



2021 MA SMALL GROUP PLAN CHANGES



2021 MA Small Group – Overview of Plan Changes

Tufts Health Plan is making a number of benefit changes to both new and renewing small group plans, effective upon renewal on or after January 1, 2021. These changes described below are reflected in the 2020-21 plan comparison grid enclosed. We are making these changes to help lower premiums for employers and members, and to better manage increasing pharmacy costs associated with new-to-market and specialty drugs. Please note that although we are making benefit changes/modifications to existing plans, your existing plan is not being discontinued.

Deductible, Coinsurance & Out-of-Pocket Maximum

We have made changes to the deductible, coinsurance, and out-of-pocket maximum associated with some of our plans.

Prescription Drug

We have made changes to pharmacy copays for some of our plans. We encourage you to review our full drug formulary on our website to familiarize yourself with all pharmacy changes. This information is available on the Pharmacy page at www.tuftshealthplan.com.

Copayments

We have adjusted copays on some of our plans for primary care and specialist visits, urgent care, therapy services (physical, occupational and speech), testing (laboratory, diagnostic, and imaging), inpatient and outpatient procedures, and emergency services.

Enhanced Diabetic Coverage

In order to provide cost relief for diabetic members, we will be moving insulin pumps (non-disposable only) from traditional Durable Medical Equipment (DME) cost share to a cost share determined by plan design (e.g. deductible then covered in full).

Low Protein Foods

Low protein foods will now be covered in full for all plans, except Saver plans. Saver plan members must meet their deductible first.

Medical Injectables

Medical injectables will now be covered and cost share will be determined by plan design (e.g. deductible then covered in full). The additional copay of \$50 has been eliminated.

Oral Chemotherapy

Oral chemotherapy will now be covered in full for all plans, except Saver plans. Saver plan members must meet their deductible first.

Telehealth (through Teladoc) on Saver Plans

Due to the Cares Act, Telehealth virtual health care services (powered by Teladoc) will continue to be covered in full on Saver plans.

State Mandates

Behavioral Health Services for Children and Adolescents (Part A effective 7/1/19; Part B effective 1/1/2021)

Per MA DOI Bulletin 2018-07, insurers must include specific intermediate care and outpatient coverage on a non-discriminatory basis for the diagnosis and treatment of child-adolescent mental health disorders which substantially interfere with or substantially limit the functioning and social interactions of the child or adolescent. These services include in-home behavioral services, family support and training, in-home therapy, therapeutic mentoring services, mobile crisis intervention, intensive care coordination, community-based acute treatment for children and adolescents (CBAT), intensive community-based treatment for children and adolescents (ICBAT). Most of these services must be covered for new and renewing groups and individuals on or after 7/1/2019. Two of these services need to be covered for new and renewing groups and individuals on or after 1/1/2021. Those two services are: (1) Family Support and Training and (2) Therapeutic Mentoring Services.

New Plans

We are offering twelve new plans effective January 1, 2021, including: Advantage HMO 4000, Advantage HMO 5000, Select Advantage HMO 3000, Select Advantage HMO 4000, Select Advantage HMO 5000, Advantage PPO 1500 (90%), Advantage PPO 4000, Advantage PPO 5000, Advantage PPO Saver 5000, Advantage PPO Saver 6900, Premier Silver Saver PPO 4000, Premier Gold.

Important Information for MA Small Group Employers

Renewal Notice

In accordance with regulations set forth by Health and Human Services, we're notifying you through this newsletter that your health insurance policy will be renewed on your renewal effective date. We will issue our renewal proposals as rates become available. Your broker will forward this information to you once it is received from our Client Services team. If you're not working with a broker, we'll provide this information directly to you.

Beginning with renewals and new business with effective dates of January 1, 2021 and forward, we have made a number of benefit changes to our existing MA small group plans. You will want to refer to the plan changes in this brochure to learn more about your benefit updates.

Your health insurance policy will be renewed on your renewal effective date.

At the end of your current policy year, we will automatically enroll you in the same policy group number, but please review the Summary of Benefits and Coverage for your upcoming plan year to check for any changes as we may have made some modifications to the coverage you had last year. You can also review the plan changes in this notification to understand updates made to your plan. If you wish to choose a different policy, you may choose to enroll in one of our other policies or any other coverage offered in the state for which you are eligible.

What do I need to do?

There is nothing you are required to do. At the end of your current policy year, we will automatically enroll you in the 2020 version of your current policy. Please refer to the plan changes in this brochure to understand your benefit updates.

What if I want to choose a different policy?

If you wish to choose a different policy, please let Tufts Health Plan or your broker know which plan you would like to select and fill out our Renewal Confirmation Form, which is included in our renewal proposal package. To ensure that your enrollees do not have a break in coverage, you must enroll in a new policy on or before the effective date of your renewal.

You have options and rights for getting quality, affordable health insurance.

Small businesses may shop in the Small Business Health Options Program (SHOP) Marketplace through the Massachusetts Commonwealth Connector in Massachusetts. Coverage sold through these Marketplaces meets certain standards. However, review your options as soon as possible as you may be required to buy your coverage within a limited time period.

The Marketplace allows you to choose a private plan that fits your budget and health care needs. You may also qualify for tax credits to help you afford health insurance coverage through the Marketplace. No one who is qualified to purchase coverage through the Marketplace can be turned away or charged more because of a pre-existing condition.

How can I learn more?

If you have questions, please contact your Account Manager at 617-668-5444. To learn more about the Health Insurance Marketplaces and protections under the Affordable Care Act, visit mahealthconnector.org.

Plan Name	Metallic Tier	Member Coins (IN / OON)	Deductible (IND / FAM)	OOPM (IND / FAM) Combined Med/Rx	PCP	Specialist	UCC ***	PT/OT/ST	Chiro	Lab Testing	LTI	HTI	Outpatient Procedures	Inpatient Hospital	ER	LCG	Rx Tier 1	Rx Tier 2	Rx Tier 3	Rx Tier 4	Rx Coins Max **	Rx Deductible (IND / FAM)
HMO Copay Plans																						
HMO Basic - 2020	Platinum	0%	N/A	\$4,000 / \$8,000	\$30	\$30	\$40	\$30	\$30	CIF	\$30	\$100	\$500	\$500	\$200	\$5	\$25	\$40	\$70	\$150	N/A	N/A
HMO Basic - 2021	Platinum	0%	N/A	\$3,750 / \$7,500	\$30	\$30	\$40	\$30	\$30	CIF	\$30	\$100	\$500	\$500	\$200	\$5	\$25	\$60	\$90	\$160	N/A	N/A
HMO Deductible Plans																						
Advantage HMO 500 - 2020	Gold	0%	\$500 / \$1,000	\$6,000 / \$12,000	\$25	\$45	\$40	\$40	\$25	\$20	\$40	\$100	Ded then \$150	Ded then \$200	\$250	\$5	\$25	\$60	\$90	\$135	N/A	N/A
Advantage HMO 500 - 2021	Gold	0%	\$500 / \$1,000	\$7,000 / \$14,000	\$25	\$45	\$40	\$40	\$25	\$20	\$40	\$100	Ded then \$150	Ded then \$200	\$250	\$5	\$25	\$60	\$90	\$160	N/A	N/A
Advantage HMO 1000 - 2020	Gold	0%	\$1,000 / \$2,000	\$7,000 / \$14,000	\$25	\$45	\$40	\$40	\$25	\$25	Ded then \$50	Ded then \$125	Ded then \$150	Ded then \$250	\$300	\$5	\$25	\$60	\$90	\$160	N/A	N/A
Advantage HMO 1000 - 2021	Gold	0%	\$1,000 / \$2,000	\$7,000 / \$14,000	\$25	\$45	\$40	\$40	\$25	\$25	Ded then \$50	Ded then \$125	Ded then \$150	Ded then \$250	\$300	\$5	\$25	\$60	\$90	\$160	N/A	N/A
Advantage HMO 1500 - 2020	Gold	0%	\$1,500 / \$3,000	\$7,000 / \$14,000	\$25	\$45	\$40	\$40	\$25	Ded then \$25	Ded then \$50	Ded then \$125	Ded then \$150	Ded then \$250	\$300	\$5	\$25	\$60	\$90	\$160	N/A	N/A
Advantage HMO 1500 - 2021	Gold	0%	\$1,500 / \$3,000	\$7,000 / \$14,000	\$25	\$45	\$40	\$40	\$25	Ded then \$25	Ded then \$50	Ded then \$125	Ded then \$150	Ded then \$250	\$300	\$5	\$25	\$60	\$90	\$160	N/A	N/A
Advantage HMO 2000 - 2020	Gold	0%	\$2,000 / \$4,000	\$7,000 / \$14,000	\$25	\$50	\$40	\$40	\$25	Ded then \$25	Ded then \$50	Ded then \$125	Ded then \$150	Ded then \$250	\$300	\$5	\$30	\$60	\$90	\$160	N/A	N/A
Advantage HMO 2000 - 2021	Gold	0%	\$2,000 / \$4,000	\$7,000 / \$14,000	\$25	\$50	\$40	\$40	\$25	Ded then \$25	Ded then \$50	Ded then \$125	Ded then \$150	Ded then \$250	\$300	\$5	\$30	\$60	\$90	\$160	N/A	N/A
Advantage HMO 2500 - 2020	Gold	0%	\$2,500 / \$5,000	\$6,500 / \$13,000	\$30	\$50	\$40	\$45	\$30	Ded then \$30	Ded then \$50	Ded then \$150	Ded then \$250	Ded then \$500	\$300	\$5	\$30	\$70	\$110	\$160	N/A	N/A
Advantage HMO 2500 - 2021	Gold	0%	\$2,500 / \$5,000	\$6,500 / \$13,000	\$30	\$50	\$40	\$45	\$30	Ded then \$30	Ded then \$50	Ded then \$150	Ded then \$250	Ded then \$500	\$300	\$5	\$30	\$70	\$110	\$160	N/A	N/A
Advantage HMO 3000 - 2020	Silver	0%	\$3,000 / \$6,000	\$8,150 / \$16,300	\$40	\$60	\$40	\$45	\$40	Ded then \$75	Ded then \$75	Ded then \$300	Ded then \$350	Ded then \$500	Ded then \$350	\$5	\$40	\$85	\$110	10%	\$250	N/A
Advantage HMO 3000 - 2021	Silver	0%	\$3,000 / \$6,000	\$8,550 / \$17,100	\$40	\$60	\$40	\$45	\$40	Ded then \$75	Ded then \$75	Ded then \$300	Ded then \$350	Ded then \$500	Ded then \$350	\$5	\$35	\$85	\$110	10%	\$250	N/A
Advantage Basic HMO 2000 - 2020	Silver	0%	\$2,000 / \$4,000	\$6,500 / \$13,000	\$50	\$100	\$100	\$50	\$50	Ded then \$80	Ded then \$80	Ded then \$500	Ded then \$1,000	Ded then \$1,000	Ded then \$1,000	\$5	\$50	Rx Ded then \$85	Rx Ded then \$150	Rx Ded then \$200	N/A	\$250 / \$500
Advantage Basic HMO 2000 - 2021	Silver	0%	\$2,000 / \$4,000	\$8,550 / \$17,100	\$50	\$100	\$100	\$50	\$50	Ded then \$80	Ded then \$80	Ded then \$500	Ded then \$1,000	Ded then \$1,000	Ded then \$1,000	\$5	\$50	Rx Ded then \$85	Rx Ded then \$150	Rx Ded then 10%	\$250	\$250 / \$500
Essential Advantage HMO 2000 - 2020	Gold	0%	\$2,000 / \$4,000	\$6,000 / \$12,000	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	\$5	\$35	\$75	\$100	\$150	N/A	N/A
Essential Advantage HMO 2000 - 2021	Gold	0%	\$2,000 / \$4,000	\$6,000 / \$12,000	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	\$5	\$35	\$85	\$110	10%	\$250	N/A
Essential Advantage HMO 2500 - 2020	Gold	0%	\$2,500 / \$5,000	\$6,500 / \$13,000	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	\$5	\$35	\$85	\$100	\$150	N/A	N/A
Essential Advantage HMO 2500 - 2021	Gold	0%	\$2,500 / \$5,000	\$6,500 / \$13,000	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	\$5	\$35	\$85	\$110	10%	\$250	N/A
Balanced Advantage HMO 1250 - 2020 - Closed	Gold	20%	\$1,250 / \$2,500	\$5,000 / \$10,000	\$25	\$45	\$40	\$45	\$15	\$40	Ded then \$60	Ded then \$200	Ded then 20%	Ded then 20%	\$250	\$5	\$20	\$75	\$100	\$150	N/A	N/A
Advantage HMO 1500 - 2021 - New	Gold	0%	\$1,500 / \$3,000	\$7,000 / \$14,000	\$25	\$45	\$40	\$40	\$25	Ded then \$25	Ded then \$50	Ded then \$150	Ded then \$150	Ded then \$250	\$300	\$5	\$25	\$60	\$90	\$160	N/A	N/A
Balanced Advantage HMO 1750 - 2020 - Closed	Gold	20%	\$1,750 / \$3,500	\$5,000 / \$10,000	\$20	\$50	\$40	\$40	\$20	\$25	Ded then \$60	Ded then \$200	Ded then 20%	Ded then 20%	\$250	\$5	\$20	\$75	\$100	\$150	N/A	N/A
Advantage HMO 2000 - 2021	Gold	0%	\$2,000 / \$4,000	\$7,000 / \$14,000	\$25	\$50	\$40	\$40	\$25	Ded then \$25	Ded then \$50	Ded then \$125	Ded then \$150	Ded then \$250	\$300	\$5	\$30	\$60	\$90	\$160	N/A	N/A
Advantage HMO 4000 - 2021 - New	Silver	0%	\$4,000 / \$8,000	\$8,550 / \$17,100	\$40	\$60	\$40	\$45	\$40	Ded then \$75	Ded then \$75	Ded then \$300	Ded then \$350	Ded then \$500	Ded then \$350	\$5	\$40	\$85	\$110	10%	\$250	N/A
Advantage HMO 5000 - 2021 - New	Silver	0%	\$5,000 / \$10,000	\$8,550 / \$17,100	\$40	\$60	\$40	\$45	\$40	Ded then \$75	Ded then \$75	Ded then \$300	Ded then \$350	Ded then \$500	Ded then \$350	\$5	\$40	\$85	\$110	10%	\$250	N/A

These charts provide benefit highlights for general comparison purposes only. There are also services that the plans do not cover. Please refer to the Summary of Benefits and Coverage (SBC) or your Evidence of Coverage (EOC) for complete information.
All 2021 small group plans meet Minimum Creditable Coverage (MCC) standards for MA employees.
All 2021 small group plans meet Medicare Part D Creditable Coverage when Medicare is the primary payer, except for Advantage PPO Saver 6900.
Select Network plans have a limited service area that excludes Berkshire, Dukes, and Nantucket counties.
Tier 1 on all Your Choice plans includes free-standing facilities.
All 2021 small group plans include coverage for acupuncture, with no visit or dollar limits. Cost share mirrors that of chiro.
*Per IRS regulation, this Saver plan does not feature an embedded family deductible. An individual member of a family plan may need to meet the full family deductible.
**Rx Coins Max is the maximum amount of coinsurance a member would pay per fill for drugs in any tier with coinsurance. The amounts on this grid represent the maximum coinsurance for a 30-day supply. The maximum Rx coinsurance for a 60-day or 90-day supply (if allowed) is 2x and 3x the 30-day amount, respectively.
***Urgent Care Center cost share applies to non-hospital affiliated centers.

LTI: Low-Tech Imaging (services such as X-rays)
HTI: High-Tech Imaging (services such as MRI, CT Scan, PET Scan)
OOPM: Out-of-Pocket Maximum
CIF: Covered-in-Full
OON: Out-of-Network
PCP: Primary Care Physician
LCG: Low Cost Generic
PT/OT/ST: Physical Therapy, Occupational Therapy, Speech Therapy
ER: Emergency Room
UCC: Urgent Care Center

Plan Name	Metallic Tier	Member Coins (IN / OON)	Deductible (IND / FAM)	OOPM (IND / FAM) Combined Med/Rx	PCP	Specialist	UCC ***	PT/OT/ST	Chiro	Lab Testing	LTI	HTI	Outpatient Procedures	Inpatient Hospital	ER	LCG	Rx Tier 1	Rx Tier 2	Rx Tier 3	Rx Tier 4	Rx Coins Max **	Rx Deductible (IND / FAM)
HMO Coinsurance / Low Option Plans																						
Advantage HMO 1500 Low Option - 2020	Gold	10%	\$1,500 / \$3,000	\$6,000 / \$12,000	\$35	\$60	\$40	\$60	\$35	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Rx Ded then \$5	Rx Ded then \$35	Rx Ded then \$85	Rx Ded then \$100	Rx Ded then 10%	\$250	\$250 / \$500
Advantage HMO 1500 (90%) - 2021	Gold	10%	\$1,500 / \$3,000	\$8,550 / \$17,100	\$35	\$60	\$40	\$45	\$35	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	\$5	\$35	Rx Ded then \$85	Rx Ded then \$100	Rx Ded then 10%	\$250	\$250 / \$500
Advantage HMO 2000 (80%) - 2020	Gold	20%	\$2,000 / \$4,000	\$6,000 / \$12,000	\$35	\$50	\$40	\$35	\$35	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then \$250	\$5	\$30	\$80	\$100	10%	\$500	N/A
Advantage HMO 2000 (80%) - 2021	Gold	20%	\$2,000 / \$4,000	\$8,550 / \$17,100	\$35	\$60	\$40	\$45	\$35	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then \$250	\$5	\$35	Rx Ded then \$85	Rx Ded then \$100	Rx Ded then 10%	\$250	\$250 / \$500
HMO Saver Plans (HSA-Qualified)																						
Advantage HMO Saver 1500 - 2020 - Closed	Silver	0%	\$1,500 / \$3,000 *	\$6,750 / \$13,500	Ded then \$20	Ded then \$40	Ded	Ded then \$30	Ded then \$30	Ded then \$20	Ded then \$20	Ded then \$50	Ded then \$75	Ded then \$150	Ded then \$75	Ded then \$5	Ded then \$25	Ded then \$60	Ded then \$100	Ded then \$125	N/A	Combined
Advantage HMO Saver 2500 - 2021 - New	Silver	0%	\$2,500 / \$5,000 *	\$6,900 / \$13,800	Ded	Ded then \$35	Ded	Ded	Ded	Ded then \$35	Ded then \$35	Ded	Ded then \$200	Ded then \$300	Ded then \$200	Ded then \$5	Ded then \$30	Ded then \$70	Ded then \$100	Ded then \$125	N/A	Combined
Advantage HMO Saver 2000 - 2020	Silver	0%	\$2,000 / \$4,000 *	\$6,750 / \$13,500	Ded	Ded then \$35	Ded	Ded	Ded	Ded then \$30	Ded then \$30	Ded	Ded then \$150	Ded then \$250	Ded then \$200	Ded then \$5	Ded then \$30	Ded then \$70	Ded then \$100	Ded then \$125	N/A	Combined
Advantage HMO Saver 2000 - 2021	Silver	0%	\$2,000 / \$4,000 *	\$6,900 / \$13,800	Ded	Ded then \$35	Ded	Ded	Ded	Ded then \$35	Ded then \$35	Ded	Ded then \$200	Ded then \$300	Ded then \$200	Ded then \$5	Ded then \$30	Ded then \$70	Ded then \$100	Ded then \$125	N/A	Combined
Advantage HMO Saver 2500 - 2020	Silver	0%	\$2,500 / \$5,000 *	\$6,750 / \$13,500	Ded	Ded then \$35	Ded	Ded	Ded	Ded then \$25	Ded then \$25	Ded	Ded then \$100	Ded then \$200	Ded then \$100	Ded then \$5	Ded then \$30	Ded then \$70	Ded then \$100	Ded then \$125	N/A	Combined
Advantage HMO Saver 2500 - 2021	Silver	0%	\$2,500 / \$5,000 *	\$6,900 / \$13,800	Ded	Ded then \$35	Ded	Ded	Ded	Ded then \$35	Ded then \$35	Ded	Ded then \$200	Ded then \$300	Ded then \$200	Ded then \$5	Ded then \$30	Ded then \$70	Ded then \$100	Ded then \$125	N/A	Combined
Advantage HMO Saver 3000 - 2020	Silver	0%	\$3,000 / \$6,000	\$6,750 / \$13,500	Ded then \$15	Ded then \$30	Ded	Ded	Ded then \$15	Ded then \$25	Ded then \$25	Ded	Ded then \$150	Ded then \$200	Ded then \$150	Ded then \$5	Ded then \$40	Ded then \$70	Ded then \$100	Ded then \$125	N/A	Combined
Advantage HMO Saver 3000 - 2021	Silver	0%	\$3,000 / \$6,000	\$6,900 / \$13,800	Ded then \$15	Ded then \$30	Ded	Ded	Ded then \$15	Ded then \$35	Ded then \$35	Ded	Ded then \$200	Ded then \$300	Ded then \$200	Ded then \$5	Ded then \$40	Ded then \$70	Ded then \$100	Ded then \$125	N/A	Combined
Advantage HMO Saver 3500 - 2020	Bronze	0%	\$3,500 / \$7,000	\$6,900 / \$13,800	Ded then \$45	Ded then \$75	Ded then \$75	Ded then \$75	Ded then \$45	Ded then \$80	Ded then \$80	Ded then \$300	Ded then \$500	Ded then \$750	Ded then \$300	Ded then \$5	Ded then \$50	Ded then \$75	Ded then \$150	Ded then \$200	N/A	Combined
Advantage HMO Saver 3600 - 2021	Bronze	0%	\$3,600 / \$7,200	\$7,000 / \$14,000	Ded then \$100	Ded then \$150	Ded	Ded then \$150	Ded then \$100	Ded then \$55	Ded then \$140	Ded then \$1,000	Ded then \$500	Ded then \$2,000	Ded then \$1,750	N/A	Ded then \$30	Ded then \$150	Ded then \$225	Ded then \$225	N/A	Combined

These charts provide benefit highlights for general comparison purposes only. There are also services that the plans do not cover. Please refer to the Summary of Benefits and Coverage (SBC) or your Evidence of Coverage (EOC) for complete information. All 2021 small group plans meet Minimum Creditable Coverage (MCC) standards for MA employees. All 2021 small group plans meet Medicare Part D Creditable Coverage when Medicare is the primary payer, except for Advantage PPO Saver 6900. Select Network plans have a limited service area that excludes Berkshire, Dukes, and Nantucket counties. Tier 1 on all Your Choice plans includes free-standing facilities. All 2021 small group plans include coverage for acupuncture, with no visit or dollar limits. Cost share mirrors that of chiro. *Per IRS regulation, this Saver plan does not feature an embedded family deductible. An individual member of a family plan may need to meet the full family deductible. **Rx Coins Max is the maximum amount of coinsurance a member would pay per fill for drugs in any tier with coinsurance. The amounts on this grid represent the maximum coinsurance for a 30-day supply. The maximum Rx coinsurance for a 60-day or 90-day supply (if allowed) is 2x and 3x the 30-day amount, respectively. ***Urgent Care Center cost share applies to non-hospital affiliated centers.

LTI: Low-Tech Imaging (services such as X-rays)
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OOPM: Out-of-Pocket Maximum
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HMO Tiered Plans																						
Your Choice HMO 1000 - 2020																						
Tier 1	Gold	0%	\$1,000 / \$2,000	\$7,000 / \$14,000	\$25	\$45	\$40	\$40	\$25	\$25	Ded then \$50	Ded then \$125	Ded then \$150	Ded then \$250	\$300	\$5	\$25	\$60	\$90	\$160	N/A	N/A
Tier 2		0%	\$1,000 / \$2,000	\$7,000 / \$14,000	\$35	\$60				\$35	Ded then \$100	Ded then \$450	Ded then \$1,000	Ded then \$1,000								
Your Choice HMO 1000 - 2021																						
Tier 1	Gold	0%	\$1,000 / \$2,000	\$7,000 / \$14,000	\$25	\$45	\$40	\$40	\$25	\$25	Ded then \$50	Ded then \$125	Ded then \$150	Ded then \$250	\$300	\$5	\$25	\$60	\$90	\$160	N/A	N/A
Tier 2		0%	\$1,000 / \$2,000	\$7,000 / \$14,000	\$35	\$65				Ded then \$35	Ded then \$100	Ded then \$450	Ded then \$1,000	Ded then \$1,000								
Your Choice HMO 1500 - 2020																						
Tier 1	Gold	0%	\$1,500 / \$3,000	\$7,000 / \$14,000	\$25	\$45	\$40	\$40	\$25	Ded then \$25	Ded then \$50	Ded then \$150	Ded then \$150	Ded then \$250	\$300	\$5	\$25	\$60	\$90	\$160	N/A	N/A
Tier 2		0%	\$1,500 / \$3,000	\$7,000 / \$14,000	\$35	\$60				Ded then \$40	Ded then \$100	Ded then \$450	Ded then \$1,000	Ded then \$1,000								
Your Choice HMO 1500 - 2021																						
Tier 1	Gold	0%	\$1,500 / \$3,000	\$7,000 / \$14,000	\$25	\$45	\$40	\$40	\$25	Ded then \$25	Ded then \$50	Ded then \$150	Ded then \$150	Ded then \$250	\$300	\$5	\$25	\$60	\$90	\$160	N/A	N/A
Tier 2		0%	\$1,500 / \$3,000	\$7,000 / \$14,000	\$35	\$65				Ded then \$40	Ded then \$100	Ded then \$450	Ded then \$1,000	Ded then \$1,000								
Your Choice HMO 2000 - 2020																						
Tier 1	Gold	0%	\$2,000 / \$4,000	\$7,000 / \$14,000	\$25	\$50	\$40	\$40	\$25	Ded then \$25	Ded then \$50	Ded then \$125	Ded then \$150	Ded then \$250	\$300	\$5	\$30	\$60	\$90	\$160	N/A	N/A
Tier 2		0%	\$2,000 / \$4,000	\$7,000 / \$14,000	\$30	\$60				Ded then \$35	Ded then \$75	Ded then \$450	Ded then \$1,000	Ded then \$1,000								
Your Choice HMO 2000 - 2021																						
Tier 1	Gold	0%	\$2,000 / \$4,000	\$7,000 / \$14,000	\$25	\$50	\$40	\$40	\$25	Ded then \$25	Ded then \$50	Ded then \$125	Ded then \$150	Ded then \$250	\$300	\$5	\$30	\$60	\$90	\$160	N/A	N/A
Tier 2		0%	\$2,000 / \$4,000	\$7,000 / \$14,000	\$35	\$70				Ded then \$35	Ded then \$75	Ded then \$450	Ded then \$1,000	Ded then \$1,000								
Your Choice HMO 3000 - 2020																						
Tier 1	Silver	0%	\$3,000 / \$6,000	\$8,150 / \$16,300	\$40	\$60	\$40	\$45	\$35	Ded then \$30	Ded then \$75	Ded then \$300	Ded then \$350	Ded then \$500	Ded then \$350	\$5	\$35	\$80	\$110	10%	\$250	N/A
Tier 2		0%	\$3,000 / \$6,000	\$8,150 / \$16,300	\$60	\$80				Ded then \$50	Ded then \$100	Ded then \$500	Ded then \$1,000	Ded then \$1,000								
Your Choice HMO 3000 - 2021																						
Tier 1	Silver	0%	\$3,000 / \$6,000	\$8,550 / \$17,100	\$40	\$60	\$40	\$45	\$40	Ded then \$30	Ded then \$75	Ded then \$300	Ded then \$350	Ded then \$500	Ded then \$350	\$5	\$35	\$85	\$110	10%	\$250	N/A
Tier 2		0%	\$3,000 / \$6,000	\$8,550 / \$17,100	\$50	\$80				Ded then \$50	Ded then \$100	Ded then \$500	Ded then \$1,000	Ded then \$1,000								
Your Choice HMO Copay (65%) - 2020																						
Tier 1	Gold	0%	N/A	\$4,000 / \$8,000	\$30	\$30	\$40	\$30	\$30	CIF	\$30	\$100	\$500	\$500	\$200	\$5	\$35	\$80	\$100	\$150	N/A	N/A
Tier 2		35%	\$4,000 / \$8,000	\$8,150 / \$16,300	\$65	\$65				Ded then 35%	Ded then 35%	Ded then 35%	Ded then 35%	Ded then 35%								
Your Choice HMO Copay (65%) - 2021																						
Tier 1	Gold	0%	N/A	\$5,750 / \$11,500	\$30	\$30	\$40	\$30	\$30	CIF	\$30	\$100	\$500	\$500	\$200	\$5	\$25	\$60	\$90	\$160	N/A	N/A
Tier 2		35%	\$4,000 / \$8,000	\$8,550 / \$17,100	\$75	\$75				Ded then 35%	Ded then 35%	Ded then 35%	Ded then 35%	Ded then 35%								

These charts provide benefit highlights for general comparison purposes only. There are also services that the plans do not cover. Please refer to the Summary of Benefits and Coverage (SBC) or your Evidence of Coverage (EOC) for complete information. All 2021 small group plans meet Minimum Creditable Coverage (MCC) standards for MA employees. All 2021 small group plans meet Medicare Part D Creditable Coverage when Medicare is the primary payer, except for Advantage PPO Saver 6900. Select Network plans have a limited service area that excludes Berkshire, Dukes, and Nantucket counties. Tier 1 on all Your Choice plans includes free-standing facilities. All 2021 small group plans include coverage for acupuncture, with no visit or dollar limits. Cost share mirrors that of chiro. *Per IRS regulation, this Saver plan does not feature an embedded family deductible. An individual member of a family plan may need to meet the full family deductible. **Rx Coins Max is the maximum amount of coinsurance a member would pay per fill for drugs in any tier with coinsurance. The amounts on this grid represent the maximum coinsurance for a 30-day supply. The maximum Rx coinsurance for a 60-day or 90-day supply (if allowed) is 2x and 3x the 30-day amount, respectively. ***Urgent Care Center cost share applies to non-hospital affiliated centers.

LTI: Low-Tech Imaging (services such as X-rays)
HTI: High-Tech Imaging (services such as MRI, CT Scan, PET Scan)
OOPM: Out-of-Pocket Maximum
CIF: Covered-in-Full
OON: Out-of-Network
PCP: Primary Care Physician
LCG: Low Cost Generic
PT/OT/ST: Physical Therapy, Occupational Therapy, Speech Therapy
ER: Emergency Room
UCC: Urgent Care Center

Plan Name	Metallic Tier	Member Coins (IN / OON)	Deductible (IND / FAM)	OOPM (IND / FAM) Combined Med/Rx	PCP	Specialist	UCC ***	PT/OT/ST	Chiro	Lab Testing	LTI	HTI	Outpatient Procedures	Inpatient Hospital	ER	LCG	Rx Tier 1	Rx Tier 2	Rx Tier 3	Rx Tier 4	Rx Coins Max **	Rx Deductible (IND / FAM)
HMO Select Network Plans																						
Select Advantage HMO 1000 - 2020	Gold	0%	\$1,000 / \$2,000	\$7,000 / \$14,000	\$25	\$45	\$40	\$40	\$25	\$25	Ded then \$50	Ded then \$125	Ded then \$150	Ded then \$250	\$300	\$5	\$25	\$60	\$90	\$160	N/A	N/A
Select Advantage HMO 1000 - 2021	Gold	0%	\$1,000 / \$2,000	\$7,000 / \$14,000	\$25	\$45	\$40	\$40	\$25	\$25	Ded then \$50	Ded then \$125	Ded then \$150	Ded then \$250	\$300	\$5	\$25	\$60	\$90	\$160	N/A	N/A
Select Advantage HMO 1500 - 2020	Gold	0%	\$1,500 / \$3,000	\$7,000 / \$14,000	\$25	\$45	\$40	\$40	\$25	Ded then \$25	Ded then \$50	Ded then \$150	Ded then \$150	Ded then \$250	\$300	\$5	\$25	\$60	\$90	\$160	N/A	N/A
Select Advantage HMO 1500 - 2021	Gold	0%	\$1,500 / \$3,000	\$7,000 / \$14,000	\$25	\$45	\$40	\$40	\$25	Ded then \$25	Ded then \$50	Ded then \$150	Ded then \$150	Ded then \$250	\$300	\$5	\$25	\$60	\$90	\$160	N/A	N/A
Select Advantage HMO 2000 - 2020	Gold	0%	\$2,000 / \$4,000	\$7,000 / \$14,000	\$25	\$50	\$40	\$40	\$25	Ded then \$25	Ded then \$50	Ded then \$125	Ded then \$150	Ded then \$250	\$300	\$5	\$30	\$60	\$90	\$160	N/A	N/A
Select Advantage HMO 2000 - 2021	Gold	0%	\$2,000 / \$4,000	\$7,000 / \$14,000	\$25	\$50	\$40	\$40	\$25	Ded then \$25	Ded then \$50	Ded then \$125	Ded then \$150	Ded then \$250	\$300	\$5	\$30	\$60	\$90	\$160	N/A	N/A
Select Advantage HMO 2500 - 2020	Gold	0%	\$2,500 / \$5,000	\$6,500 / \$13,000	\$30	\$50	\$40	\$45	\$30	Ded then \$30	Ded then \$50	Ded then \$150	Ded then \$250	Ded then \$500	\$300	\$5	\$30	\$70	\$110	\$160	N/A	N/A
Select Advantage HMO 2500 - 2021	Gold	0%	\$2,500 / \$5,000	\$6,500 / \$13,000	\$30	\$50	\$40	\$45	\$30	Ded then \$30	Ded then \$50	Ded then \$150	Ded then \$250	Ded then \$500	\$300	\$5	\$30	\$70	\$110	\$160	N/A	N/A
Select Advantage HMO 3000 - 2021 - New	Silver	0%	\$3,000 / \$6,000	\$8,550 / \$17,100	\$40	\$60	\$40	\$45	\$40	Ded then \$75	Ded then \$75	Ded then \$300	Ded then \$350	Ded then \$500	Ded then \$350	\$5	\$35	\$85	\$110	10%	\$250	N/A
Select Advantage HMO 4000 - 2021 - New	Silver	0%	\$4,000 / \$8,000	\$8,550 / \$17,100	\$40	\$60	\$40	\$45	\$40	Ded then \$75	Ded then \$75	Ded then \$300	Ded then \$350	Ded then \$500	Ded then \$350	\$5	\$40	\$85	\$110	10%	\$250	N/A
Select Advantage HMO 5000 - 2021 - New	Silver	0%	\$5,000 / \$10,000	\$8,550 / \$17,100	\$40	\$60	\$40	\$45	\$40	Ded then \$75	Ded then \$75	Ded then \$300	Ded then \$350	Ded then \$500	Ded then \$350	\$5	\$40	\$85	\$110	10%	\$250	N/A
Connector HMO Plans (for off-Exchange)																						
Premier Platinum - 2020	Platinum	0%	N/A	\$3,000 / \$6,000	\$20	\$40	\$40	\$40	\$20	CIF	CIF	\$150	\$250	\$500	\$150	\$5	\$10	\$25	\$50	N/A	N/A	N/A
Premier Platinum - 2021	Platinum	0%	N/A	\$3,000 / \$6,000	\$20	\$40	\$40	\$40	\$20	CIF	CIF	\$150	\$250	\$500	\$150	\$5	\$10	\$25	\$50	N/A	N/A	N/A
Premier Gold 1000 - 2020 - Closed	Gold	0%	\$1,000 / \$2,000	\$5,000 / \$10,000	\$25	\$45	\$45	\$45	\$25	Ded then \$25	Ded then \$25	Ded then \$200	Ded then \$250	Ded then \$500	Ded then \$150	\$5	\$20	\$40	\$60	N/A	N/A	N/A
Premier Gold 2000 - 2021	Gold	0%	\$2,000 / \$4,000	\$6,500 / \$13,000	\$30	\$60	\$60	\$60	\$30	Ded then \$50	Ded then \$75	Ded then \$300	Ded then \$500	Ded then \$750	Ded then \$300	\$5	\$25	Rx Ded then \$50	Rx Ded then \$105	N/A	N/A	\$250 / \$500
Premier Gold 2000 - 2020	Gold	0%	\$2,000 / \$4,000	\$5,600 / \$11,200	\$30	\$55	\$55	\$55	\$30	Ded then \$50	Ded then \$75	Ded then \$300	Ded then \$500	Ded then \$750	Ded then \$350	\$5	\$25	Rx Ded then \$50	Rx Ded then \$125	N/A	N/A	\$250 / \$500
Premier Gold 2000 - 2021	Gold	0%	\$2,000 / \$4,000	\$6,500 / \$13,000	\$30	\$60	\$60	\$60	\$30	Ded then \$50	Ded then \$75	Ded then \$300	Ded then \$500	Ded then \$750	Ded then \$300	\$5	\$25	Rx Ded then \$50	Ded then \$105	N/A	N/A	\$250 / \$500
Premier Silver 2000 - 2020	Silver	0%	\$2,000 / \$4,000	\$8,150 / \$16,300	\$50	\$70	\$70	\$70	\$50	Ded then \$75	Ded then \$75	Ded then \$500	Ded then \$500	Ded then \$1,000	Ded then \$350	\$5	\$30	\$60	Rx Ded then \$100	N/A	N/A	\$250 / \$500
Premier Silver 2000 - 2021	Silver	0%	\$2,000 / \$4,000	\$8,550 / \$17,100	\$50	\$75	\$75	\$75	\$50	Ded then \$75	Ded then \$75	Ded then \$500	Ded then \$500	Ded then \$1,000	Ded then \$300	\$5	\$30	Rx Ded then \$60	Rx Ded then \$105	N/A	N/A	\$250 / \$500
Premier Silver Saver 2000 - 2020	Silver	0%	\$2,000 / \$4,000 *	\$6,850 / \$13,700	Ded then \$30	Ded then \$60	Ded then \$60	Ded then \$60	Ded then \$30	Ded then \$60	Ded then \$75	Ded then \$500	Ded then \$500	Ded then \$750	Ded then \$300	Ded then \$5	Ded then \$30	Ded then \$60	Ded then \$105	N/A	N/A	Combined
Premier Silver Saver 2000 - 2021	Silver	0%	\$2,000 / \$4,000 *	\$6,850 / \$13,700	Ded then \$30	Ded then \$60	Ded then \$60	Ded then \$60	Ded then \$30	Ded then \$60	Ded then \$75	Ded then \$500	Ded then \$500	Ded then \$750	Ded then \$300	Ded then \$5	Ded then \$30	Ded then \$60	Ded then \$105	N/A	N/A	Combined
Premier Bronze Saver 3500 - 2020	Bronze	0%	\$3,500 / \$7,000	\$6,850 / \$13,700	Ded then \$45	Ded then \$75	Ded then \$75	Ded then \$75	Ded then \$45	Ded then \$60	Ded then \$75	Ded then \$500	Ded then \$500	Ded then \$750	Ded then \$300	Ded then \$35	Ded then \$35	Ded then \$75	Ded then \$150	N/A	N/A	Combined
Premier Bronze Saver 3600 - 2021	Bronze	0%	\$3,600 / \$7,200	\$7,000 / \$14,000	Ded then \$100	Ded then \$150	Ded then \$150	Ded then \$150	Ded then \$100	Ded then \$55	Ded then \$140	Ded then \$1,000	Ded then \$500	Ded then \$2,000	Ded then \$1,750	N/A	Ded then \$30	Ded then \$150	Ded then \$225	N/A	N/A	Combined
Premier Gold - 2021 - New	Gold	0%	N/A	\$5,000 / \$10,000	\$25	\$50	\$50	\$50	\$25	\$50	\$75	\$400	\$500	\$750	\$300	N/A	\$25	\$50	\$75	N/A	N/A	N/A
Connector PPO Plans (for off-Exchange)																						
IN NETWORK SERVICES											IN NETWORK SERVICES											
Premier Silver Saver PPO 4000 - 2021 - New	Silver	0% / 20%	In: \$4,000 / \$8,000 Out: \$8,000 / \$16,000	In: \$5,750 / \$11,500 Out: \$11,500 / \$23,000	Ded then \$35	Ded then \$35	Ded then \$60	Ded then \$35	Ded then \$35	Ded then \$60	Ded then \$75	Ded then \$500	Ded then \$500	Ded then \$750	Ded then \$300	Ded then \$5	Ded then \$30	Ded then \$60	Ded then \$105	N/A	N/A	Combined

These charts provide benefit highlights for general comparison purposes only. There are also services that the plans do not cover.

Please refer to the Summary of Benefits and Coverage (SBC) or your Evidence of Coverage (EOC) for complete information.

All 2021 small group plans meet Minimum Creditable Coverage (MCC) standards for MA employees.

All 2021 small group plans meet Medicare Part D Creditable Coverage when Medicare is the primary payer, except for Advantage PPO Saver 6900.

Select Network plans have a limited service area that excludes Berkshire, Dukes, and Nantucket counties.

Tier 1 on all Your Choice plans includes free-standing facilities.

All 2021 small group plans include coverage for acupuncture, with no visit or dollar limits. Cost share mirrors that of chiro.

*Per IRS regulation, this Saver plan does not feature an embedded family deductible. An individual member of a family plan may need to meet the full family deductible.

**Rx Coins Max is the maximum amount of coinsurance a member would pay per fill for drugs in any tier with coinsurance. The amounts on this grid represent the maximum coinsurance for a 30-day supply. The maximum Rx coinsurance for a 60-day or 90-day supply (if allowed) is 2x and 3x the 30-day amount, respectively.

***Urgent Care Center cost share applies to non-hospital affiliated centers.

LTI: Low-Tech Imaging (services such as X-rays)

HTI: High-Tech Imaging (services such as MRI, CT Scan, PET Scan)

OOPM: Out-of-Pocket Maximum

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PCP: Primary Care Physician

LCG: Low Cost Generic

PT/OT/ST: Physical Therapy, Occupational Therapy, Speech Therapy

ER: Emergency Room

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Plan Name	Metallic Tier	Member Coins (IN / OON)	Deductible (IND / FAM)	OOPM (IND / FAM) Combined Med/Rx	PCP	Specialist	UCC ***	PT/OT/ST	Chiro	Lab Testing	LTI	HTI	Outpatient Procedures	Inpatient Hospital	ER	LCG	Rx Tier 1	Rx Tier 2	Rx Tier 3	Rx Tier 4	Rx Coins Max **	Rx Deductible (IND / FAM)	
PPO Deductible Plans																							
					IN-NETWORK SERVICES								IN-NETWORK SERVICES										
Advantage PPO 500 - 2020	Gold	0% / 20%	In: \$500 / \$1,000 Out: \$2,000 / \$4,000	In: \$6,000 / \$12,000 Out: \$12,000 / \$24,000	\$35	\$35	\$40	\$35	\$35	\$20	\$40	\$100	Ded then \$150	Ded then \$200	\$250	\$5	\$25	\$60	\$90	\$135	N/A	N/A	
Advantage PPO 500 - 2021	Gold	0% / 20%	In: \$500 / \$1,000 Out: \$2,000 / \$4,000	In: \$7,000 / \$14,000 Out: \$14,000 / \$28,000	\$35	\$35	\$40	\$35	\$35	\$20	\$40	\$100	Ded then \$150	Ded then \$200	\$250	\$5	\$25	\$60	\$90	\$160	N/A	N/A	
Advantage PPO 1000 - 2020	Gold	0% / 20%	In: \$1,000 / \$2,000 Out: \$2,000 / \$4,000	In: \$14,000 / \$28,000 Out: \$14,000 / \$28,000	Ded then \$25	Ded then \$25	\$40	Ded then \$25	Ded then \$25	Ded then \$25	Ded then \$50	Ded then \$125	Ded then \$100	Ded then \$200	Ded then \$300	\$5	\$25	\$60	\$90	\$160	N/A	N/A	
Advantage PPO 1000 - 2021	Gold	0% / 20%	In: \$1,000 / \$2,000 Out: \$2,000 / \$4,000	In: \$7,000 / \$14,000 Out: \$14,000 / \$28,000	Ded then \$25	Ded then \$25	\$40	Ded then \$25	Ded then \$25	Ded then \$25	Ded then \$50	Ded then \$125	Ded then \$100	Ded then \$200	Ded then \$300	\$5	\$25	\$60	\$90	\$160	N/A	N/A	
Advantage PPO 1500 - 2020	Silver	0% / 20%	In: \$1,500 / \$3,000 Out: \$3,000 / \$6,000	In: \$8,150 / \$16,300 Out: \$16,300 / \$32,600	Ded then \$40	Ded then \$40	\$40	Ded then \$40	Ded then \$40	Ded then \$35	Ded then \$75	Ded then \$200	Ded then \$200	Ded then \$250	Ded then \$300	\$5	\$35	\$65	\$100	\$160	N/A	N/A	
Advantage PPO 1500 - 2021	Silver	0% / 20%	In: \$1,500 / \$3,000 Out: \$3,000 / \$6,000	In: \$8,550 / \$17,100 Out: \$16,300 / \$32,600	Ded then \$40	Ded then \$40	\$40	Ded then \$40	Ded then \$40	Ded then \$35	Ded then \$75	Ded then \$200	Ded then \$200	Ded then \$250	Ded then \$300	\$5	\$35	\$65	\$100	\$160	N/A	N/A	
Advantage PPO 2000 - 2020	Silver	0% / 20%	In: \$2,000 / \$4,000 Out: \$4,000 / \$8,000	In: \$8,000 / \$16,000 Out: \$16,000 / \$32,000	Ded then \$35	Ded then \$35	\$40	Ded then \$35	Ded then \$35	Ded then \$35	Ded then \$50	Ded then \$125	Ded then \$200	Ded then \$250	Ded then \$300	\$5	\$30	\$65	\$100	\$160	N/A	N/A	
Advantage PPO 2000 - 2021	Silver	0% / 20%	In: \$2,000 / \$4,000 Out: \$4,000 / \$8,000	In: \$8,800 / \$17,600 Out: \$16,000 / \$32,000	Ded then \$35	Ded then \$35	\$40	Ded then \$35	Ded then \$35	Ded then \$35	Ded then \$75	Ded then \$125	Ded then \$200	Ded then \$250	Ded then \$300	\$5	\$30	\$60	\$90	\$160	N/A	N/A	
Advantage PPO 2500 - 2020	Silver	0% / 20%	In: \$2,500 / \$5,000 Out: \$5,000 / \$10,000	In: \$7,000 / \$14,000 Out: \$14,000 / \$28,000	Ded then \$35	Ded then \$35	\$40	Ded then \$35	Ded then \$35	Ded then \$30	Ded then \$75	Ded then \$125	Ded then \$250	Ded then \$250	Ded then \$300	\$5	\$30	\$70	\$100	\$150	N/A	N/A	
Advantage PPO 2500 - 2021	Silver	0% / 20%	In: \$2,500 / \$5,000 Out: \$5,000 / \$10,000	In: \$7,000 / \$14,000 Out: \$14,000 / \$28,000	Ded then \$35	Ded then \$35	\$40	Ded then \$35	Ded then \$35	Ded then \$30	Ded then \$50	Ded then \$125	Ded then \$250	Ded then \$250	Ded then \$300	\$5	\$30	\$70	\$110	\$160	N/A	N/A	
Advantage PPO 3000 - 2020	Silver	0% / 20%	In: \$3,000 / \$6,000 Out: \$6,000 / \$12,000	In: \$8,150 / \$16,300 Out: \$16,300 / \$32,600	Ded then \$50	Ded then \$50	\$40	Ded then \$50	Ded then \$50	Ded then \$30	Ded then \$50	Ded then \$300	Ded then \$350	Ded then \$500	Ded then \$300	\$5	\$35	\$80	\$100	10%	\$250	N/A	
Advantage PPO 3000 - 2021	Silver	0% / 20%	In: \$3,000 / \$6,000 Out: \$6,000 / \$12,000	In: \$8,550 / \$17,100 Out: \$17,100 / \$34,200	Ded then \$50	Ded then \$50	\$40	Ded then \$50	Ded then \$50	Ded then \$30	Ded then \$75	Ded then \$300	Ded then \$350	Ded then \$500	Ded then \$350	\$5	\$35	\$85	\$110	10%	\$250	N/A	
Essential Advantage PPO 2000 - 2020	Gold	0% / 20%	In: \$2,000 / \$4,000 Out: \$4,000 / \$8,000	In: \$6,000 / \$12,000 Out: \$12,000 / \$24,000	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	\$5	\$35	\$75	\$100	\$150	N/A	N/A	
Essential Advantage PPO 2000 - 2021	Gold	0% / 20%	In: \$2,000 / \$4,000 Out: \$4,000 / \$8,000	In: \$6,000 / \$12,000 Out: \$10,000 / \$20,000	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	\$5	\$35	\$85	\$110	10%	\$250	N/A	
Essential Advantage PPO 2500 - 2020	Gold	0% / 20%	In: \$2,500 / \$5,000 Out: \$5,000 / \$10,000	In: \$6,500 / \$13,000 Out: \$13,000 / \$26,000	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	\$5	\$35	\$85	\$100	\$150	N/A	N/A	
Essential Advantage PPO 2500 - 2021	Gold	0% / 20%	In: \$2,500 / \$5,000 Out: \$5,000 / \$10,000	In: \$6,500 / \$13,000 Out: \$10,000 / \$20,000	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	\$5	\$35	\$85	\$110	10%	\$250	N/A	
Advantage PPO 4000 - 2021 - New	Silver	0% / 20%	In: \$4,000 / \$8,000 Out: \$8,000 / \$16,000	In: \$8,000 / \$16,000 Out: \$17,100 / \$34,200	Ded then \$50	Ded then \$50	\$40	Ded then \$50	Ded then \$50	Ded then \$75	Ded then \$75	Ded then \$300	Ded then \$350	Ded then \$500	Ded then \$350	\$5	\$40	\$85	\$110	10%	\$250	N/A	
Advantage PPO 5000 - 2021 - New	Silver	0% / 20%	In: \$5,000 / \$10,000 Out: \$10,000 / \$20,000	In: \$7,500 / \$15,000 Out: \$15,000 / \$30,000	Ded then \$50	Ded then \$50	\$40	Ded then \$50	Ded then \$50	Ded then \$75	Ded then \$75	Ded then \$300	Ded then \$350	Ded then \$500	Ded then \$350	\$5	\$40	\$85	\$110	10%	\$250	N/A	
PPO Coinsurance Plans																							
					IN-NETWORK SERVICES								IN-NETWORK SERVICES										
Advantage PPO 2000 (80%) - 2020	Gold	20% / 40%	In: \$2,000 / \$4,000 Out: \$4,000 / \$8,000	In: \$6,000 / \$12,000 Out: \$12,000 / \$24,000	\$40	\$40	\$40	\$40	\$40	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then \$250	\$5	\$30	\$80	\$100	10%	\$500	N/A	
Advantage PPO 2000 (80%) - 2021	Gold	20% / 40%	In: \$2,000 / \$4,000 Out: \$4,000 / \$8,000	In: \$8,550 / \$17,100 Out: \$17,100 / \$34,200	\$40	\$40	\$40	\$40	\$40	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then \$250	\$5	\$35	Rx Ded then \$85	Rx Ded then \$100	Rx Ded then 10%	\$250	\$250 / \$500	
Advantage PPO 1500 (90%) - 2021 - New	Gold	10% / 30%	In: \$1,500 / \$3,000 Out: \$3,000 / \$6,000	In: \$8,550 / \$17,100 Out: \$17,100 / \$34,200	\$35	\$35	\$40	\$35	\$35	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	\$5	\$35	Rx Ded then \$85	Rx Ded then \$100	Rx Ded then 10%	\$250	\$250 / \$500	
PPO Saver Plans (HSA-Qualified)																							
					IN-NETWORK SERVICES								IN-NETWORK SERVICES										
Advantage PPO Saver 1500 - 2020 - Closed	Silver	0% / 20%	In: \$1,500 / \$3,000 * Out: \$3,000 / \$6,000	In: \$6,750 / \$13,500 Out: \$13,500 / \$27,000	Ded then \$25	Ded then \$25	Ded	Ded then \$25	Ded then \$25	Ded then \$20	Ded then \$20	Ded then \$50	Ded then \$75	Ded then \$150	Ded then \$75	Ded then \$5	Ded then \$25	Ded then \$60	Ded then \$100	Ded then \$125	N/A	Combined	
Advantage PPO Saver 2500 - 2021	Silver	0% / 20%	In: \$2,500 / \$5,000 * Out: \$5,000 / \$10,000	In: \$6,900 / \$13,800 Out: \$13,800 / \$27,600	Ded then \$20	Ded then \$20	Ded	Ded	Ded	Ded then \$20	Ded then \$35	Ded then \$35	Ded	Ded then \$200	Ded then \$300	Ded then \$200	Ded then \$5	Ded then \$30	Ded then \$70	Ded then \$100	Ded then \$125	N/A	Combined
Advantage PPO Saver 2000 - 2020	Silver	0% / 20%	In: \$2,000 / \$4,000 * Out: \$4,000 / \$8,000	In: \$6,750 / \$13,500 Out: \$13,500 / \$27,000	Ded then \$20	Ded then \$20	Ded	Ded	Ded	Ded then \$20	Ded then \$30	Ded then \$30	Ded	Ded then \$150	Ded then \$250	Ded then \$200	Ded then \$5	Ded then \$30	Ded then \$70	Ded then \$100	Ded then \$125	N/A	Combined
Advantage PPO Saver 2000 - 2021	Silver	0% / 20%	In: \$2,000 / \$4,000 * Out: \$4,000 / \$8,000	In: \$6,900 / \$13,800 Out: \$13,800 / \$27,600	Ded then \$20	Ded then \$20	Ded	Ded	Ded	Ded then \$20	Ded then \$35	Ded then \$35	Ded	Ded then \$200	Ded then \$300	Ded then \$200	Ded then \$5	Ded then \$30	Ded then \$70	Ded then \$100	Ded then \$125	N/A	Combined
Advantage PPO Saver 2500 - 2020	Silver	0% / 20%	In: \$2,500 / \$5,000 * Out: \$5,000 / \$10,000	In: \$6,750 / \$13,500 Out: \$13,500 / \$27,000	Ded then \$20	Ded then \$20	Ded	Ded	Ded	Ded then \$20	Ded then \$25	Ded then \$25	Ded	Ded then \$100	Ded then \$200	Ded then \$100	Ded then \$5	Ded then \$30	Ded then \$70	Ded then \$100	Ded then \$125	N/A	Combined
Advantage PPO Saver 2500 - 2021	Silver	0% / 20%	In: \$2,500 / \$5,000 * Out: \$5,000 / \$10,000	In: \$6,900 / \$13,800 Out: \$13,800 / \$27,600	Ded then \$20	Ded then \$20	Ded	Ded	Ded	Ded then \$20	Ded then \$35	Ded then \$35	Ded	Ded then \$200	Ded then \$300	Ded then \$200	Ded then \$5	Ded then \$30	Ded then \$70	Ded then \$100	Ded then \$125	N/A	Combined
Advantage PPO Saver 3000 - 2020	Silver	0% / 20%	In: \$3,000 / \$6,000 Out: \$6,000 / \$12,000	In: \$6,750 / \$13,500 Out: \$13,500 / \$27,000	Ded then \$20	Ded then \$20	Ded	Ded	Ded	Ded then \$20	Ded then \$25	Ded then \$25	Ded	Ded then \$150	Ded then \$200	Ded then \$150	Ded then \$5	Ded then \$40	Ded then \$70	Ded then \$100	Ded then \$125	N/A	Combined
Advantage PPO Saver 3000 - 2021	Silver	0% / 20%	In: \$3,000 / \$6,000 Out: \$6,000 / \$12,000	In: \$6,900 / \$13,800 Out: \$13,800 / \$27,600	Ded then \$20	Ded then \$20	Ded	Ded	Ded	Ded then \$20	Ded then \$35	Ded then \$35	Ded	Ded then \$200	Ded then \$300	Ded then \$200	Ded then \$5	Ded then \$40	Ded then \$70	Ded then \$100	Ded then \$125	N/A	Combined
Advantage PPO Saver 4500 - 2020 - Closed	Bronze	0% / 20%	In: \$4,500 / \$9,000 Out: \$9,000 / \$18,000	In: \$6,900 / \$13,800 Out: \$13,800 / \$27,600	Ded then \$25	Ded then \$25	Ded	Ded then \$25	Ded then \$25	Ded then \$25	Ded then \$25	Ded	Ded then \$150	Ded then \$200	Ded then \$150	Ded then \$5	Ded then \$40	Ded then \$70	Ded then \$100	Ded then \$125	NA	Combined	
Advantage PPO Saver 5000 - 2021 - New	Silver	0% / 20%	In: \$5,000 / \$10,000 Out: \$10,000 / \$20,000	In: \$6,800 / \$13,600 Out: \$13,600 / \$27,200	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded then \$100	Ded then \$150	Ded then \$100	Ded then \$5	Ded then \$30	Ded then \$70	Ded then \$100	Ded then \$125	N/A	Combined	
Advantage PPO Saver 6900 - 2021 - New	Bronze	0% / 20%	In: \$6,900 / \$13,800 Out: \$13,800 / \$27,600	In: \$6,900 / \$13,800 Out: \$13,800 / \$27,600	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Combined	

These charts provide benefit highlights for general comparison purposes only. There are also services that the plans do not cover. Please refer to the Summary of Benefits and Coverage (SBC) or your Evidence of Coverage (EOC) for complete information. All 2021 small group plans meet Minimum Creditable Coverage (MCC) standards for MA employees. All 2021 small group plans meet Medicare Part D Creditable Coverage when Medicare is the primary payer, except for Advantage PPO Saver 6900. Select Network plans have a limited service area that excludes Berkshire, Dukes, and Nantucket counties. Tier 1 on all Your Choice plans includes free-standing facilities. All 2021 small group plans include coverage for acupuncture, with no visit or dollar limits. Cost share mirrors that of chiro. *Per IRS regulation, this Saver plan does not feature an embedded family deductible. An individual member of a family plan may need to meet the full family deductible. **Rx Coins Max is the maximum amount of coinsurance a member would pay per fill for drugs in any tier with coinsurance. The amounts on this grid represent the maximum coinsurance for a 30-day supply. The maximum Rx coinsurance for a 60-day or 90-day supply (if allowed) is 2x and 3x the 30-day amount, respectively. ***Urgent Care Center cost share applies to non-hospital affiliated centers.

LTI: Low-Tech Imaging (services such as X-rays)
HTI: High-Tech Imaging (services such as MRI, CT Scan, PET Scan)
OOPM: Out-of-Pocket Maximum
CIF: Covered-in-Full
OON: Out-of-Network
PCP: Primary Care Physician
LCG: Low Cost Generic
PT/OT/ST: Physical Therapy, Occupational Therapy, Speech Therapy
ER: Emergency Room
UCC: Urgent Care Center

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 full and equal access to covered services under the federal *Americans with Disabilities Act of 1990* and Section 504 of the federal *Rehabilitation Act of 1973*. This includes 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 any of the above services, have questions regarding any provider directory information, or would like to report an inaccuracy or network access issue, please contact Tufts Health Plan Member Services at 800.462.0224. To report provider directory inaccuracies electronically, please visit <https://tuftshealthplan.com/find-a-doctor> and select your plan. Search or select the Provider whose information you believe needs updating and click “*Tell us if something needs to change*”.

Please note that if you have complaints regarding provider directory inaccuracies or provider network access issues, you also have the right at any time to contact the Commonwealth of Massachusetts Division of Insurance at (877) 563-4467, Option 2 or www.mass.gov/doi.

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>.

tuftshealthplan.com | 800.462.0224

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 κάρτα σας.

Haitian Creole Pou jwenn tradiksyon gratis nan lang kreyòl ayisyen, rele nimewo ki sou kat ID ou a.

Italian Per richiedere la traduzione in italiano senza costi aggiuntivi, chiamare il numero indicato sulla carta di identità.

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) សម្រាប់សេវាបកប្រែដោយឥតគិតថ្លៃជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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

Laotian ສຳລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.

Navajo Doo bąąh ilíní da Diné k'ehjí álnéehgo, hodiilnih béésh bee hani'é bee née ho'díizingo nantinígíí bikáá'.

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

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

Portuguese Para tradução grátis para o 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 Para servicios de traducción gratuitos en español, llame al número que aparece en su tarjeta de miembro.

Tagalog Para sa walang bayad na pagsasalin 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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