



PRODUCT PORTFOLIO REFERENCE GRID

AllWays Health Partners Complete HMO Plans for Non-Group Intermediaries

Effective January 1, 2019

A fresh start. A new option.

A commitment to innovations that are accessible to all.

AllWays Health PartnersSM is dedicated to redefining health insurance by challenging the current status quo and putting the needs of the people we serve front and center.

To do this, we continue to listen to and partner with brokers, employers, members, and providers.

To all, we offer our commitment to developing straightforward products and services that improve access to care and make the healthcare experience easier, smarter, better, and more customer-focused.

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AllWays Health Partners Complete HMO Plans for Non-Group Intermediaries

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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)	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 and 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
Complete HMO 20/40	Platinum	None	\$3,000/\$6,000	\$20/\$40	\$150	\$0	\$150	\$250	\$500	\$20	\$500	\$5/\$10/\$25/\$50/\$25/\$50
Complete HMO 1000	Gold	\$1,000/\$2,000	\$5,000/\$10,000	\$25/\$45	(D) \$150	(D) \$25	(D) \$200	(D) \$250	(D) \$500	\$25	(D) \$500	\$5/\$20/\$40/\$60/\$40/\$60
Complete HMO 1500 30%	Gold	\$1,500/\$3,000	\$6,350/\$12,700	\$25/\$45	(D) 30%	(D) \$50	(D) 30%	(D) 30%	(D) 30%	\$25	(D) 30%	\$5/\$25/\$50/(D)30%/\$50/(D)30%
Complete HMO 2000	Silver	\$2,000/\$4,000	\$7,900/\$15,800	\$30/\$55	(D) \$300	(D) \$50	(D) \$500	(D) \$500	(D) \$1,000	\$30	(D) \$1,000	\$5/\$25/\$50/(D)\$75/\$50/(D)\$75
Complete HMO 2750	Bronze	\$2,750/\$5,500	\$7,900/\$15,800	(D): \$25/\$50	(D) \$250	(D) \$50	(D) \$500	(D) \$500	(D) \$750	(D) \$25	(D) \$750	\$5/\$25/(D)\$50/(D)\$100/(D)\$50/(D)\$100
Complete HMO HSA 3000	Silver	\$3,000/\$6,000	\$6,750/\$13,500	(D)	(D) \$250	(D) \$75	(D) \$150	(D) \$250	(D) \$500	(D)	(D) \$500	(D) then: \$5/\$30/\$60/\$100/\$125/\$175

(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 (MOOP).

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 maximum out-of-pocket amount.

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 urgent care right from your tablet, smart phone, or computer
- DoctorSmartSM Rewards program gives members cash back when they select to have certain services with a high-value provider
- Minimum \$150 fitness benefit: One month's gym membership fee or \$150, whichever is greater**
- 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
- Physical/occupational therapy: Coverage up to 60 combined visits per benefit period
- Childbirth education class reimbursement: \$130 per pregnancy
- Pediatric vision benefits for members up to 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*
- 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
- 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
- Coverage of 11 common medications for chronic conditions with \$0 cost sharing*

**Deductible applies first for HSA plans, following IRS rules*

***One per policy (either subscriber or dependent)*

† Weight loss membership benefit excludes food

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

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