



2022 MA SMALL GROUP BENEFIT COMPARISON



2022 MA Small Group Benefit Comparison

All plans have a plan year benefit



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	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	Gold	0%	\$500 / \$1,000	\$7,000 / \$14,000	\$25	\$45	\$40	\$40	\$25	Ded then \$45	Ded then \$45	Ded then \$100	Ded then \$300	Ded then \$200	\$300	\$5	\$25	\$60	\$90	\$160	N/A	N/A
Advantage HMO 1000	Gold	0%	\$1,000 / \$2,000	\$7,000 / \$14,000	\$25	\$45	\$40	\$40	\$25	Ded then \$45	Ded then \$50	Ded then \$250	Ded then \$300	Ded then \$250	\$300	\$5	\$25	\$60	\$90	\$160	N/A	N/A
Advantage HMO 1500	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
Advantage HMO 2000	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	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	Silver	0%	\$3,000 / \$6,000	\$8,700 / \$17,400	\$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 HMO 4000	Silver	0%	\$4,000 / \$8,000	\$8,700 / \$17,400	\$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	Silver	0%	\$5,000 / \$10,000	\$8,700 / \$17,400	\$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 Basic HMO 2000	Silver	0%	\$2,000 / \$4,000	\$8,700 / \$17,400	\$50	\$100	\$50	\$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
HMO Coinsurance Plans																						
Advantage HMO 1500 (90%)	Gold	10%	\$1,500 / \$3,000	\$8,700 / \$17,400	\$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%)	Gold	20%	\$2,000 / \$4,000	\$8,700 / \$17,400	\$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 2000	Silver	0%	\$2,000 / \$4,000 *	\$6,900 / \$13,800	Ded then \$25	Ded then \$45	Ded	Ded then \$25	Ded then \$25	Ded then \$35	Ded then \$35	Ded then \$75	Ded then \$250	Ded then \$300	Ded then \$250	Ded then \$5	Ded then \$30	Ded then \$70	Ded then \$100	Ded then \$125	N/A	Combined
Advantage HMO Saver 2500	Silver	0%	\$2,500 / \$5,000 *	\$6,900 / \$13,800	Ded then \$25	Ded then \$45	Ded	Ded then \$25	Ded then \$25	Ded then \$35	Ded then \$35	Ded then \$75	Ded then \$250	Ded then \$300	Ded then \$250	Ded then \$5	Ded then \$30	Ded then \$70	Ded then \$100	Ded then \$125	N/A	Combined
Advantage HMO Saver 3000	Silver	0%	\$3,000 / \$6,000	\$6,900 / \$13,800	Ded then \$25	Ded then \$45	Ded	Ded then \$25	Ded then \$25	Ded then \$35	Ded then \$35	Ded then \$75	Ded then \$250	Ded then \$300	Ded then \$250	Ded then \$5	Ded then \$40	Ded then \$70	Ded then \$100	Ded then \$125	N/A	Combined
Advantage HMO Saver 3600	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

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

All 2022 plans meet Minimum Credible Coverage (MCC) standards for MA employees.

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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.

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

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HMO Tiered Plans																						
Your Choice HMO 1500																						
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 \$125	Ded then \$450	Ded then \$1,000	Ded then \$1,000								
Your Choice HMO 3000																						
Tier 1	Gold	0%	\$3,000 / \$6,000	\$8,700 / \$17,400	\$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	\$8,700 / \$17,400	\$50	\$80				Ded then \$50	Ded then \$200	Ded then \$500	Ded then \$1,000	Ded then \$1,000								
Your Choice HMO Copay (65%)																						
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	\$8,700 / \$17,400	\$75	\$75				Ded then 35%	Ded then 35%	Ded then 35%	Ded then 35%	Ded then 35%								

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HMO Select Network Plans																						
Select Advantage HMO 1000	Gold	0%	\$1,000 / \$2,000	\$7,000 / \$14,000	\$25	\$45	\$40	\$40	\$25	Ded then \$45	Ded then \$50	Ded then \$250	Ded then \$300	Ded then \$250	\$300	\$5	\$25	\$60	\$90	\$160	N/A	N/A
Select Advantage HMO 1500	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	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	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	Silver	0%	\$3,000 / \$6,000	\$8,700 / \$17,400	\$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
Connector Plans (for off-Exchange)																						
Premier Platinum	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	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
Premier Gold 2000	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 Silver 2000	Silver	0%	\$2,000 / \$4,000	\$8,700 / \$17,400	\$30	\$60	\$60	\$60	\$30	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	\$300 / \$600
Premier Silver Saver 2000	Silver	0%	\$2,000 / \$4,000 *	\$7,050 / \$14,100	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 3200	Bronze	0%	\$3,200 / \$6,400	\$7,050 / \$14,100	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
Connector Plans (for off-Exchange) PPO																						
					IN-NETWORK SERVICES								IN-NETWORK SERVICES									
Premier PPO Silver Saver 3000	Silver	0% / 20%	In: \$3,000 / \$6,000 Out: \$6,000 / \$12,000	In: \$6,400 / \$12,800 Out: \$12,800 / \$25,600	Ded then \$50	Ded then \$50	Ded then \$50	Ded then \$50	Ded then \$50	Ded then \$60	Ded then \$75	Ded then \$500	Ded then \$1,000	Ded then \$1,000	Ded then \$500	Ded then \$5	Ded then \$30	Ded then \$60	Ded then \$105	N/A	N/A	Combined

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PPO Deductible Plans					IN-NETWORK SERVICES																	
Advantage PPO 500	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	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	Silver	0% / 20%	In: \$1,500 / \$3,000 Out: \$3,000 / \$6,000	In: \$8,700 / \$17,400 Out: \$17,400 / \$34,800	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	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 \$75	Ded then \$125	Ded then \$200	Ded then \$250	Ded then \$300	\$5	\$30	\$60	\$90	\$160	N/A	N/A
Advantage PPO 3000	Silver	0% / 20%	In: \$3,000 / \$6,000 Out: \$6,000 / \$12,000	In: \$8,700 / \$17,400 Out: \$17,400 / \$34,800	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	\$35	\$85	\$110	10%	\$250	N/A
Advantage PPO 4000	Silver	0% / 20%	In: \$4,000 / \$8,000 Out: \$8,000 / \$16,000	In: \$8,000 / \$16,000 Out: \$16,000 / \$32,000	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 Saver Plans (HSA-Qualified)					IN-NETWORK SERVICES																	
Advantage PPO Saver 2000	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 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	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 \$30	Ded then \$30	Ded	Ded then \$30	Ded then \$30	Ded then \$35	Ded then \$35	Ded then \$75	Ded then \$250	Ded then \$300	Ded then \$250	Ded then \$5	Ded then \$40	Ded then \$70	Ded then \$100	Ded then \$125	N/A	Combined
Advantage PPO Saver 5000	Bronze	0% / 20%	In: \$5,000 / \$10,000 Out: \$10,000 / \$20,000	In: \$7,050 / \$14,100 Out: \$14,100 / \$28,200	Ded then \$80	Ded then \$80	Ded	Ded then \$80	Ded then \$80	Ded then \$75	Ded then \$140	Ded then \$750	Ded then \$1,000	Ded then \$1,500	Ded then \$1,500	Ded then \$5	Ded then \$30	Ded then \$70	Ded then \$100	Ded then \$125	N/A	Combined

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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: OCRCordinator@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.

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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 សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើកាតសមាជិករបស់អ្នក។

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

Laotian ສໍາລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.

Navajo Doo báhah ilíní da Diné k'ehjí álnéehgo, hodiilnih béesh bee hani'ée bee nées ho'díłzingo nantinígíí bikáá'.

Persian .بزنید 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.



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