



Population Science Management

Medical Plan Transition Notice

Effective September 1, 2026

Current Plan	New Plan	Effective Date
Thrive EPO \$7,350	Livelihood EPO \$7,500	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.
----------------------	---

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.
-------------------------------	---



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: \$7,350 individual / \$14,700 family New: \$7,500 individual / \$15,000 family Impact: Increase	Higher OOP maximum Current: \$9,200 individual / \$18,400 family New: \$10,000 individual / \$20,000 family Impact: Increase
Network change Current: BCBSNE / GigCare EPO New: Aetna EPO Impact: Administrative Change	Coinsurance improves Current: 30% member responsibility New: 20% 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	\$7,350 individual / \$14,700 family	\$7,500 individual / \$15,000 family	Slight increase
Out-of-pocket maximum	\$9,200 individual / \$18,400 family	\$10,000 individual / \$20,000 family	Higher max exposure
Coinsurance	30% member / 70% plan	20% member / 80% plan	Lower member share
Primary care office visit	\$25 copay	\$25 copay	No material change
Specialist office visit	\$40 copay	\$40 copay	No material change
Urgent care	\$100 copay	\$60 copay	Lower urgent care copay
Emergency room	Deductible and coinsurance	Deductible then 20% coinsurance	Coinsurance improves
Diagnostic labs / X-ray	Office services or deductible/coinsurance	Lab \$25 copay; X-ray \$100 copay	Cost-sharing structure changes
Advanced imaging	Deductible and coinsurance	Deductible then 20% coinsurance	Coinsurance improves
Inpatient hospital	Deductible and coinsurance	Deductible then 20% coinsurance	Coinsurance improves
Outpatient surgery	Deductible and coinsurance	Deductible then 20% coinsurance	Coinsurance improves
Generic drugs	25%, \$10 min / \$450 max retail	\$5 copay retail; Costco mail order language	Rx cost model changes
Preferred brand drugs	25%, \$105 min / \$450 max retail	Brand medication available through ScriptAide when no generic available	Program structure changes
Non-preferred brand drugs	Not covered	Not covered	No material expansion
Specialty drugs	Not covered	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	\$25 office visit / deductible & coinsurance for other services	Deductible then 20% coinsurance	Coinsurance improves after deductible
Home health / skilled nursing	Home health / skilled nursing limits shown in summary	60 visits each; preauthorization required	Limit language changes
Rehab / habilitation / chiropractic	Plan summary uses copays/limits; current EPO has more restrictive limits	35 visits per calendar year combined with related services	Limit structure may improve
Preventive care	Plan pays 100% in-network	No charge in-network	No material change
Out-of-network	No out-of-network coverage except emergency	No out-of-network coverage except qualifying emergency treatment	No material change
Pharmacy program	Prime Therapeutics / MyPrime	Kroger PBM / mail order language	Administrative change