



PRODUCT PORTFOLIO REFERENCE GRID

AllWays Health Partners Complete HMO Plans for Large Employers

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.

The following plans represent our standard portfolio. Please contact your sales executive to discuss other plan options that may be available.

AllWays Health Partners Complete HMO Plans for Large Employers

Effective January 1, 2019

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

Complete HMO Plans	Deductible (D) Individual/Family (embedded, unless otherwise noted)	Maximum Out-of-Pocket Individual/Family (embedded)	OUTPATIENT					INPATIENT	MENTAL HEALTH & SUBSTANCE USE (MH/SU)		PHARMACY OPTION A	PHARMACY OPTION B	PHARMACY OPTION C	PHARMACY OPTION D			
			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	Pharmacy Cost-Sharing by Tiers for a 30-day supply 1/2/3/4/5/6	Pharmacy Cost-Sharing by Tiers for a 30-day supply 1/2/3/4/5/6	Pharmacy Cost-Sharing by Tiers for a 30-day supply 1/2/3/4/5/6			
Complete HMO 25/40	N/A	\$2,000/\$4,000	\$25/\$40	\$100	\$0	\$75	\$250	\$500	\$25	\$500	\$5/\$15/\$35/\$60/10% up to \$200 per script max/ 20% up to \$250 per script max	\$5/\$20/\$40/\$65/\$100/\$150	\$5/\$25/\$50/\$100/\$150/\$200	\$5/\$15/\$30/\$50/\$30/\$50			
Complete HMO 500	\$500/\$1,000	\$3,000/\$6,000	\$20/\$35	\$150	(D)	(D)	(D)	(D)	\$20	(D)							
Complete HMO 500 20/35	\$500/\$1,000	\$3,000/\$6,000	\$20/\$35	\$150	(D)	(D)	(D) \$100	(D) \$200	\$20	(D) \$200							
Complete HMO 750	\$750/\$1,500	\$3,000/\$6,000	\$25/\$40	\$150	(D)	(D)	(D)	(D)	\$25	(D)							
Complete HMO 750 25/40	\$750/\$1,500	\$3,000/\$6,000	\$25/\$40	\$150	(D)	(D)	(D) \$100	(D) \$200	\$25	(D) \$200							
Complete HMO 1000	\$1,000/\$2,000	\$4,000/\$8,000	\$20/\$20	\$200	(D)	(D)	(D)	(D)	\$20	(D)							
Complete HMO 1000 25/40	\$1,000/\$2,000	\$5,000/\$10,000	\$25/\$40	\$150	(D)	(D)	(D)	(D)	\$25	(D)							
Complete HMO 1000 30/45	\$1,000/\$2,000	\$5,000/\$10,000	\$30/\$45	(D) \$150	(D) \$45	(D) \$200	(D) \$250	(D) \$500	\$30	(D) \$500							
Complete HMO 1000 20%	\$1,000/\$2,000	\$5,000/\$10,000	\$30/\$45	(D) \$150	(D) 20%	(D) 20%	(D) 20%	(D) 20%	\$30	(D) 20%							
Complete HMO 1500	\$1,500/\$3,000	\$5,000/\$10,000	\$25/\$40	\$150	(D) \$40	(D)	(D)	(D)	\$25	(D)							
Complete HMO 1500 25/40	\$1,500/\$3,000	\$5,000/\$10,000	\$25/\$40	(D) \$150	(D) \$40	(D) \$150	(D) \$250	(D) \$250	\$25	(D) \$250							
Complete HMO 1500 10%	\$1,500/\$3,000	\$5,000/\$10,000	\$25/\$50	(D) 10%	(D) \$50	(D) 10%	(D) 10%	(D) 10%	\$25	(D) 10%							
Complete HMO 2000	\$2,000/\$4,000	\$4,500/\$9,000	\$25/\$25	\$200	(D)	(D)	(D)	(D)	\$25	(D)							
Complete HMO 2000 25/40	\$2,000/\$4,000	\$5,000/\$10,000	\$25/\$40	\$150	(D)	(D)	(D)	(D)	\$25	(D)							
Complete HMO 2000 30/45	\$2,000/\$4,000	\$7,000/\$14,000	\$30/\$45	(D) \$150	(D) \$45	(D) \$75	(D) \$250	(D) \$500	\$30	(D) \$500							
Complete HMO 2000 20%	\$2,000/\$4,000	\$7,000/\$14,000	\$30/\$45	(D) \$150	(D) 20%	(D) 20%	(D) 20%	(D) 20%	\$30	(D) 20%							
Complete HMO 2500	\$2,500/\$5,000	\$7,000/\$14,000	\$25/\$40	\$200	(D)	(D)	(D)	(D)	\$25	(D)							
Complete HMO 2500 30/45	\$2,500/\$5,000	\$7,000/\$14,000	\$30/\$45	(D) \$200	(D) \$45	(D) \$150	(D) \$250	(D) \$500	\$30	(D) \$500							
Complete HMO 2500 10%	\$2,500/\$5,000	\$7,000/\$14,000	\$30/\$50	(D) 10%	(D) \$50	(D) 10%	(D) 10%	(D) 10%	\$30	(D) 10%							
Complete HMO 3000	\$3,000/\$6,000	\$7,000/\$14,000	\$25/\$40	\$250	(D)	(D)	(D)	(D)	\$25	(D)							
Complete HMO 3000 30/45	\$3,000/\$6,000	\$7,000/\$14,000	\$30/\$45	(D) \$250	(D) \$45	(D) \$200	(D) \$500	(D) \$1,000	\$30	(D) \$1,000							
Complete HMO 3000 20%	\$3,000/\$6,000	\$7,000/\$14,000	\$30/\$45	(D) \$250	(D) 20%	(D) 20%	(D) 20%	(D) 20%	\$30	(D) 20%							
Complete HMO 4000	\$4,000/\$8,000	\$7,350/\$14,700	\$25/\$40	\$250	(D)	(D)	(D)	(D)	\$25	(D)							
Complete HMO 5000	\$5,000/\$10,000	\$7,350/\$14,700	\$25/\$40	\$250	(D)	(D)	(D)	(D)	\$25	(D)							
HSA														All HSA plans can be purchased with Enhanced Rx where certain preventive drugs bypass the plan's deductible			
Complete HMO HSA 1500	\$1,500/\$3,000 Aggregate	\$5,000/\$10,000	(D)	(D)	(D)	(D)	(D)	(D)	(D)	(D)	(D) then: \$5/\$15/\$35/\$60/10% up to \$200 per script max/ 20% up to \$250 per script max	(D) then: \$5/\$20/\$40/\$65/\$100/\$150	(D) then: \$5/\$25/\$50/\$100/\$150/\$200	(D) then: \$5/\$15/\$30/\$50/\$30/\$50			
Complete HMO HSA 1500 10%	\$1,500/\$3,000 Aggregate	\$5,000/\$10,000	(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)							
Complete HMO HSA 2000 10%	\$2,000/\$4,000 Aggregate	\$6,000/\$12,000	(D)	(D)	(D) 10%	(D) 10%	(D) 10%	(D) 10%	(D)	(D) 10%							
Complete HMO HSA 3000	\$3,000/\$6,000 Aggregate	\$6,650/\$13,300	(D)	(D)	(D)	(D)	(D)	(D)	(D)	(D)							
Complete HMO HSA 3000 10%	\$3,000/\$6,000 Aggregate	\$6,650/\$13,300	(D)	(D)	(D) 10%	(D) 10%	(D) 10%	(D) 10%	(D)	(D) 10%							
Complete HMO HSA 3500	\$3,500/\$7,000 Aggregate	\$6,750/\$13,500	(D)	(D)	(D)	(D)	(D)	(D)	(D)	(D)							

(D) = Deductible must be met first, then copayment or coinsurance may apply. Cost sharing for medical, behavioral health, and pharmacy applies to the Maximum Out-of-Pocket (MOOP).

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:

- 11 common prescriptions to treat chronic conditions, such as depression, diabetes, high cholesterol, and high blood pressure
- 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 Maximum Out-of-Pocket

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 maximum out-of-pocket 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.

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 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
- Fitness benefit: One month gym membership fee (covers a minimum of \$150 per policy)*
- 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
- Childbirth education class reimbursement: \$130 per pregnancy

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 100 combined visits 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 \$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
- Choose from four pharmacy cost-sharing options

Underwriting Guidelines

- Employer groups may offer any two plan options from AllWays Health Partners' portfolio of Complete HMO and Complete PPO Plus plans.
- Employer groups with 20 or more enrolled subscribers may offer any three plan options from the Complete HMO and Complete PPO Plus portfolios.

*One per policy (either subscriber or dependent)

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

† 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.