



Population Science Management

Medical Plan Transition Notice

Effective September 1, 2026

Current Plan	New Plan	Effective Date
Thrive PPO \$1,500	Livelihood PPO \$1,800	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.

Higher deductible Current: \$1,500 individual / \$3,000 family New: \$1,800 individual / \$3,600 family Impact: Increase	Lower coinsurance Current: 30% member responsibility after deductible New: 20% member responsibility after deductible Impact: Improvement
Network change Current: BCBSNE / GigCare provider network New: Aetna PPO network Impact: Administrative Change	Out-of-pocket maximum Current: \$8,500 individual / \$17,000 family New: \$10,000 individual / \$20,000 family Impact: Increase

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	PPO	PPO	No material change
Provider network	BCBSNE / GigCare	Aetna PPO	Network changes; providers may differ
Deductible	\$1,500 individual / \$3,000 family	\$1,800 individual / \$3,600 family	Higher member pre-coverage responsibility
Out-of-pocket maximum	\$8,500 individual / \$17,000 family	\$10,000 individual / \$20,000 family	Higher max exposure
Coinsurance	30% member / 70% plan	20% member / 80% plan	Lower member share after deductible
Primary care office visit	\$25 copay	\$25 copay	No material change
Specialist office visit	\$40 copay	\$40 copay	No material change
Urgent care	\$60 copay	\$60 copay	No material change
Emergency room	Deductible and coinsurance	Deductible then 20% coinsurance	Coinsurance improves after deductible
Diagnostic labs / X-ray	Office services or deductible/coinsurance depending setting	Lab \$25 copay; X-ray \$100 copay	Cost-sharing structure changes
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	25%, \$10 min / \$450 max retail	\$5 copay retail; \$20 mail order	Rx cost model changes
Preferred brand drugs	25%, \$45 min / \$450 max retail	Brand medication available through ScriptAide when no generic available	Program structure changes
Non-preferred brand drugs	25%, \$105 min / \$450 max retail	Not covered	Potential reduction
Specialty drugs	Designated specialty pharmacy rules; often not covered on summary	Contact ScriptAide for potential assistance	Program structure changes
Telemedicine	Same as in-person visit	MyLiveDoc: no charge through platform; otherwise \$25 copay	Vendor and benefit changes
Mental health outpatient	Office visit / deductible and coinsurance depending service	Deductible then 20% coinsurance	Cost-sharing changes
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 deductible and OOP	Available with higher deductible and OOP	Continues under PPO with different thresholds
Pharmacy program	Prime Therapeutics / MyPrime	Kroger PBM / mail order language	Administrative change