



Population Science Management

Medical Plan Transition Notice

Effective September 1, 2026

Current Plan	New Plan	Effective Date
Thrive PPO \$5,000 HDHP	Livelihood 5000 HSA PPO	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.

Deductible unchanged Current: \$5,000 individual / \$10,000 family New: \$5,000 individual / \$10,000 family Impact: No Change	Lower coinsurance Current: 30% member responsibility after deductible New: 20% member responsibility after deductible Impact: Improvement
Lower OOP maximum Current: \$8,500 individual / \$17,000 family New: \$8,300 individual / \$16,600 family Impact: Improvement	Network change Current: BCBSNE / GigCare provider network New: Aetna PPO network Impact: Administrative Change

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	HDHP / HSA-compatible PPO	HSA Preferred Provider Organization (PPO)	HSA structure maintained
Provider network	BCBSNE / GigCare	Aetna PPO	Network changes; providers may differ
Deductible	\$5,000 individual / \$10,000 family	\$5,000 individual / \$10,000 family	No material change
Out-of-pocket maximum	\$8,500 individual / \$17,000 family	\$8,300 individual / \$16,600 family	Lower max exposure
Coinsurance	30% member / 70% plan	20% member / 80% plan	Lower member share after deductible
Primary care office visit	Deductible and coinsurance	Deductible then 20% coinsurance	HSA deductible applies
Specialist office visit	Deductible and coinsurance	Deductible then 20% coinsurance	HSA deductible applies
Urgent care	Deductible and coinsurance	Deductible then 20% coinsurance	Cost-sharing aligns to deductible
Emergency room	Deductible and coinsurance	Deductible then 20% coinsurance	Coinsurance improves
Diagnostic labs / X-ray	Deductible and coinsurance	Deductible then 20% coinsurance	Cost-sharing continues through deductible
Advanced imaging	Deductible and coinsurance	Deductible then 20% coinsurance	Coinsurance improves after deductible
Inpatient hospital	Deductible and coinsurance	Deductible then 20% coinsurance	Coinsurance improves after deductible
Outpatient surgery	Deductible and coinsurance	Deductible then 20% coinsurance	Coinsurance improves after deductible
Generic drugs	Subject to HDHP deductible/coinsurance	\$5 copay language may be subject to HSA rules and deductible	Rx program changes
Preferred brand drugs	Subject to HDHP deductible/coinsurance	Brand medication available through ScriptAide when no generic available	Program structure changes
Non-preferred brand drugs	Not covered or limited per plan summary	Not covered	No material expansion
Specialty drugs	Designated specialty rules / limited	Contact ScriptAide for potential assistance	Program structure changes
Telemedicine	Deductible and coinsurance	MyLiveDoc; HSA-compatible cost sharing may apply	Vendor change
Mental health outpatient	Deductible and coinsurance	Deductible then 20% coinsurance	Coinsurance improves
Home health / skilled nursing	60-day/visit style limits; deductible and coinsurance	60 visits each; preauthorization required	Limit language changes
Rehab / habilitation / chiropractic	Subject to plan visit limits	35 visits per calendar year combined with related services	Limit structure changes
Preventive care	Plan pays 100% in-network	No charge in-network	No material change
Out-of-network	Available with higher cost share	Available with higher cost share	Continues under PPO with different thresholds
Pharmacy program	Prime Therapeutics / MyPrime	Kroger PBM / mail order language	Administrative change