PRODUCT PORTFOLIO REFERENCE GRID

AllWays Health Partners
HMO Plans for Intermediary Small Group

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! On Complete HMO plans, 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 Choice Easy Tier HMO Plans for Intermediary Small Group

**Effective January 1, 2022**

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

<table>
<thead>
<tr>
<th>Choice Easy Tier HMO Plans</th>
<th>Metallic Tier</th>
<th>Deductible (D) Individual/Family (embedded)</th>
<th>Out-of-Pocket Maximum Individual/Family (embedded)</th>
<th>Office Visit PCP/Specialist</th>
<th>Emergency Room (Copayment waived if Admitted)</th>
<th>Diagnostic, Imaging &amp; X-ray</th>
<th>Lab</th>
<th>High-tech Radiology</th>
<th>Outpatient Surgery</th>
<th>Inpatient Medical</th>
<th>SNF (100 days/benefit period) and Rehab (60 days/benefit period) per Admission</th>
<th>Outpatient MH/SU Visits Including Rehab and Detox</th>
<th>Inpatient MH/SU per Admission</th>
<th>Pharmacy Cost-Sharing by Tiers for a 30-day supply 1/23/24/25/26</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choice Easy Tier HMO 500 25/40</td>
<td>Gold</td>
<td>$500/$1,000</td>
<td>$8,550/$17,100</td>
<td>$25/$40</td>
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<td>Tier 1: (D) $35 Tier 2: (D) $133</td>
<td>(D) $35</td>
<td>Tier 1: (D) $75 Tier 2: (D) $135</td>
<td>Tier 1: (D) $250 Tier 2: (D) $1,500 Tier 1: (D) $500 Tier 2: (D) $2,000</td>
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<td>$400</td>
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<td>(D) $35</td>
<td>Tier 1: (D) $75 Tier 2: (D) $135</td>
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<td>(D) $500</td>
<td>$25</td>
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<td>(D) $35</td>
<td>Tier 1: (D) $75 Tier 2: (D) $135</td>
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<td>Choice Easy Tier HMO 3000 40/50</td>
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<td>(D) $500</td>
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</tbody>
</table>

(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.

**IMPORTANT NOTICE:** These plans include a Tiered Provider Network called Choice Easy Tier HMO. 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 provider directory or visit allwayshealthpartners.org to determine the tier of providers in the Choice Easy Tier HMO network.
Effective January 1, 2022

All plans meet Medicare Part D creditable coverage requirements.

### AllWays Health Partners Complete HMO Plans for Intermediary Small Group

**PRODUCT PORTFOLIO REFERENCE GRID**

#### OUTPATIENT

<table>
<thead>
<tr>
<th>Complete HMO Plans</th>
<th>Metallic Tier</th>
<th>Deductible (D) Individual/Family (embedded, unless otherwise noted)</th>
<th>Maximum Out-of-Pocket Individual/Family (embedded)</th>
<th>Office Visit PCP/Specialist (Copayment waived if Admitted)</th>
<th>Emergency Room From (inpatient admitted)</th>
<th>Diagnostic, Imaging &amp; X-ray</th>
<th>Lab</th>
<th>High-tech Radiology</th>
<th>Outpatient Surgery (inpatient Medical)</th>
<th>SNF (100 days benefit period) and Rehab (60 days benefit period) per Admission</th>
<th>Outpatient MH/SU Visits including Rehab and Detox (inpatient MH/SU per Admission)</th>
<th>Pharmacy Cost-Sharing by Tiers for a 30-day supply 1/2/3/4/5/6</th>
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<tbody>
<tr>
<td>Complete HMO 25/40/250</td>
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<td>Complete HMO 2000 15%/35%</td>
<td>Silver $2,000/$4,000</td>
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<td>$350</td>
<td>(D) $50</td>
<td>(D) $30</td>
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<td>$40</td>
<td>Non-Hospital $300 Hospital: $500</td>
<td>Non-Hospital $300 Hospital: $500</td>
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<td>$0</td>
<td>$40</td>
<td>$40</td>
</tr>
</tbody>
</table>

**HSA Plans with Enhanced FlexRx** (where certain preventive drugs bypass the plan's deductible)

| 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 $150 Hospital: $300 | Non-Hospital $250 Hospital: $500 | $0 | $0 | $30 | $30 | $10/$30/$50/$200/$300/$500 |
| Complete HMO HSA 3600 35/50/750 Enhanced FlexRx | Silver $3,600/$7,200 | $7,000/$14,000 | $35/$55 | $750 | $50 | $50 | Non-Hospital $250 Hospital: $1,000 | Non-Hospital $250 Hospital: $1,000 | $0 | $0 | $1,000 | $1,000 | $10/$30/$50/$300/$300/$500 |

(D) = Deductible must be met first, thencopayment 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.
Comprehensive benefits that are simple to understand and easy to use

About Choice Easy Tier HMO plans and 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 Choice Easy Tier HMO network 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 individual deductible amount does not apply. The 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:

- 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 when through an in-network provider
- 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
- 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 FlexRx® 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**
- 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.