



2021 MA SMALL GROUP ALLOWED PLAN OPTIONS



2021 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 or employees with a dependent residing outside of MA, NH, and RI may enroll in the PPO.

	HMO Basic	Advantage HMO 500	Advantage HMO 1000	Advantage HMO 1500	Essential Advantage HMO 2000	Advantage HMO 2000	Advantage HMO 1500 (90%)	Essential Advantage HMO 2500	Advantage HMO 2500	Advantage HMO 2000 (80%)	Advantage HMO Saver 2000	Advantage HMO 3000	Advantage HMO Saver 2500	Advantage HMO 4000	Advantage Basic HMO 2000	Advantage HMO 5000	Advantage HMO Saver 3000	Advantage HMO Saver 3600
Advantage PPO 500	Yes	Yes																
Advantage PPO 1000		Yes	Yes															
Essential Advantage PPO 2000			Yes		Yes													
Advantage PPO 1500			Yes	Yes														
Advantage PPO 1500 (90%)			Yes	Yes			Yes											
Essential Advantage PPO 2500			Yes	Yes	Yes			Yes										
Advantage PPO 2000			Yes	Yes	Yes	Yes												
Advantage PPO Saver 2000				Yes	Yes	Yes	Yes				Yes							
Advantage PPO 2000 (80%)				Yes	Yes	Yes	Yes			Yes	Yes							
Advantage PPO 2500				Yes	Yes	Yes		Yes	Yes		Yes							
Advantage PPO Saver 2500					Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes					
Advantage PPO 3000								Yes	Yes		Yes	Yes	Yes					
Advantage PPO Saver 3000								Yes	Yes	Yes	Yes	Yes	Yes		Yes		Yes	
Advantage PPO 4000									Yes		Yes	Yes	Yes	Yes			Yes	
Advantage PPO 5000											Yes	Yes	Yes	Yes		Yes	Yes	
Advantage PPO Saver 5000													Yes	Yes	Yes	Yes	Yes	
Advantage PPO Saver 6900																Yes	Yes	Yes

2021 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	Select Advantage HMO 1500	Select Advantage HMO 2000	Select Advantage HMO 2500	Select Advantage HMO 3000	Select Advantage HMO 4000	Select Advantage HMO 5000
Select Advantage HMO 1000		Yes	Yes	Yes	Yes	Yes	
Select Advantage HMO 1500	Yes			Yes	Yes	Yes	Yes
Select Advantage HMO 2000	Yes			Yes	Yes	Yes	Yes
Select Advantage HMO 2500	Yes	Yes	Yes			Yes	Yes
Select Advantage HMO 3000	Yes	Yes	Yes			Yes	Yes
Select Advantage HMO 4000	Yes	Yes	Yes	Yes	Yes		
Select Advantage HMO 5000		Yes	Yes	Yes	Yes		

2021 MASSACHUSETTS SMALL GROUP AVAILABLE SELECT / OUT-OF-AREA PAIRINGS



Only for active employees or employees with dependents 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	Select Advantage HMO 1500	Select Advantage HMO 2000	Select Advantage HMO 2500	Select Advantage HMO 3000	Select Advantage HMO 4000	Select Advantage HMO 5000
Advantage PPO 500							
Advantage PPO 1000	only for non-MA residents						
Essential Advantage PPO 2000							
Advantage PPO 1500		only for non-MA residents					
Advantage PPO 1500 (90%)							
Essential Advantage PPO 2500							
Advantage PPO 2000			only for non-MA residents				
Advantage PPO Saver 2000							
Advantage PPO 2000 (80%)							
Advantage PPO 2500				only for non-MA residents			
Advantage PPO Saver 2500							
Advantage PPO 3000					only for non-MA residents		
Advantage PPO Saver 3000							
Advantage PPO 4000						only for non-MA residents	
Advantage PPO 5000							only for non-MA residents
Advantage PPO Saver 5000							
Advantage PPO Saver 6900							

2021 MASSACHUSETTS SMALL GROUP AVAILABLE CONNECTOR HMO / CONNECTOR HMO 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	Premier Gold 2000	Premier Silver 2000	Premier Silver Saver 2000	Premier Bronze Saver 3600
Premier Platinum		Yes				
Premier Gold	Yes					
Premier Gold 2000				Yes	Yes	
Premier Silver 2000			Yes		Yes	Yes
Premier Silver Saver 2000			Yes	Yes		Yes
Premier Bronze Saver 3600				Yes	Yes	

2021 MASSACHUSETTS SMALL GROUP AVAILABLE CONNECTOR HMO / CONNECTOR PPO 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	Premier Gold 2000	Premier Silver 2000	Premier Silver Saver 2000	Premier Bronze Saver 3600
Premier Silver Saver PPO 4000					Yes	Yes

2021 MASSACHUSETTS SMALL GROUP AVAILABLE CONNECTOR / OUT-OF-AREA PAIRINGS



Only for active employees or employees with dependents 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	Premier Gold 2000	Premier Silver 2000	Premier Silver Saver 2000	Premier Bronze Saver 3600
Advantage PPO 500	only for non-MA residents	only for non-MA residents				
Advantage PPO 1000						
Essential Advantage PPO 2000						
Advantage PPO 1500						
Advantage PPO 1500 (90%)						
Essential Advantage PPO 2500						
Advantage PPO 2000			only for non-MA residents			
Advantage PPO Saver 2000						
Advantage PPO 2000 (80%)						
Advantage PPO 2500						
Advantage PPO Saver 2500						
Advantage PPO 3000				only for non-MA residents		
Advantage PPO Saver 3000					only for non-MA residents	
Advantage PPO 4000						
Advantage PPO 5000						
Advantage PPO Saver 5000						
Advantage PPO Saver 6900						only for non-MA residents

2021 MASSACHUSETTS SMALL GROUP AVAILABLE TIERED / OUT-OF-AREA PAIRINGS



Only for active employees or employees with dependents 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 Copay (65%)	Your Choice HMO 1000	Your Choice HMO 1500	Your Choice HMO 2000	Your Choice HMO 3000
Advantage PPO 500	only for non-MA residents				
Advantage PPO 1000		only for non-MA residents			
Essential Advantage PPO 2000					
Advantage PPO 1500			only for non-MA residents		
Advantage PPO 1500 (90%)					
Essential Advantage PPO 2500					
Advantage PPO 2000				only for non-MA residents	
Advantage PPO Saver 2000					
Advantage PPO 2000 (80%)					
Advantage PPO 2500					
Advantage PPO Saver 2500					
Advantage PPO 3000					only for non-MA residents
Advantage PPO Saver 3000					
Advantage PPO 4000					
Advantage PPO 5000					
Advantage PPO Saver 5000					
Advantage PPO Saver 6900					

2021 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 Advantage HMO 500 Advantage PPO 500
Bundle 2	HMO Basic Advantage HMO 1000 Advantage PPO 1000
Bundle 3	Advantage HMO 500 Advantage HMO 1500 Advantage PPO 1500
Bundle 4	Advantage HMO 1000 Advantage HMO 2000 Advantage PPO 2000
Bundle 5	Advantage HMO 1000 Advantage HMO Saver 2000 Advantage PPO Saver 2000
Bundle 6	Advantage HMO 1000 Advantage HMO 2000 (80%) Advantage PPO 2000 (80%)

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) សម្រាប់សេវាកម្មបោះពុម្ពផ្សាយឥតគិតថ្លៃជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើកាតសម្គាល់សមាជិករបស់អ្នក។

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

Laotian ສໍາລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.

Navajo Doo b́ą́ąh iliní da Diné k'ehjí álnéehgo, hodiilnih béesh bee hani'ée bee née ho'dilzingo nantinígíí bikáá'.

Persian بزیند 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 pagsasalín 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.



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