



2018 MA SMALL GROUP ALLOWED PLAN OPTIONS



2018 MASSACHUSETTS SMALL GROUP AVAILABLE HMO / HMO PAIRINGS



The employer must have and maintain a minimum of 10 eligible employees, and Tufts Health Plan must be the sole carrier.

	HMO Value Platinum	HMO Basic Platinum	Advantage HMO 500 Gold	Balanced Advantage HMO 750 Gold	Advantage HMO 1000 Gold	Balanced Advantage HMO 1250 Gold	Advantage HMO 1500 Gold	Balanced Advantage HMO 1750 Gold	Essential Advantage HMO 2000 Gold	Advantage HMO 2000 Gold	Advantage HMO 1500 Low Option Gold	Advantage HMO Saver 1500 Silver	Essential Advantage HMO 2500 Gold	Advantage HMO 2000 Low Option Gold	Advantage HMO 2000 (80%) Gold	Advantage HMO 2500 Gold	Advantage HMO Saver 2000 Silver	Advantage HMO 3000 Silver	Advantage Basic HMO 2000 Silver	Advantage HMO Saver 2500 Silver	Advantage HMO Saver 3000 Silver	
HMO Value Platinum			Yes	Yes																		
HMO Basic Platinum			Yes	Yes	Yes																	
Advantage HMO 500 Gold	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes					
Balanced Advantage HMO 750 Gold	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Advantage HMO 1000 Gold		Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Balanced Advantage HMO 1250 Gold			Yes	Yes	Yes					Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Advantage HMO 1500 Gold			Yes	Yes	Yes						Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Balanced Advantage HMO 1750 Gold			Yes	Yes	Yes								Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Essential Advantage HMO 2000 Gold			Yes	Yes	Yes									Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Advantage HMO 2000 Gold			Yes	Yes	Yes	Yes											Yes	Yes	Yes	Yes	Yes	Yes
Advantage HMO 1500 Low Option Gold			Yes	Yes	Yes	Yes	Yes											Yes	Yes	Yes	Yes	Yes
Advantage HMO Saver 1500 Silver			Yes	Yes	Yes	Yes	Yes											Yes	Yes	Yes	Yes	Yes
Essential Advantage HMO 2500 Gold			Yes	Yes	Yes	Yes	Yes	Yes	Yes									Yes	Yes	Yes	Yes	Yes
Advantage HMO 2000 Low Option Gold			Yes	Yes	Yes	Yes	Yes	Yes	Yes											Yes	Yes	Yes
Advantage HMO 2000 (80%) Gold			Yes	Yes	Yes	Yes	Yes	Yes	Yes											Yes	Yes	Yes
Advantage HMO 2500 Gold			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes										Yes	Yes	Yes
Advantage HMO Saver 2000 Silver			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes									Yes
Advantage HMO 3000 Silver				Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes									Yes
Advantage Basic HMO 2000 Silver				Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes						Yes
Advantage HMO Saver 2500 Silver				Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes						Yes
Advantage HMO Saver 3000 Silver							Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	

2018 MASSACHUSETTS SMALL GROUP AVAILABLE HMO / PPO PAIRINGS



The employer must have and maintain a minimum of 10 eligible employees, and Tufts Health Plan must be the sole carrier. For employers that have and maintain 5-9 eligible employees, an HMO/PPO dual option is available, but only active employees residing outside of Massachusetts may enroll in the PPO.

	HMO Value Platinum	HMO Basic Platinum	Advantage HMO 500 Gold	Balanced Advantage Gold	Advantage HMO 1000 Gold	Balanced Advantage HMO 1250 Gold	Advantage HMO 1500 Gold	Balanced Advantage HMO 1750 Gold	Essential Advantage HMO 2000 Gold	Advantage HMO 2000 Gold	Advantage HMO 1500 Low Option Gold	Advantage HMO Saver Silver	Essential Advantage HMO 2500 Gold	Advantage HMO 2000 Low Option Gold	Advantage HMO 2000 (80%) Gold	Advantage HMO 2500 Gold	Advantage HMO Saver 2000 Silver	Advantage HMO 3000 Silver	Advantage Basic HMO 2000 Silver	Advantage HMO Saver 2500 Silver	Advantage HMO Saver 3000 Silver
PPO Value Platinum	Yes																				
PPO Basic Platinum	Yes	Yes																			
Advantage PPO 500 Gold	Yes	Yes	Yes																		
Advantage PPO 1000 Gold			Yes		Yes																
Advantage PPO 1500 Gold			Yes		Yes		Yes														
Essential Advantage PPO 2000 Gold					Yes		Yes		Yes												
Advantage PPO 2000 Gold					Yes		Yes		Yes	Yes											
Advantage PPO Saver 1500 Silver					Yes		Yes				Yes	Yes									
Advantage PPO 2500 Gold					Yes		Yes		Yes	Yes	Yes	Yes		Yes		Yes					
Essential Advantage PPO 2500 Gold							Yes		Yes	Yes	Yes	Yes	Yes	Yes		Yes					
Advantage PPO Saver 2000 Silver							Yes		Yes	Yes	Yes	Yes		Yes			Yes				
Advantage PPO 2000 (80%) Gold						Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes		Yes				
Advantage PPO 3000 Silver							Yes		Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes			
Advantage PPO Saver 2500 Silver									Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes	
Advantage PPO Saver 3000 Silver													Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

2018 MASSACHUSETTS SMALL GROUP AVAILABLE SELECT / SELECT PAIRINGS



The employer must have and maintain a minimum of 10 eligible employees, and Tufts Health Plan must be the sole carrier.

	Select Advantage HMO 1000 Gold	Select Advantage HMO 1500 Gold	Select Advantage HMO 2000 Gold	Select Advantage HMO 2500 Gold
Select Advantage HMO 1000 Gold		Yes	Yes	Yes
Select Advantage HMO 1500 Gold	Yes			Yes
Select Advantage HMO 2000 Gold	Yes			Yes
Select Advantage HMO 2500 Gold	Yes	Yes	Yes	

2018 MASSACHUSETTS SMALL GROUP AVAILABLE STEWARD / STEWARD PAIRINGS



The employer must have and maintain a minimum of 10 eligible employees, and Tufts Health Plan must be the sole carrier.

	Steward Community Choice 1000 Gold	Steward Community Choice 1500 Gold	Steward Community Choice 2000 Gold
Steward Community Choice 1000 Gold		Yes	Yes
Steward Community Choice 1500 Gold	Yes		
Steward Community Choice 2000 Gold	Yes		

2018 MASSACHUSETTS SMALL GROUP AVAILABLE SELECT / OUT-OF-AREA PAIRINGS



Only for subscribers residing outside of MA. The employer must have and maintain a minimum of 10 eligible employees, and Tufts Health Plan must be the sole carrier.

	Select Advantage HMO 1000 Gold	Select Advantage HMO 1500 Gold	Select Advantage HMO 2000 Gold	Select Advantage HMO 2500 Gold
PPO Value Platinum				
PPO Basic Platinum				
Advantage PPO 500 Gold				
Advantage PPO 1000 Gold	only for non-MA residents			
Advantage PPO 1500 Gold		only for non-MA residents		
Essential Advantage PPO 2000 Gold				
Advantage PPO 2000 Gold			only for non-MA residents	
Advantage PPO Saver 1500 Silver				
Advantage PPO 2500 Gold				only for non-MA residents
Essential Advantage PPO 2500 Gold				
Advantage PPO Saver 2000 Silver				
Advantage PPO 2000 (80%) Gold				
Advantage PPO 3000 Silver				
Advantage PPO Saver 2500 Silver				
Advantage PPO Saver 3000 Silver				

2018 MASSACHUSETTS SMALL GROUP AVAILABLE CONNECTOR / CONNECTOR PAIRINGS



The employer must have and maintain a minimum of 10 eligible employees, and Tufts Health Plan must be the sole carrier.

	Premier Platinum	Premier Gold 1000	Premier Silver 2000	Premier Bronze Saver 3000
Premier Platinum		Yes		
Premier Gold 1000	Yes			
Premier Silver 2000				
Premier Bronze Saver 3000				

2018 MASSACHUSETTS SMALL GROUP AVAILABLE CONNECTOR / OUT-OF-AREA PAIRINGS



Only for subscribers residing outside of MA. The employer must have and maintain a minimum of 10 eligible employees, and Tufts Health Plan must be the sole carrier.

	Premier Platinum	Premier Gold 1000	Premier Silver 2000	Premier Bronze Saver 3000
PPO Value Platinum				
PPO Basic Platinum	only for non-MA residents			
Advantage PPO 500 Gold				
Advantage PPO 1000 Gold		only for non-MA residents		
Advantage PPO 1500 Gold				
Essential Advantage PPO 2000 Gold				
Advantage PPO 2000 Gold				
Advantage PPO Saver 1500 Silver				
Advantage PPO 2500 Gold				
Essential Advantage PPO 2500 Gold				
Advantage PPO Saver 2000 Silver				
Advantage PPO 2000 (80%) Gold				
Advantage PPO 3000 Silver			only for non-MA residents	
Advantage PPO Saver 2500 Silver				
Advantage PPO Saver 3000 Silver				only for non-MA residents

2018 MASSACHUSETTS SMALL GROUP AVAILABLE TIERED / OUT-OF-AREA PAIRINGS



Only for subscribers residing outside of MA. The employer must have and maintain a minimum of 10 eligible employees, and Tufts Health Plan must be the sole carrier.

	Your Choice HMO 1000 Gold	Your Choice HMO 1500 Gold	Your Choice HMO 2000 Gold	Your Choice HMO 3000 Silver
PPO Value Platinum				
PPO Basic Platinum				
Advantage PPO 500 Gold				
Advantage PPO 1000 Gold	only for non-MA residents			
Advantage PPO 1500 Gold		only for non-MA residents		
Essential Advantage PPO 2000 Gold				
Advantage PPO 2000 Gold			only for non-MA residents	
Advantage PPO Saver 1500 Silver				
Advantage PPO 2500 Gold				
Essential Advantage PPO 2500 Gold				
Advantage PPO Saver 2000 Silver				
Advantage PPO 2000 (80%) Gold				
Advantage PPO 3000 Silver				only for non-MA residents
Advantage PPO Saver 2500 Silver				
Advantage PPO Saver 3000 Silver				

2018 MASSACHUSETTS SMALL GROUP ALLOWED PLAN BUNDLES



The following bundles of 3 plans are available to employers who have and maintain a minimum of 10 eligible employees. Tufts Health Plan must be the sole carrier.

Bundle	Plan Name
Bundle 1	HMO Basic Platinum Advantage HMO 500 Gold Advantage PPO 500 Gold
Bundle 2	HMO Basic Platinum Advantage HMO 1000 Gold Advantage PPO 1000 Gold
Bundle 3	Advantage HMO 500 Gold Advantage HMO 1500 Gold Advantage PPO 1500 Gold
Bundle 4	Advantage HMO 1000 Gold Advantage HMO 2000 Gold Advantage PPO 2000 Gold
Bundle 5	Advantage HMO 1000 Gold Advantage HMO Saver 2000 Silver Advantage PPO Saver 2000 Silver
Bundle 6	Advantage HMO 1000 Gold Advantage HMO 2000 (80%) Gold Advantage PPO 2000 (80%) Gold

DISCRIMINATION IS AGAINST THE LAW

Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Tufts Health Plan:

- ▶ Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- ▶ Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Tufts Health Plan at 800.462.0224.

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Tufts Health Plan, Attention:

Civil Rights Coordinator Legal Dept.
705 Mount Auburn St. Watertown, MA 02472
Phone: 888.880.8699 ext. 48000, [TTY number — 800.439.2370 or 711]
Fax: 617.972.9048
Email: OCRCoordinator@tufts-health.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
800.368.1019, 800.537.7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

For no cost translation in English, call the number on your ID card.

Arabic للحصول على خدمة الترجمة المجانية باللغة العربية، يرجى الاتصال على الرقم المدون على بطاقة الهوية الخاصة بك.

Chinese 若需免費的中文版本，請撥打 ID 卡上的電話號碼。

French Pour demander une traduction gratuite en français, composez le numéro indiqué sur votre carte d'identité.

German Um eine kostenlose deutsche Übersetzung zu erhalten, rufen Sie bitte die Telefonnummer auf Ihrer Ausweiskarte an.

Greek Για δωρεάν μετάφραση στα Ελληνικά, καλέστε τον αριθμό που αναγράφεται στην αναγνωριστική κάρτας σας.

Haitian Creole Pou jwenn tradiksyon gratis nan lang Kreyòl Ayisyen, rele nimewo ki sou kat ID ou.

Italian Per la traduzione in italiano senza costi aggiuntivi, è possibile chiamare il numero indicato sulla tessera identificativa.

Japanese 日本語の無料翻訳については ID カードに書いてある番号に電話してください。

Khmer (Cambodian) សម្រាប់សេវាកម្មប្រយោជន៍ឥតគិតថ្លៃជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

Korean 한국어로 무료 통역을 원하시면, ID 카드에 있는 번호로 연락하십시오.

Laotian ສໍາລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.

Navajo Doo bááh ilíní da Diné k'ehjí álnéehgo, hodiilnih béésh bee hani'é bee nées ho'dílingo nantinígíí bikáá'.

Persian برای ترجمه رایگان فارسی به شماره تلفن مندرج در کارت شناسائی تان زنگ بزنید.

Polish Aby uzyskać bezpłatne tłumaczenie w języku polskim, należy zadzwonić na numer znajdujący się na Pana/i dowodzie tożsamości.

Portuguese Para tradução grátis para português, ligue para o número no seu cartão de identificação.

Russian Для получения услуг бесплатного перевода на русский язык позвоните по номеру, указанному на идентификационной карточке.

Spanish Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.

Tagalog Para sa walang bayad na pagsalalin sa Tagalog, tawagan ang numero na nasa inyong ID card.

Vietnamese Để có bản dịch tiếng Việt không phải trả phí, gọi theo số trên thẻ căn cước của bạn.



705 Mt Auburn Street - Watertown, MA 02472
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