

PRODUCT PORTFOLIO REFERENCE GRID

AllWays Health Partners Complete HMO Plans for Merged Market

Effective January 1, 2022

Great Access and Value

- For members age 18 and younger: The first three PCP sick office visits and behavioral health office visits at no cost to members*
- An enhanced prescription drug benefit 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
- New! Noom® will be added as a qualified weight-loss program
- New! Lower cost sharing for outpatient surgeries at an ambulatory surgical center or high-tech radiology services (e.g., MRI, CT, PET scan, and nuclear cardiac imaging) at a diagnostic imaging center. Members pay less for care received at these non-hospital based facilities than hospital-based and their affiliated facilities.

*Does not apply to HSA plans

AllWays Health Partners Complete HMO Plans for Merged Market

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All plans meet Medicare Part D creditable coverage requirements
All plans meet Minimum Creditable Coverage requirements, unless noted otherwise.

| Complete HMO Plans | Metallic Tier | Deductible (D) Individual/Family (embedded, unless otherwise noted) | 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 | |
| Complete HMO 25/40/250 | Platinum | None | \$3,500/\$7,000 | \$25/\$40 | \$250 | \$0 | \$0 | Non-Hospital: \$150 Hospital: \$300 | Non-Hospital: \$250 Hospital: \$500 | \$500 | \$25 | \$500 | \$10/\$25/\$60/ \$160/\$200/\$500 |
| Complete HMO 500 25/45/350 | Gold | \$500/\$1,000 | \$8,550/\$17,100 | \$25/\$45 | \$350 | \$45 | \$45 | Non-Hospital: \$250 Hospital: \$500 | Non-Hospital: (D) \$250 Hospital: (D) \$500 | (D) \$500 | \$25 | (D) \$500 | \$10/\$30/\$75/ \$200/\$250/\$500 |
| Complete HMO 1000 25/50/350 with Care Complement* | Gold | \$1,000/\$2,000 | \$8,550/\$17,100 | \$25/\$50 | \$350 | (D) \$50 | (D) | Non-Hospital: (D) \$250 Hospital: (D) \$500 | Non-Hospital: (D) \$250 Hospital: (D) \$500 | (D) \$500 | \$25 | (D) \$500 | \$10/\$30/\$75/ \$200/\$250/\$500 |
| Complete HMO 1500 25/50/350 | Gold | \$1,500/\$3,000 | \$8,550/\$17,100 | \$25/\$50 | \$350 | (D) \$50 | (D) | Non-Hospital: (D) \$250 Hospital: (D) \$500 | Non-Hospital: (D) \$250 Hospital: (D) \$500 | (D) \$500 | \$25 | (D) \$500 | \$10/\$30/\$75/ \$200/\$250/\$500 |
| Complete HMO 2000 25/40/450 with Care Complement* | Gold | \$2,000/\$4,000 | \$8,550/\$17,100 | \$25/\$40 | \$450 | (D) \$50 | (D) \$25 | Non-Hospital: (D) \$250 Hospital: (D) \$500 | Non-Hospital: (D) \$250 Hospital: (D) \$500 | (D) \$500 | \$25 | (D) \$500 | \$10/\$30/\$75/ \$200/\$250/\$500 |
| Complete HMO 1000 25/40 10%/30% | Gold | \$1,000/\$2,000 | \$8,550/\$17,100 | \$25/\$40 | (D) 30% | (D) \$50 | (D) | Non-Hospital: (D) 10% Hospital: (D) 30% | Non-Hospital: (D) 10% Hospital: (D) 30% | (D) 30% | \$25 | (D) 30% | \$10/\$25/(D) 30%/ (D) 30%/(D) 30%/(D) 30% |
| Complete HMO 2000 25/45/750 with Care Complement* | Silver | \$2,000/\$4,000 | \$8,700/\$17,400 | \$25/\$45 | (D) \$750 | (D) \$125 | (D) \$45 | Non-Hospital: (D) \$350 Hospital: (D) \$700 | Non-Hospital: (D) \$250 Hospital: (D) \$500 | (D) \$500 | \$25 | (D) \$500 | \$10/\$45/\$175/ \$250/\$350/\$500 |
| Complete HMO 2000 15%/35% | Silver | \$2,000/\$4,000 | \$8,700/\$17,400 | \$30/\$50 | (D) 35% | (D) \$50 | (D) \$30 | Non-Hospital: (D) 15% Hospital:(D) 35% | Non-Hospital: (D) 15% Hospital: (D) 35% | (D) 35% | \$30 | (D) 35% | \$10/\$30/(D) 35%/ (D) 35%/(D) 35%/(D) 35% |
| Complete HMO 2500 25/50/400 with Care Complement* | Silver | \$2,500/\$5,000 | \$8,700/\$17,400 | \$25/\$50 | (D) \$400 | (D) \$60 | (D) \$25 | Non-Hospital: (D) \$250 Hospital: (D) \$500 | Non-Hospital:(D) \$250 Hospital: (D) \$500 | (D) \$500 | \$25 | (D) \$500 | \$10/\$30/(D) \$75/ (D) \$300/ (D) \$350/(D) \$500 |
| Complete HMO 3000 40/55 with Care Complement* | Silver | \$3,000/\$6,000 | \$8,700/\$17,400 | \$40/\$55 | (D) \$400 | (D) \$55 | (D) \$40 | Non-Hospital: (D) \$300 Hospital: (D) \$500 | Non-Hospital: (D) \$300 Hospital: (D) \$500 | (D) \$500 | \$40 | (D) \$500 | \$10/\$30/\$75/ (D) \$300/ \$350/(D) \$500 |
| Complete HMO 4000 10% with Care Complement** (New for 2022) | Bronze | \$4,000/\$8,000 | \$8,700/\$17,400 | (D) \$35/\$45 | (D) \$600 | (D) \$100 | (D) \$50 | Non-Hospital: (D) \$250 Hospital: (D) \$500 | Non-Hospital: (D) \$500 Hospital: (D) \$1,000 | (D) 10% | (D) \$35 | (D) 10% | \$10/\$45/\$175/ \$250/\$350/\$500 |
| Complete HMO 5000 35/45 10% with Care Complement** | Bronze | \$5,000/\$10,000 | \$8,700/\$17,400 | (D) \$35/\$45 | (D) \$600 | (D) \$100 | (D) \$50 | Non-Hospital: (D) \$250 Hospital: (D) \$500 | Non-Hospital: (D) \$500 Hospital: (D) \$1,000 | (D) 10% | (D) \$35 | (D) 10% | \$10/\$45/\$175/ \$250/\$350/\$500 |
| HSA Plans with Enhanced FlexRx (where certain preventive drugs bypass the plan's deductible) | | | | | | | | | | | | | |
| Complete HMO HSA 2000 25/45/350 Enhanced FlexRx | Silver | \$2,000/\$4,000 Aggregate | \$7,000/\$14,000 | (D) \$25/\$45 | (D) \$350 | (D) \$45 | (D) \$45 | Non-Hospital: (D) \$150 Hospital: (D) \$300 | Non-Hospital: (D) \$250 Hospital: (D) \$500 | (D) \$500 | (D) \$25 | (D) \$500 | (D) then: \$10/\$30/\$50/\$200/\$250/\$500 |
| Complete HMO HSA 2500 30/45/350 Enhanced FlexRx | Silver | \$2,500/\$5,000 Aggregate | \$7,000/\$14,000 | (D) \$30/\$45 | (D) \$350 | (D) \$45 | (D) \$45 | Non-Hospital: (D) \$150 Hospital: (D) \$300 | Non-Hospital: (D) \$250 Hospital: (D) \$500 | (D) \$500 | (D) \$30 | (D) \$500 | (D) then: \$10/\$30/\$60/\$200/\$250/\$500 |
| Complete HMO HSA 3000 35/50/350 Enhanced FlexRx | Silver | \$3,000/\$6,000 | \$7,000/\$14,000 | (D) \$35/\$50 | (D) \$350 | (D) \$50 | (D) \$50 | Non-Hospital: (D) \$150 Hospital: (D) \$300 | Non-Hospital: (D) \$250 Hospital: (D) \$500 | (D) \$500 | (D) \$35 | (D) \$500 | (D) then: \$10/\$30/\$60/\$200/\$250/\$500 |
| Complete HMO HSA 3600 35/50/750 Enhanced FlexRx | Silver | \$3,600/\$7,200 | \$7,000/\$14,000 | (D):\$35/\$50 | (D) \$750 | (D) \$50 | (D) \$50 | Non-Hospital: (D) \$250 Hospital: (D) \$1,000 | Non-Hospital: (D) \$500 Hospital: (D) \$1,000 | (D) \$1,000 | (D) \$35 | (D) \$1,000 | (D) then: \$10/\$30/\$60/\$300/\$350/\$500 |

(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.
Additional plans are available through the broker portal.
*This plan is also available without Care Complement.
**HRA minimum of \$75 Individual/\$150 Family is required.

Comprehensive benefits that are simple to understand and easy to use

Care Complement

Care ComplementSM options remove cost barriers to various care options. The following 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 expansive provider network of doctors and specialists
- Access to 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 fees in a qualified weight loss program*
- 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
- Routine eye exam at no cost sharing for members diagnosed with diabetes**
- Physical/occupational therapy: Coverage up to 60 combined visits for rehabilitation and habilitation each 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 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 \$10 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 total plan options 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, Complete PPO Plus and Allies Choice HMO portfolios.

*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.