**Combined PPO Plus plans, in which deductibles and out-of-pocket maximums are combined for in and out-of-network care resulting in one overall deductible amount.**

**All plans must meet minimum creditable coverage requirements.**

### PRODUCT PORTFOLIO REFERENCE GRID

**Effective January 1, 2022**

#### Complete HMO HSA 3500
- $3,500/$7,000 Aggregate
- $7,000/$14,000 (D) (D) (D) (D) (D) (D) (D) (D)

#### Complete HMO HSA 3000
- $3,000/$6,000 Aggregate
- $6,650/$13,300 (D) (D) (D) (D) (D) (D) (D) (D)

#### Complete HMO HSA 2500
- 10%
- $2,500/$5,000 Aggregate
- $6,650/$13,300 (D) (D) (D) 10% (D) 10% (D) 10% (D) 10% (D) (D) 10%

#### Complete HMO HSA 2000
- $2,000/$4,000 Aggregate
- $6,000/$12,000 (D) (D) (D) (D) (D) (D) (D) (D)

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**Complete HMO HSA Plans – Complete PPO Plus Combined**

#### Complete PPO Plus Combined 3000 with Care Complement
- $3,000/$6,000
- $7,000/$14,000
- $25/$40 (D)
- $300 (D) (D) (D) (D) $25 (D)

#### Complete PPO Plus Combined 2000 with Care Complement
- $2,000/$4,000
- $4,500/$9,000
- $25/$25 $250 (D) (D) (D) (D) $25 (D)

#### Complete PPO Plus Combined 1000 with Care Complement
- $1,000/$2,000
- $4,000/$8,000
- $20/$20 $250 (D) (D) (D) (D) $20 (D)

#### Complete HMO 5000 60/75 with Care Complement
- $5,000/$10,000
- $7,350/$14,700
- $60/$75 (D)
- $500 (D) (D) (D) (D) $60 (D)

#### Complete HMO 5000 with Care Complement
- $5,000/$10,000
- $7,350/$14,700
- $25/$40 (D)
- $500 (D) (D) (D) (D) $25 (D)

#### Complete HMO 4000 20% with Care Complement
- $4,000/$8,000
- $7,350/$14,700
- $30/$45 (D)
- $500 (D) 20% (D) 20% (D) 20% (D) 20% $30 (D) 20%

#### Complete HMO 2500 30/45 with Care Complement
- $2,500/$5,000
- $7,000/$14,000
- $30/$45 (D)
- $300 (D) $45 (D) $150 (D) $500 (D) $1,000 $30 (D) $1,000

#### Complete HMO 3000 with Care Complement
- $3,000/$6,000
- $7,000/$14,000
- $25/$40 (D)
- $300 (D) (D) (D) (D) (D) $25 (D)

#### Complete HMO 2000 20% with Care Complement
- $2,000/$4,000
- $7,000/$14,000
- $30/$45 (D)
- $300 (D) 20% (D) 20% (D) 20% (D) 20% $30 (D) 20%

#### Complete HMO 2000 25/40 with Care Complement
- $2,000/$4,000
- $5,000/$10,000
- $25/$40 $250 (D) (D) (D) (D) $25 (D)

#### Complete HMO 2000 with Care Complement
- $2,000/$4,000
- $4,500/$9,000
- $25/$25 $250 (D) (D) (D) (D) $25 (D)

#### Complete HMO 1500 with Care Complement
- $1,500/$3,000
- $5,000/$10,000
- $25/$40 $250 (D) $40 (D) (D) (D) $25 (D)

#### Complete HMO 1000 with Care Complement
- $1,000/$2,000
- $4,000/$8,000
- $20/$20 $250 (D) (D) (D) (D) $20 (D)

#### Complete HMO 500 with Care Complement
- $500/$1,000
- $3,000/$6,000
- $20/$35 $250 (D) (D) (D) (D) $20 (D)

#### Complete HMO 25/40 with Care Complement
- N/A
- $2,000/$4,000
- $25/$40 $150 $0 $75 $250 $500 $25 $500

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**Complete HMO Plans –**

- **All plans meet Medicare Part D creditable coverage requirements.**

- **Otherwise noted**

- **Individual/Family**

- **Deductible (D)**

- **Out-of-Pocket**

- **Copay/Office Visit**

- **Waived if**

- **Room**

- **Emergency**

- **Outpatient**

- **Inpatient**

- **Mental Health & Substance Use**

- **Surgery**

- **Radiology**

- **Imaging, including Rehab**

- **Outpatient/Inpatient**

- **Benefit Period**

- **Benefit Period**

- **SNF (100 days/20% up to $250 per script max)**

- **Inpatient Medical, and Detox (100 days)**

- **SM**

- **PHARMACY OPTIONS**

- **SM**

**SM**

- **AllWays Health Partners**

- **Other**

- **AllWays Health Partners**

- **All plans must be sold with associated HSA.**

- **Annual deductible amounts**

- **Waived if certain preventive drugs bypass the plan’s deductible.**

**SM**

- **AllWays Health Partners**

- **Other**

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- **All plans must be sold with associated HSA.**

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- **Annual deductible amounts**

- **Waived if certain preventive drugs bypass the plan’s deductible.**

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**Great Value and Access**

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

- **An enhanced prescription drug benefit option that includes a broad list of preventive medications covered before an HSA plan’s deductible.**

- **Our fitness reimbursement provides up to $150 for individual coverage or up to $300 for family coverage per calendar year and includes virtual subscriptions.**

- **PPO Plus members have access to health care outside of Massachusetts and New Hampshire through the UnitedHealthcare Options PPO network of over 1 million physicians and about 5,200 hospitals.**

- **Next/Now:** will be added as a qualified weight-loss program.

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**PRODUCT PORTFOLIO REFERENCE GRID**

**AllWays Health Partners**

**Complete Plans and Choice Easy Tier Plans for Large Employers**

**Effective January 1, 2022**

See your sales executive to discuss other plan options that may be available, including our AllWays® HHS plans.

allwayshealthpartners.org
### AllWays Health Partners Choice Easy Tier Plans with Care Complement

**Effective January 1, 2022**

**Care Complement**

Care Complement’stextContent benefits to reduce care costs:

- **Medical Benefits**
  - Non-Choice Easy Tier plans are not available alongside non-Choice Easy Tier plans.
  - Employer groups with 50% or more enrolled subscribers may offer Care Complement to eligible employees.

- **Medical Benefits**
  - Employer groups with 20 or more enrolled subscribers may offer Care Complement.
  - Employer groups with 50% or more enrolled subscribers may offer Care Complement.

**Medical Benefits (Outpatient, Inpatient, Other)**

- For members age 50 and younger, the first three in-network PCP office visits and behavioral health office visits are at no cost to members.
- For members age 50 and older, the first three in-network PCP office visits and behavioral health office visits are at no cost to members.
- No copayments, deductibles or copayments apply to preventive services when provided as in-network provider.
- For HMO plans, a referral is needed for specialty care, with the following exceptions when provided by an AllWays Health Partners provider:
- Physical, occupational, and speech therapy
- Outpatient & inpatient behavioral health services

**Pharmacy Benefits**

- Outpatient prescription drug costs while offering money and time savings for members.
- A low-cost generic
- An over-counter (OTC) drug benefit that covers many common conditions

**Understanding Guidelines**

- PPO plans may require a minimum of 90 days of maintenance medications through mail order or refillable

### About Choice Easy Tier plans and network

Choice Easy Tier plans are simple to understand and use. This plan divides the hospital network into lower and higher cost tiers:

- Tier 1 (lower cost) and Tier 2 (higher cost). In addition, the tiering is limited to these services:
- Physical, occupational, and speech therapy
- Outpatient & inpatient behavioral health services

AllWays Health Partners includes AllWays Health Partners, Inc., and AllWays Health Partners Insurance Company.

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