



# 2022 MA SMALL GROUP ALLOWED PLAN OPTIONS

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# SIDE-BY-SIDE GRID



2022 Allowable Combinations	Plan Name	HMO Basic	Advantage HMO 500	Advantage HMO 1000	Advantage HMO 1500	Advantage HMO 1500 (90%)	Advantage HMO 2000	Advantage HMO 2000 (80%)	Advantage Basic HMO 2000	Advantage HMO 2500	Advantage HMO 3000	Advantage HMO 4000	Advantage HMO 5000	Advantage HMO Saver 2000	Advantage HMO Saver 2500	Advantage HMO Saver 3000	Advantage HMO Saver 3600	Select Advantage HMO 1000	Select Advantage HMO 1500	Select Advantage HMO 2000	Select Advantage HMO 2500	Select Advantage HMO 3000	Advantage PPO 500	Advantage PPO 1000	Advantage PPO 1500	Advantage PPO 2000	Advantage PPO 3000	Advantage PPO 4000	Advantage PPO Saver 2000	Advantage PPO Saver 3000	Advantage PPO Saver 5000	Premier Platinum	Premier Gold	Premier Gold 2000	Premier Silver 2000	Premier Silver Saver 2000	Premier Bronze Saver 3200	Premier PPO Silver Saver 3000	Your Choice HMO 1500	Your Choice HMO 3000	Your Choice HMO Copay (65%)									
7	HMO Basic																																																	
13	Advantage HMO 500																																																	
14	Advantage HMO 1000																																																	
17	Advantage HMO 1500																																																	
17	Advantage HMO 1500 (90%)																																																	
15	Advantage HMO 2000																																																	
15	Advantage HMO 2000 (80%)																																																	
15	Advantage Basic HMO 2000																																																	
15	Advantage HMO 2500																																																	
14	Advantage HMO 3000																																																	
9	Advantage HMO 4000																																																	
6	Advantage HMO 5000																																																	
17	Advantage HMO Saver 2000																																																	
16	Advantage HMO Saver 2500																																																	
15	Advantage HMO Saver 3000																																																	
8	Advantage HMO Saver 3600																																																	
3	Select Advantage HMO 1000																																																	
4	Select Advantage HMO 1500																																																	
4	Select Advantage HMO 2000																																																	
4	Select Advantage HMO 2500																																																	
3	Select Advantage HMO 3000																																																	
6	Advantage PPO 500																																																	
7	Advantage PPO 1000																																																	
11	Advantage PPO 1500																																																	
14	Advantage PPO 2000																																																	
15	Advantage PPO 3000																																																	
10	Advantage PPO 4000																																																	
15	Advantage PPO Saver 2000																																																	
15	Advantage PPO Saver 3000																																																	
4	Advantage PPO Saver 5000																																																	
1	Premier Platinum																																																	
1	Premier Gold																																																	
4	Premier Gold 2000																																																	
4	Premier Silver 2000																																																	
4	Premier Silver Saver 2000																																																	
4	Premier Bronze Saver 3200																																																	
4	Premier PPO Silver Saver 3000																																																	
2	Your Choice HMO 1500																																																	
1	Your Choice HMO 3000																																																	
1	Your Choice HMO Copay (65%)																																																	

Blue square = Allowable combination (Plans are valid plan pairings)  
 The maximum deductible spread between plans is limited to \$1,500  
 All PPO offerings are limited to the same or greater deductible than the HMO plan. (\$1,500 limit applies)  
 A group must have and maintain 6 benefit eligible employees to offer two plans.  
 A group must have and maintain 20 enrolled subscribers to offer three plans. Of which one plan must be a PPO.  
 A PPO plan may be added to a group of 2 or more benefit eligible employees as a second plan for Out of Area members when the primary group plan is a Select, or Your Choice Plan.

## 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](http://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](mailto: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](http://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)** សម្រាប់សេវាកម្មបំប្លែងភាសាខ្មែរ ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើកាតសម្គាល់សមាជិករបស់អ្នក។

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

**Laotian** ສໍາລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.

**Navajo** Doo b́ą́ą́h 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.



[tuftshealthplan.com](https://tuftshealthplan.com)