



Population Science Management

Medical Plan Transition Notice

Effective September 1, 2026

Current Plan	New Plan	Effective Date
Thrive EPO \$5,000	Livelihood EPO \$4,500	September 1, 2026

Summary of Material Benefit Changes

This notice summarizes important changes associated with the transition from your current Thrive plan to the comparable Livelihood plan. Please review this document together with the attached Livelihood Summary of Benefits and Coverage (SBC).

What is not changing	Your Working Owner status with Population Science Management has not changed. Your Health Benefits coverage is intended to transition without interruption on the effective date shown above, and preventive care remains covered according to plan provisions.
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Questions About Your Benefits?

Detego Health Member Services	Phone: 1-866-815-6001 Member Services can assist with questions about your new plan, ID cards, claims, eligibility, provider access, prescriptions, and general benefits.
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Key Changes at a Glance

The table below highlights the changes members may notice most. The detailed comparison on the next page provides a more complete service-category view.

Lower deductible Current: \$5,000 individual / \$10,000 family New: \$4,500 individual / \$9,000 family Impact: Improvement	Higher OOP maximum Current: \$7,350 individual / \$14,700 family New: \$9,200 individual / \$18,400 family Impact: Increase
Network change Current: BCBSNE / GigCare EPO New: Aetna EPO Impact: Administrative Change	Coinsurance change Current: 30% member responsibility New: 25% member responsibility Impact: Improvement

Benefit Change Summary

- Provider network changes from the current Thrive network to the Aetna network. Members should verify participating providers before receiving non-emergency services.
- Prescription benefits move to the Livelihood pharmacy program. Formularies, participating pharmacies, mail-order rules, and utilization requirements may differ.
- Telemedicine administration changes to MyLiveDoc for the Livelihood plan.
- Copays, coinsurance, deductibles, out-of-pocket maximums, and visit or dollar limits may differ by service category as summarized in the detailed comparison table.
- The enclosed Livelihood SBC controls if there is any difference between this summary and the formal plan documents or SBC.



Detailed Benefit Comparison

This comparison is designed to summarize benefit changes based on the current Thrive benefit summary and the new Livelihood SBC. It is not a substitute for the SBC or formal plan documents.

Benefit Area	Current Thrive Plan	New Livelihood Plan	Member Impact
Plan type	EPO	EPO	No material change
Provider network	BCBSNE / GigCare EPO	Aetna EPO	Network changes; out-of-network is limited
Deductible	\$5,000 individual / \$10,000 family	\$4,500 individual / \$9,000 family	Lower deductible
Out-of-pocket maximum	\$7,350 individual / \$14,700 family	\$9,200 individual / \$18,400 family	Higher max exposure
Coinsurance	30% member / 70% plan	25% member / 75% plan	Lower member share
Primary care office visit	\$25 copay	\$40 copay	Potential cost increase
Specialist office visit	\$40 copay	\$70 copay	Potential cost increase
Urgent care	\$75 copay	\$85 copay	Potential cost increase
Emergency room	Deductible and coinsurance	25% after deductible; waived if admitted	Cost-sharing structure changes
Diagnostic testing	Office services or deductible/coinsurance	25% after deductible; stand-alone center limitation noted	Cost-sharing and setting limitations change
Advanced imaging	Deductible and coinsurance	25% after deductible	Coinsurance improves vs 30%
Inpatient hospital	Deductible and coinsurance	25% after deductible	Coinsurance improves vs 30%
Outpatient surgery	Deductible and coinsurance	25% after deductible	Coinsurance improves vs 30%
Generic drugs	25%, \$10 min / \$450 max retail	\$20 copay retail; Costco mail order copays	Rx cost model changes
Preferred brand drugs	25%, \$105 min / \$450 max retail	Not covered	Potential reduction
Non-preferred brand drugs	Not covered	Not covered	No material expansion
Specialty drugs	Not covered	Not covered	No material expansion
Telemedicine	Same as in-person visit	MyLiveDoc / Bowtie shown in SBC; primary care \$0; urgent care limitations apply	Vendor and benefit change
Mental health outpatient	\$25 office visit / deductible & coinsurance for other services	Therapy \$40 copay; IOP not covered; partial hospitalization 25% after deductible	Coverage structure changes
Home health / skilled nursing	60-day/visit style limits	Home health 8 visits; skilled nursing 8 visits	Visit limits may decrease
Rehab / habilitation / therapy	Plan summary uses copays/limits for therapy categories	\$40 copay; 25 combined therapy visits	Limit structure changes
DME / prosthetics	Deductible and coinsurance; prosthetics limit noted	\$500 DME max; \$1,000 prosthetics/orthotics max	Dollar limits change
Preventive care	Plan pays 100% in-network	\$0 copay / 100% preventive in network	No material decrease noted
Out-of-network	No out-of-network coverage except emergency	Not covered except as specified for emergency	No material change
Pharmacy program	Prime Therapeutics / MyPrime	Ventegra & Costco generic-only formulary language	Administrative change