

TOP SELLING PLANS

Q1 2020 Product Comparisons for MA – HMO \$1000 Deductible Plans



	Tufts Health Plan	BCBS of MA		Harvard Pilgrim Health Care
	Advantage HMO 1000	HMO Blue New England \$1,000 Deductible with Copayment	HMO Blue New England \$1,000 Deductible with HCCS	HMO 1000 - Flex
Premium Rate Comparison*	-	+3.7%	+9.1%	+1.6%
Benefit Comparison**				
Deductible (Ind/Fam)	\$1000 / \$2000	\$1000 / \$2000	\$1000 / \$2000	\$1000 / \$2000
Medical and Rx OOP Max (Ind/Fam)	\$7000 / \$14000	\$6850 / \$13700	\$5550 / \$11100	\$6500 / \$13000
Rx (30-Day Retail)	\$5/\$25/\$60/\$90/\$160	-\$10/\$45/\$150/\$225	-\$10/\$45/\$150/\$225	\$5/\$30/\$60/\$100/20% (\$250 max)
PCP/Specialist	\$25 / \$45 copay	\$25 / \$50 copay	\$25 / \$45 copay	\$25 / \$45 copay
Telehealth	Covered in full (GM, BH, Derm)	\$25 copay	\$25 copay	Covered in full
PT/OT/ST	\$40 copay	Deductible then \$50 copay	Standard Cost: Deductible then \$45 copay Highest Cost: Deductible then \$80 copay	Non-Hospital based: \$25 copay Hospital based: \$50 copay
Chiro/Acupuncture	Chiro: \$25 copay Acupuncture: \$25 copay (unlimited visits)	Chiro: \$50 copay Acupuncture: \$50 copay (12 visit limit)	Chiro: \$45 copay Acupuncture: \$45 copay (12 visit limit)	Chiro: \$50 copay Acupuncture: \$50 copay (20 visit limit)
Labs	\$25 copay	General Hospital: Deductible then \$40 copay Other Covered Providers: Deductible then covered in full	General Hospital & Other Providers: Deductible then \$35 copay Highest Cost Share: Deductible then \$70 copay	Flex Provider: Covered in full All Others: Deductible then \$45 copay
LTI/Diagnostic Testing	Deductible then \$50 copay	General Hospital: Deductible, then \$80 copay Other Covered Providers: Deductible then covered in full	General Hospital & Other Providers: Deductible then \$35 copay Highest Cost: Deductible then \$135 copay	Deductible then \$45 copay
HTI	Deductible then \$125 copay	General Hospital: Deductible then \$300 copay Other Covered Providers: Deductible then \$50 copay	General Hospital & Other Providers: Deductible then \$75 copay Highest Cost: Deductible then \$525 copay	Non-Hospital based: \$200 copay Hospital based: Deductible then \$300 copay
SDC	Deductible then \$150 copay	Deductible then \$250 copay	Standard Cost: Deductible then covered in full Highest Cost: Deductible then \$1000 copay	Flex Provider: \$50 copay All Others: Deductible then \$300 copay
Inpatient	Deductible then \$250 copay	Deductible then \$550 copay	Standard Cost: Deductible then covered in full Highest Cost: Deductible then \$1000 copay	Deductible then \$200 copay
ER	\$300 copay	\$250 copay	\$250 copay	\$300 copay

*Premium Rate Comparison based off Q1 2020 MA Small Group Rate Filing, 21-year-old individual in the Boston area

**Benefit Comparison developed from Q1 2020 product grids, summary of benefits & coverage, benefit summaries & evidence of coverage documents

Q1 2020 Product Comparisons for MA – HMO \$1500 Deductible Plans



	Tufts Health Plan	BCBS of MA	Harvard Pilgrim Health Care
	Advantage HMO 1500	HMO Blue New England \$1,500 Deductible with HCCS	HMO 1500 - Flex
Premium Rate Comparison*	-	+9.9%	+4.5%
Benefit Comparison**			
Deductible (Ind/Fam)	\$1500 / \$3000	\$1500 / \$3000	\$1500 / \$3000
Medical and Rx OOP Max (Ind/Fam)	\$7000 / \$14000	\$5550 / \$11100	\$6500 / \$13000
Rx (30-Day Retail)	\$5/\$25/\$60/\$90/\$160	-/\$10/\$45/\$150/\$225	\$5/\$30/\$60/\$100/20% (\$250 max)
PCP/Specialist	\$25 / \$45 copay	\$25 / \$45 copay	\$25/\$50 copay
Telehealth	Covered in full (GM, BH, Derm)	\$25 copay	Covered in full
PT/OT/ST	\$40 copay	Standard Cost: Deductible then \$45 copay Highest Cost: Deductible then \$80 copay	Non-Hospital based: \$25 copay Hospital based: \$50 copay
Chiro/Acupuncture	Chiro: \$25 copay Acupuncture: \$25 copay (unlimited visits)	Chiro: \$45 copay Acupuncture: \$45 copay (12 visit limit)	Chiro: \$50 copay Acupuncture: \$50 copay (20 visit limit)
Labs	Deductible then \$25 copay	General Hospital & Other Providers: Deductible then \$35 copay Highest Cost: Deductible then \$70 copay	Flex Provider: Covered in full All Others: Deductible then \$45 copay
LTI/Diagnostic Testing	Deductible then \$50 copay	General Hospital & Other Providers: Deductible then \$35 copay Highest Cost: Deductible then \$135 copay	Deductible then \$45 copay
HTI	Deductible then \$150 copay	General Hospital & Other Providers: Deductible then \$75 copay Highest Cost: Deductible then \$525 copay	Non-Hospital based: \$200 copay Hospital based: Deductible then \$300 copay
SDC	Deductible then \$150 copay	Standard Cost: Deductible then covered in full Highest Cost: Deductible then \$1000 copay	Flex Provider: \$75 copay All Others: Deductible then \$300 copay
Inpatient	Deductible then \$250 copay	Standard Cost: Deductible then covered in full Highest Cost: Deductible then \$1000 copay	Deductible then \$250 copay
ER	\$300 copay	\$250 copay	\$300 copay

*Premium Rate Comparison based off Q1 2020 MA Small Group Rate Filing, 21-year-old individual in the Boston area

**Benefit Comparison developed from Q1 2020 product grids, summary of benefits & coverage, benefit summaries & evidence of coverage documents

Q1 2020 Product Comparisons for MA – HMO \$2000 Deductible Plans



	Tufts Health Plan				BCBS of MA		Harvard Pilgrim Health Care
	Advantage HMO 2000	Premier Gold 2000	Advantage Basic HMO 2000	Premier Silver 2000	HMO Blue New England \$2,000 Deductible	HMO Blue New England \$2,000 Deductible w HCCS	HMO 2000 - Flex
Premium Rate Comparison*	-	-3.8%	-14.5%	-15.6%	+12.6%	+5.6%	+2.4%
Benefit Comparison**							
Deductible (Ind/Fam)	\$2000 / \$4000	\$2000 / \$4000	\$2000 / \$4000	\$2000 / \$4000	\$2000 / \$4000	\$2000 / \$4000	\$2000 / \$5000
Rx Deductible	-	\$250 / \$500 (T2 & T3 Rx apply)	\$250/\$500 (excludes generic Rx)	\$250 / \$500 (only T3 Rx applies)	-	-	-
Medical and Rx OOP Max (Ind/Fam)	\$7000 / \$14000	\$5600 / \$11200	\$6500 / \$13000	\$8150 / \$16300	\$5550 / \$11100	\$5550 / \$11100	\$6500 / \$13000
Rx (30-Day Retail)	\$5/\$30/\$60/\$90/\$160	\$5/\$25/\$50/\$125	\$5/\$50/\$85/\$150/\$200	\$5/\$30/\$60/\$100	-\$10/\$45/\$150/\$225	-\$25/\$50/\$150/\$225	\$5/\$30/\$60/\$100/20% (\$250 max)
PCP/Specialist	\$25 / \$50 copay	\$30 / \$55 copay	\$50 / \$100 copay	\$50 / \$70 copay	\$25 / \$45 copay	\$25 / \$45 copay	\$25 / \$50 copay
Telehealth	Covered in full (GM, DM, Derm)	Covered in full (GM, BH, Derm)	Covered in full (GM, BH, Derm)	Covered in full (GM, BH, Derm)	\$25 copay	\$25 copay	Covered in full
PT/OT/ST	\$40 copay	\$55 copay	\$50 copay	\$50 copay	Deductible then \$45 copay	Standard Cost: Deductible then \$45 copay Highest Cost: Deductible then \$80 copay	Non-hospital based: \$25 copay Hospital based: Deductible then \$50 copay
Chiro/Acupuncture	Chiro: \$25 copay Acupuncture: \$25 copay (unlimited visits)	Chiro: \$30 copay Acupuncture: \$30 copay (unlimited visits)	Chiro: \$50 copay Acupuncture: \$50 copay (unlimited visits)	Chiro: \$50 copay Acupuncture: \$50 copay (unlimited visits)	Chiro: \$45 copay Acupuncture: \$45 copay (12 visit limit)	Chiro: \$45 copay Acupuncture: \$45 copay (12 visit limit)	Chiro: \$50 copay Acupuncture: \$50 copay (20 visit limit)
Labs	Deductible then \$25 copay	Deductible then \$50 copay	Deductible then \$80 copay	Deductible then \$75 copay	General Hospital: Deductible then \$60 copay Other Covered Providers: Deductible then covered in full	General Hospital & Other Providers: Deductible then \$35 copay Highest Cost: Deductible then \$70 copay	Flex Provider: Covered in full All Others: Deductible then \$45 copay
LTI/Diagnostic Testing	Deductible then \$50 copay	Deductible then \$75 copay	Deductible then \$80 copay	Deductible then \$75 copay	General Hospital: Deductible then \$100 copay Other Covered Providers: Deductible then covered in full	General Hospital & Other Providers: Deductible then \$35 copay Highest Cost: Deductible then \$135 copay	Deductible then \$45 copay
HTI	Deductible then \$125 copay	Deductible then \$300 copay	Deductible then \$500 copay	Deductible then \$500 copay	General Hospital: Deductible then \$300 copay Other Covered Providers: Deductible then \$50 copay	General Hospital & Other Providers: Deductible then \$50 copay Highest Cost: Deductible then \$500 copay	Non-Hospital: Deductible then \$200 copay Hospital based: Deductible then \$300 copay
SDC	Deductible then \$150 copay	Deductible then \$500 copay	Deductible then \$1000 copay	Deductible then \$500 copay	Deductible then covered in full	Standard Cost: Deductible then covered in full Highest Cost: Deductible then \$1000 copay	Flex Provider: \$75 copay All Others: Deductible then \$300 copay
Inpatient	Deductible then \$250 copay	Deductible then \$750 copay	Deductible then \$1000 copay	Deductible then \$1000 copay	Deductible then covered in full	Standard Cost: Deductible then covered in full Highest Cost: Deductible then \$1000 copay	Deductible then \$250 copay
ER	\$300 copay	Deductible then \$350 copay	Deductible then \$1000 copay	Deductible then \$350 copay	\$250 copay	\$150 copay	\$300 copay

*Premium Rate Comparison based off Q1 2020 MA Small Group Rate Filing, 21-year-old individual in the Boston area
 **Benefit Comparison developed from Q1 2020 product grids, summary of benefits & coverage, benefit summaries & evidence of coverage documents

HSA/Saver Plans

Q1 2020 Product Comparisons for MA – HMO Saver \$2000 Deductible Plans



	Tufts Health Plan	BCBS of MA	Harvard Pilgrim Health Care
	Advantage HMO Saver 2000	HMO Blue New England Saver \$2,000	HMO HSA 2000 - Flex
Premium Rate Comparison*	-	+7.4%	+3.6%
Benefit Comparison**			
Deductible (Ind/Fam)	\$2000 / \$4000 (Aggregate Family Deductible)	\$2000 / \$4000 (Aggregate Family Deductible)	\$2000 / \$4000 (Aggregate Family Deductible)
Medical and Rx OOP Max (Ind/Fam)	\$6750 / \$13500	\$6550 / \$13100	\$6850 / \$13700
Rx (30-Day Retail)	\$5/\$30/\$70/\$100/\$125 (Deductible applies first)	-\$10/\$45/\$175/\$250 (Deductible applies first)	\$5/\$30/\$80/\$120/20% (\$500 max) (Deductible applies first)
PCP/Specialist	Deductible then covered in full / Deductible then \$35 copay	Deductible then \$25 copay / Deductible then \$45 copay	Deductible then \$35 copay / Deductible then \$55 copay
Telehealth	Deductible then covered in full (GM, BH, Derm)	Deductible then \$25 copay	Deductible then covered in full
PT/OT/ST	Deductible then covered in full	Deductible then \$40 copay	Non-Hospital based: Deductible then \$35 copay Hospital based: Deductible then \$55 copay
Chiro/Acupuncture	Chiro: Deductible then covered in full Acupuncture: Deductible then covered in full (unlimited visits)	Chiro: Deductible then \$45 copay Acupuncture: Deductible then \$45 copay (12 visit limit)	Chiro: Deductible then \$50 copay Acupuncture: Deductible then \$50 copay (20 visit limit)
Labs	Deductible then \$30 copay	General Hospital: Deductible then \$60 copay Other Covered Providers: Deductible then covered in full	Flex Provider: Deductible then covered in full All Others: Deductible then \$55 copay
LTI/Diagnostic Testing	Deductible then \$30 copay	General Hospital: Deductible then \$100 copay Other Covered Providers: Deductible then covered in full	Deductible then \$55 copay
HTI	Deductible then covered in full	General Hospital: Deductible then \$400 copay Other Covered Providers: Deductible then \$75 copay	Non-Hospital based: Deductible then \$200 copay Hospital based: Deductible then \$400 copay
SDC	Deductible then \$150 copay	Deductible then \$250 copay	Flex Provider: Deductible then covered in full All Others: Deductible then \$250 copay
Inpatient	Deductible then \$250 copay	Deductible then \$250 copay	Deductible then \$500 copay
ER	Deductible then \$200 copay	Deductible then \$250 copay	Deductible then \$400 copay

*Premium Rate Comparison based off Q1 2020 MA Small Group Rate Filing, 21-year-old individual in the Boston area

**Benefit Comparison developed from Q1 2020 product grids, summary of benefits & coverage, benefit summaries & evidence of coverage documents

Q1 2020 Product Comparisons for MA – HMO Saver \$3000 Deductible Plans



	Tufts Health Plan	BCBS of MA		Harvard Pilgrim Health Care
	Advantage HMO Saver 3000	HMO Blue New England Saver \$3,000	HMO Blue New England Saver \$3,000 with HCCS	HMO HSA 3000 - Flex
Premium Rate Comparison*	-	+9.5%	+3.5%	+2.0%
Benefit Comparison**				
Deductible (Ind/Fam)	\$3000 / \$6000 (Embedded Family Deductible)	\$3000 / \$6000 (Embedded Family Deductible)	\$3000 / \$6000 (Embedded Family Deductible)	\$3000 / \$6000 (Embedded Family Deductible)
Medical and Rx OOP Max (Ind/Fam)	\$6750 / \$13500	\$6550 / \$13100	\$6750 / \$13500	\$6850 / \$13700
Rx (30-Day Retail)	\$5/\$40/\$70/\$100/\$125 (Deductible applies first)	-\$10/\$45/\$150/\$225 (Deductible applies first)	-\$10/\$45/\$150/\$225 (Deductible applies first)	\$5/\$30/\$80/\$120/20% (\$500 max) (Deductible applies first)
PCP/Specialist	Deductible then \$15 copay / Deductible then \$30 copay	Deductible then \$35 copay / Deductible then \$50 copay	Deductible then \$35 copay / Deductible then \$50 copay	Deductible then \$35 copay / Deductible then \$55 copay
Telehealth	Deductible then covered in full (GM, BH, Derm)	Deductible then \$35 copay	Deductible then \$35 copay	Deductible then covered in full
PT/OT/ST	Deductible then covered in full	Deductible then \$50 copay	Deductible then \$50 copay	Non-Hospital based: Deductible then \$35 copay Hospital based: Deductible then \$55 copay
Chiro/Acupuncture	Chiro: Deductible then \$15 copay Acupuncture: Deductible then \$15 copay (unlimited visits)	Chiro: Deductible then \$50 copay Acupuncture: Deductible then \$50 copay (12 visit limit)	Chiro: Deductible then \$50 copay Acupuncture: Deductible then \$50 copay (12 visit limit)	Chiro: Deductible then \$50 copay Acupuncture: Deductible then \$50 copay (20 visit limit)
Labs	Deductible then \$25 copay	General Hospital: Deductible then \$35 copay Other Covered Providers: Deductible then covered in full	General Hospital: Deductible then covered in full/Deductible then \$35 copay Other Covered Providers: Deductible then covered in full	Flex Provider: Deductible then covered in full All Others: Deductible then \$55 copay
LTI/Diagnostic Testing	Deductible then \$25 copay	General Hospital: Deductible then \$35 copay Other Covered Providers: Deductible then covered in full	General Hospital: Deductible then covered in full/Deductible then \$100 copay Other Covered Providers: Deductible then covered in full	Deductible then \$55 copay
HTI	Deductible then covered in full	General Hospital: Deductible then \$150 copay Other Covered Providers: Deductible then covered in full	General Hospital: Deductible then covered in full/Deductible then \$450 copay Other Covered Providers: Deductible then covered in full	Non-hospital based: Deductible then \$200 copay Hospital based: Deductible then \$400 copay
SDC	Deductible then \$150 copay	Deductible then covered in full	Standard Cost: Deductible then covered in full Highest Cost: Deductible then \$1000 copay	Flex Provider: Deductible then covered in full All Others: Deductible then \$250 copay
Inpatient	Deductible then \$200 copay	Deductible then covered in full	Standard Cost: Deductible then covered in full Highest Cost: Deductible then \$1000 copay	Deductible then \$500 copay
ER	Deductible then \$150 copay	Deductible then \$250 copay	Deductible then \$250 copay	Deductible then \$400 copay

*Premium Rate Comparison based off Q1 2020 MA Small Group Rate Filing, 21-year-old individual in the Boston area

**Benefit Comparison developed from Q1 2020 product grids, summary of benefits & coverage, benefit summaries & evidence of coverage documents

Q1 2020 Product Comparisons for MA – HMO Saver \$3000+ Deductible Plans



	Tufts Health Plan	BCBS of MA	Harvard Pilgrim Health Care
	Advantage HMO Saver 3500	HMO Blue New England Saver \$4,500	HMO HSA 3400 - Flex
Premium Rate Comparison*	-	+14.8%	+10.2%
Benefit Comparison**			
Deductible (Ind/Fam)	\$3500 / \$7000 (Embedded Family Deductible)	\$4500 / \$9000 (Embedded Family Deductible)	\$3400 / \$6800 (Embedded Family Deductible)
Medical and Rx OOP Max (Ind/Fam)	\$6900 / \$13800	\$6850 / \$13700	\$6850 / \$13700
Rx (30-Day Retail)	\$5/\$50/\$75/\$150/\$200 (Deductible applies first)	-\$10/\$45/\$175/\$250 (Deductible applies first)	\$5/\$30/50%/50%/50% (T3= \$125 max, T4= \$250 max, T5= \$500 max) (Deductible applies first)
PCP/Specialist	Deductible then \$45 copay / Deductible then \$75 copay	Deductible then \$35 copay / Deductible then \$50 copay	Deductible then \$40 copay / Deductible then \$65 copay
Telehealth	Deductible then covered in full (GM, BH, Derm)	Deductible then \$35 copay	Deductible then covered in full
PT/OT/ST	Deductible then \$75 copay	Deductible then \$50 copay	Non-Hospital based: Deductible then \$40 copay Hospital based: Deductible then \$65 copay
Chiro/Acupuncture	Chiro: Deductible then \$45 copay Acupuncture: Deductible then \$45 copay (unlimited visits)	Chiro: Deductible then \$50 copay Acupuncture: Deductible then \$50 copay (12 visit limit)	Chiro: Deductible then \$50 copay Acupuncture: Deductible then \$50 copay (20 visit limit)
Labs	Deductible then \$80 copay	General Hospital: Deductible then \$35 copay Other Covered Providers: Deductible then covered in full	Flex Provider: Deductible then covered in full All Others: Deductible then \$65 copay
LTI/Diagnostic Testing	Deductible then \$80 copay	General Hospital: Deductible then \$35 copay Other Covered Providers: Deductible then covered in full	Deductible then \$65 copay
HTI	Deductible then \$300 copay	General Hospital: Deductible then \$150 copay Other Covered Providers: Deductible then covered in full	Non-hospital based: Deductible then \$500 copay Hospital based: Deductible then \$1000 copay
SDC	Deductible then \$500 copay	Deductible then \$250 copay	Flex Provider: Deductible then \$250 copay All Others: Deductible then \$1000 copay
Inpatient	Deductible then \$750 copay	Deductible then \$250 copay	Deductible then 20% coinsurance
ER	Deductible then \$300 copay	Deductible then \$250 copay	Deductible then \$750 copay

*Premium Rate Comparison based off Q1 2020 MA Small Group Rate Filing, 21-year-old individual in the Boston area

**Benefit Comparison developed from Q1 2020 product grids, summary of benefits & coverage, benefit summaries & evidence of coverage documents

PPO Plans

Q1 2020 Product Comparisons for MA – PPO \$1000 Deductible Plans



	Tufts Health Plan	BCBS of MA		Harvard Pilgrim Health Care
	Advantage PPO 1000	Preferred Blue® PPO \$1,000 Deductible	Preferred Blue® PPO \$1,000 Deductible with HCCS	PPO 1000 - Flex
Premium Rate Comparison*	-	+6.6%	+2.8%	-4.4%
In-Network Benefit Comparison**				
Deductible (Ind/Fam)	\$1000 / \$2000	\$1000 / \$2500	\$1000 / \$2500	\$1000 / \$2500
Medical and Rx OOP Max (Ind/Fam)	\$7000 / \$14000	\$7500 / \$15000	\$7500 / \$15000	\$6500 / \$13000
Rx (30-Day Retail)	\$5/\$25/\$60/\$90/\$160	-\$10/\$45/\$150/\$225	-\$10/\$45/\$150/\$225	\$5/\$30/\$60/\$100/20% (\$250 max)
PCP/Specialist	Deductible then \$25 copay	Deductible then \$25 copay / Deductible then \$45 copay	Deductible then \$25 copay / Deductible then \$45 copay	\$25 / \$50 copay
Telehealth	Covered in full (GM, BH, Derm)	Deductible then \$25 copay	Deductible then \$25 copay	Covered in full
PT/OT/ST	Deductible then \$25 copay	Deductible then \$45 copay	General Hospital: Deductible then \$45/\$80 copay Other Covered Providers: Deductible then \$45 copay	Non-hospital based: \$25 copay Hospital based: \$50 copay
Chiro/Acupuncture	Chiro: Deductible then \$25 copay Acupuncture: Deductible then \$25 copay (unlimited visits)	Chiro: Deductible then \$45 copay Acupuncture: Deductible then \$45 copay (12 visit limit)	Chiro: Deductible then \$45 copay Acupuncture: Deductible then \$45 copay (12 visit limit)	Chiro: \$50 copay Acupuncture: \$50 copay (20 visit limit)
Labs	Deductible then \$25 copay	General Hospital: Deductible then \$60 copay Other Covered Providers: Deductible then covered in full	General Hospital: Deductible then \$35/\$70 copay Other Covered Providers: Deductible then \$35 copay	Flex Provider: Covered in full All Others: Deductible then \$45 copay
LTI/Diagnostic Testing	Deductible then \$50 copay	General Hospital: Deductible then \$80 copay Other Covered Providers: Deductible then covered in full	General Hospital: Deductible then \$35/\$135 copay Other Covered Providers: Deductible then \$35 copay	Deductible then \$45 copay
HTI	Deductible then \$125 copay	General Hospital: Deductible then \$120 copay Other Covered Providers: Deductible then covered in full	General Hospital: Deductible then \$75/\$525 copay Other Covered Providers: Deductible then \$75 copay	Non-Hospital based: \$200 copay Hospital based: Deductible then \$300 copay
SDC	Deductible then \$100 copay	Deductible then \$250 copay	Standard Cost: Deductible then \$250 copay Highest Cost: Deductible then \$1250 copay	Flex Provider: \$50 copay All Others: Deductible then \$300 copay
Inpatient	Deductible then \$200 copay	Deductible then \$500 copay	Standard Cost: Deductible then \$500 copay Highest Cost: Deductible then \$1500 copay	Deductible then \$200 copay
ER	Deductible then \$300 copay	Deductible then \$200 copay	Deductible then \$200 copay	\$300 copay

*Premium Rate Comparison based off Q1 2020 MA Small Group Rate Filing, 21-year-old individual in the Boston area

**Benefit Comparison developed from Q1 2020 product grids, summary of benefits & coverage, benefit summaries & evidence of coverage documents

Q1 2020 Product Comparisons for MA – PPO \$2000 Deductible Plans



	Tufts Health Plan	BCBS of MA		Harvard Pilgrim Health Care
	Advantage PPO 2000	Preferred Blue® PPO \$2,000 Deductible	Preferred Blue® PPO \$2,000 Deductible with HCCS	PPO 2000 - Flex
Premium Rate Comparison*	-	+9.1%	+6.1%	+4.0%
<i>In-Network Benefit Comparison**</i>				
Deductible (Ind/Fam)	\$2000 / \$4000	\$2000 / \$4000	\$2000 / \$4000	\$2000 / \$4000
Medical and Rx OOP Max (Ind/Fam)	\$8000 / \$16000	\$6850 / \$13700	\$6000 / \$12000	\$6500 / \$13000
Rx (30-Day Retail)	\$5/\$30/\$65/\$100/\$160	-\$/10/\$45/\$150/\$225	-\$/10/\$45/\$150/\$225	\$5/\$30/\$60/\$100/20% (\$250 max)
PCP/Specialist	Deductible then \$35 copay	Deductible then \$35 copay / Deductible then \$45 copay	Deductible then \$35 copay / Deductible then \$45 copay	\$25 / \$50 copay
Telehealth	Covered in full (GM, BH, Derm)	Deductible then \$35 copay	Deductible then \$35 copay	Covered in full
PT/OT/ST	Deductible then \$35 copay	Deductible then \$45 copay	General Hospital: Deductible then \$45/\$80 copay Other Covered Providers: Deductible then \$45 copay	Non-hospital based: \$25 copay Hospital based: Deductible then \$50 copay
Chiro/Acupuncture	Chiro: Deductible then \$35 copay Acupuncture: Deductible then \$35 copay (unlimited visits)	Chiro: Deductible then \$45 copay Acupuncture: Deductible then \$45 copay (12 visit limit)	Chiro: Deductible then \$45 copay Acupuncture: Deductible then \$45 copay (12 visit limit)	Chiro: \$50 copay Acupuncture: \$50 copay (20 visit limit)
Labs	Deductible then \$35 copay	General Hospital: Deductible then \$60 copay Other Covered Providers: Deductible then covered in full	General Hospital: Deductible then \$35/\$70 copay Other Covered Providers: Deductible then \$35 copay	Flex Provider: Covered in full All Others: Deductible then \$45 copay
LTI/Diagnostic Testing	Deductible then \$50 copay	General Hospital: Deductible then \$100 copay Other Covered Providers: Deductible then covered in full	General Hospital: Deductible then \$35/\$135 copay Other Covered Providers: Deductible then \$35 copay	Deductible then \$45 copay
HTI	Deductible then \$125 copay	General Hospital: Deductible then \$400 copay Other Covered Providers: Deductible then \$75 copay	General Hospital: Deductible then \$250/\$700 copay Other Covered Providers: Deductible then \$250 copay	Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay
SDC	Deductible then \$200 copay	Deductible then \$250 copay	Standard Cost: Deductible then \$250 copay Highest Cost: Deductible then \$1250 copay if done at high cost hospital	Flex Provider: \$75 copay All Others: Deductible then \$300 copay
Inpatient	Deductible then \$250 copay	Deductible then \$250 copay	Standard Cost: Deductible then \$500 copay Highest Cost: Deductible then \$1500 copay if done at high cost hospital	Deductible then \$250 copay
ER	Deductible then \$300 copay	Deductible then \$250 copay	Deductible then \$250 copay	\$300 copay

*Premium Rate Comparison based off Q1 2020 MA Small Group Rate Filing, 21-year-old individual in the Boston area

**Benefit Comparison developed from Q1 2020 product grids, summary of benefits & coverage, benefit summaries & evidence of coverage documents