
</tr>
<tr>
<td></td>
<td>Bronze</td>
<td>$3,000/$6,000</td>
<td>$250</td>
<td>$1,500/$3,000</td>
<td>$1,750</td>
<td>$3,000</td>
<td>$1,750</td>
</tr>
</tbody>
</table>

**Important Notice:** These plans include a Tiered Provider Network called Easy Tier Hospital Network. In these plans, members may select from different levels of Co-pays, Copayments, 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](http://allwayshealthpartners.org) to determine the tier of providers in the Easy Tier Hospital Network.

**Pharmacy Benefits**

- **Out-of-Office Maximum:** 90/90/90/90 for 30/60/90/180-day supply
- **Tier 1 (Lower cost):** 10% of retail price
- **Tier 2 (Higher cost):** 15% of retail price
- **Tier 3 (Highest cost):** 30% of retail price
- **Tier 4 (No cost sharing):** 0% of retail price

**Dental Benefits**

- **Outpatient Dental: $500 per family member per calendar year.
- **Inpatient Dental: $2,500 per family member per calendar year.

**Evidence of Coverage**

- **Comprehensive benefits that are simple to understand and use to easy.
- **Flexible tiering:** 100% for family members.
- **Tier 1:** (D) $75
- **Tier 2:** (D) $35
- **Tier 3:** (D) $50
- **Tier 4:** (D) $75

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

[allwayshealthpartners.org](http://allwayshealthpartners.org)