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# Comparison of Popular Small Group Plans in Massachusetts

**Q2 2021**



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# TOP SELLING HMO PLANS

# Q2 2021 Product Comparisons for MA – HMO \$1000 Deductible Plans

	Tufts Health Plan	Harvard Pilgrim Health Care	BCBS of MA		Allways Health Partners
	Advantage HMO 1000	HMO 1000 - Flex	HMO Blue New England \$1,000 Deductible with Copayment	HMO Blue New England \$1,000 Deductible with HCCS	Complete HMO 1000 25/40
Premium Rate Comparison*	-	-0.2%	+3.4%	+8.5%	-2.6%
<b>Benefit Comparison**</b>					
Deductible (Ind/Fam)	\$1000 / \$2000	\$1000 / \$2000	\$1000 / \$2000	\$1000 / \$2000	\$1000 / \$2000
Medical and Rx OOP Max (Ind/Fam)	\$7000 / \$14000	\$7000 / \$14000	\$8100 / \$16200	\$8150 / \$16300	\$7900 / \$15800
Rx (30-Day Retail)	\$5/\$25/\$60/\$90/\$160	\$5/\$30/\$60/\$100/20% (\$250 max)	-\$/10/\$45/\$150/\$225	-\$/10/\$45/\$150/\$225	\$10/\$25/\$50/\$100/\$125/\$250
PCP/Specialist	\$25 / \$45 copay	\$25 / \$50 copay	\$25 / \$50 copay	\$25 / \$45 copay	\$25/\$40 copay
Telehealth (Teladoc, Doctors OnDemand, etc.)	Covered in full	Covered in full	\$25 copay	\$25 copay	\$25 copay
PT/OT/ST	\$40 copay	Non-Hospital Based: \$25 copay Hospital Based: Deductible then \$50 copay	Deductible then \$50 copay	General Hospital: Deductible then \$45 copay Highest Cost Share: Deductible then \$80 copay Other Providers: Deductible then \$45 copay	\$40 copay
Chiro/Acupuncture	\$25 copay	\$50 copay	\$50 copay	\$45 copay	Chiro only: \$25 copay (Acupuncture not covered)
Labs	\$25 copay	Flex Providers: Covered in full Other Providers: Deductible then \$45 copay	General Hospital: Deductible then covered in full Highest Cost Share: Deductible then \$40 copay Other Providers: Deductible then covered in full	General Hospital: Deductible then \$35 copay Highest Cost: Deductible then \$70 copay Other Providers: Deductible then \$35 copay	Deductible then covered in full
LTI/Diagnostic Testing	Deductible then \$50 copay	Deductible then \$45 copay	General Hospital: Deductible then covered in full Highest Cost Share: Deductible then \$80 copay Other Providers: Deductible then covered in full	General Hospital: Deductible then \$35 copay Highest Cost: Deductible then \$135 copay Other Providers: Deductible then \$35 copay	Deductible then \$40 copay
HTI	Deductible then \$125 copay	Non-Hospital Based: \$200 copay Hospital Based: Deductible then \$300 copay	General Hospital: Deductible then \$300 copay Other Providers: Deductible then \$50 copay	General Hospital: Deductible then \$75 copay Highest Cost: Deductible then \$525 copay Other Providers: Deductible then \$75 copay	Deductible then \$250 copay
SDC	Deductible then \$150 copay	Flex Providers: \$50 copay Other Providers: Deductible then \$300 copay	Deductible then \$250 copay	Standard Cost: Deductible then covered in full Highest Cost: Deductible then \$1000 copay	Deductible then \$250 copay
Inpatient	Deductible then \$250 copay	Deductible then \$200 copay	Deductible then \$550 copay	Standard Cost: Deductible then covered in full Highest Cost: Deductible then \$1000 copay	Deductible then \$250 copay
ER	\$300 copay	\$300 copay	\$250 copay	\$250 copay	\$250 copay

\*Premium Rate Comparison based off Q2 2021 MA Small Group Rate Filing, 21-year-old individual in the Boston area

\*\*Benefit Comparison developed from Q2 2021 product grids, summary of benefits & coverage, benefit summaries & evidence of coverage documents

# Q2 2021 Product Comparisons for MA – HMO \$1500 Deductible Plans

	Tufts Health Plan	Harvard Pilgrim Health Care	BCBS of MA	Always Health Partners
	Advantage HMO 1500	HMO 1500 - Flex	HMO Blue New England \$1,500 Deductible with HCCS	Complete HMO 1500
Premium Rate Comparison*	-	+2.6%	+9.4%	+0.0%
<b>Benefit Comparison**</b>				
Deductible (Ind/Fam)	\$1500 / \$3000	\$1500 / \$3000	\$1500 / \$3000	\$1500 / \$3000
Medical and Rx OOP Max (Ind/Fam)	\$7000 / \$14000	\$7000 / \$14000	\$8150 / \$16300	\$7900 / \$15800
Rx (30-Day Retail)	\$5/\$25/\$60/\$90/\$160	\$5/\$30/\$60/\$100/20% (\$250 max)	-\$/10/\$45/\$150/\$225	\$10/\$30/\$50/\$100/\$125/\$250
PCP/Specialist	\$25 / \$45 copay	\$25 / \$50 copay	\$25 / \$45 copay	\$25/\$40 copay
Telehealth (Teladoc, Doctors OnDemand, etc.)	Covered in full	Covered in full	\$25 copay	\$25 copay
PT/OT/ST	\$40 copay	Non-Hospital Based: \$25 copay Hospital Based: Deductible then \$50 copay	General Hospital: Deductible then \$45 copay Highest Cost: Deductible then \$80 copay Other Providers: Deductible then \$45 copay	\$25 copay
Chiro/Acupuncture	\$25 copay	\$50 copay	\$45 copay	Chiro only: \$25 copay (Acupuncture not covered)
Labs	Deductible then \$25 copay	Flex Providers: Covered in full Other Providers: Deductible then \$45 copay	General Hospital: Deductible then \$35 copay Highest Cost: Deductible then \$70 copay Other Providers: Deductible then \$35 copay	Deductible then covered in full
LTI/Diagnostic Testing	Deductible then \$50 copay	Deductible then \$45 copay	General Hospital: Deductible then \$35 copay Highest Cost: Deductible then \$135 copay Other Providers: Deductible then \$35 copay	Deductible then \$40 copay
HTI	Deductible then \$150 copay	Non-Hospital Based: \$200 copay Hospital Based: Deductible then \$300 copay	General Hospital: Deductible then \$75 copay Highest Cost: Deductible then \$525 copay Other Providers: Deductible then \$75 copay	Deductible then \$250 copay
SDC	Deductible then \$150 copay	Flex Providers: \$75 copay Other Providers: Deductible then \$300 copay	Standard Cost: Deductible then covered in full Highest Cost: Deductible then \$1000 copay	Deductible then \$250 copay
Inpatient	Deductible then \$250 copay	Deductible then \$250 copay	Standard Cost: Deductible then covered in full Highest Cost: Deductible then \$1000 copay	Deductible then \$300 copay
ER	\$300 copay	\$300 copay	\$250 copay	\$250 copay

Premium Rate Comparison based off Q2 2021 MA Small Group Rate Filing, 21-year-old individual in the Boston area

\*\*Benefit Comparison developed from Q2 2021 product grids, summary of benefits & coverage, benefit summaries & evidence of coverage documents

# Q2 2021 Product Comparisons for MA – HMO \$2000 Deductible Plans

	Tufts Health Plan	Harvard Pilgrim Health Care	BCBS of MA		Allways Health Partners
	Advantage HMO 2000	HMO 2000 - Flex	HMO Blue New England \$2,000 Deductible	HMO Blue New England \$2,000 Deductible w HCCS	Complete HMO 2000 25/40
Premium Rate Comparison*	-	+0.3%	+12.1%	+5.1%	+0.9%
<b>Benefit Comparison**</b>					
Deductible (Ind/Fam)	\$2000 / \$4000	\$2000 / \$4000	\$2000 / \$4000	\$2000 / \$4000	\$2000 / \$4000
Medical and Rx OOP Max (Ind/Fam)	\$7000 / \$14000	\$7000 / \$14000	\$8150 / \$16300	\$8150 / \$16300	\$8000 / \$16000
Rx (30-Day Retail)	\$5/\$30/\$60/\$90/\$160	\$5/\$30/\$60/\$100/20% (\$250 max)	-\$10/\$45/\$150/\$250	-\$10/\$45/\$150/\$225	\$10/\$30/\$50/\$100/\$125/\$250
PCP/Specialist	\$25 / \$50 copay	\$25 / \$50 copay	\$25 / \$45 copay	\$25 / \$45 copay	\$25/\$40 copay
Telehealth (Teladoc, Doctors OnDemand, etc.)	Covered in full	Covered in full	\$25 copay	\$25 copay	\$25 copay
PT/OT/ST	\$40 copay	Non-Hospital Based: \$25 copay Hospital Based: Deductible then \$50 copay	\$45 copay	General Hospital: Deductible then \$45 copay Highest Cost Share: Deductible then \$80 copay Other Providers: Deductible then \$45 copay	\$40 copay
Chiro/Acupuncture	\$25 copay	\$50 copay	\$45 copay	\$45 copay	Chiro only: \$25 copay (Acupuncture not covered)
Labs	Deductible then \$25 copay	Flex Providers: Covered in full Other Providers: Deductible then \$45 copay	General Hospital: Deductible then covered in full Highest Cost: Deductible then \$60 copay Other Providers: Deductible then covered in full	General Hospital: Deductible then \$35 copay Highest Cost: Deductible then \$70 copay Other Providers: Deductible then \$35 copay	Deductible then covered in full
LTI/Diagnostic Testing	Deductible then \$50 copay	Deductible then \$45 copay	General Hospital: Deductible then covered in full Highest Cost: Deductible then \$100 copay Other Providers: Deductible then covered in full	General Hospital: Deductible then \$35 copay Highest Cost: Deductible then \$135 copay Other Providers: Deductible then \$35 copay	Deductible then \$40 copay
HTI	Deductible then \$125 copay	Non-Hospital Based: \$200 copay Hospital Based: Deductible then \$300 copay	General Hospital: Deductible then \$50 copay Highest Cost: Deductible then \$300 copay Other Providers: Deductible then \$50 copay	General Hospital: Deductible then \$50 copay Highest Cost: Deductible then \$500 copay Other Providers: Deductible then \$50 copay	Deductible then \$250 copay
SDC	Deductible then \$150 copay	Flex Providers: \$75 copay Other Providers: Deductible then \$300 copay	Deductible then covered in full	Standard Cost: Deductible then covered in full Highest Cost: Deductible then \$1000 copay	Deductible then \$250 copay
Inpatient	Deductible then \$250 copay	Deductible then \$250 copay	Deductible then covered in full	Standard Cost: Deductible then covered in full Highest Cost: Deductible then \$1000 copay	Deductible then \$500 copay
ER	\$300 copay	\$300 copay	\$250 copay	\$150 copay	\$250 copay

Premium Rate Comparison based off Q2 2021 MA Small Group Rate Filing, 21-year-old individual in the Boston area

\*\*Benefit Comparison developed from Q2 2021 product grids, summary of benefits & coverage, benefit summaries & evidence of coverage documents

# Q2 2021 Product Comparisons for MA – HMO \$2000 Deductible Buydown Plans

	Tufts Health Plan		Harvard Pilgrim Health Care		BCBS of MA	Allways Health Partners
	Premier Silver 2000	Advantage Basic HMO 2000	HMO 2000 Low - Flex	HMO 2000 Value- Flex	HMO Blue New England \$2000 Deductible with Copayment	Complete HMO 2000 25/45
Premium Rate Comparison*	-	-5.4%	+7.6%	+1.4%	+10.2%	+6.7%
<b>Benefit Comparison**</b>						
Deductible (Ind/Fam)	\$2000 / \$4000	\$2000 / \$4000	\$2000 / \$4000	\$2000 / \$4000	\$2000 / \$4000	\$2000 / \$4000
Rx Deductible (Ind/Fam)	\$250 / \$500 (Applies to T2-T4 Rx)	\$250 / \$500 (Applies to T2- T4 Rx )	\$250 / \$500 (Applies to T2-T3 Rx)	-	--	-
Medical and Rx OOP Max (Ind/Fam)	\$8550 / \$17100	\$8550 / \$17100	\$6500 / \$13000	\$8500 / \$17000	\$8150 / \$16300	\$8000 / \$16000
Rx (30-Day Retail)	\$5/\$30/\$60/\$105	\$5/\$50/\$85/\$150/10% (\$250 max)	\$25/\$50/\$125	\$5/\$30/\$80/\$120/20% (\$500 max)	-\$10/\$45/\$175/\$250	\$10/\$45/\$175/\$250/\$175/\$250
PCP/Specialist	\$50 / \$75 copay	\$50 / \$100 copay	\$30 / \$55 copay	\$50 / \$75 copay	\$25 / \$45 copay	\$25/\$45 copay
Telehealth (Teladoc, Doctors OnDemand, etc.)	Covered in full	Covered in full	Covered in full	Covered in full	\$25 copay	\$25 copay
PT/OT/ST	\$75 copay	\$50 copay	Non-Hospital Based: \$25 copay Hospital Based: \$55 copay	Non-Hospital Based: \$50 copay Hospital Based: Deductible then \$75 copay	Deductible then \$45 copay	\$45 copay
Chiro/Acupuncture	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$45 copay	Chiro only: \$25 copay (Acupuncture not covered)
Labs	Deductible then \$75 copay	Deductible then \$80 copay	Flex Providers: \$20 copay Other Providers: Deductible then \$50 copay	Flex Providers: \$25 copay Other Providers: Deductible then \$75 copay	General Hospital: Deductible then covered in full Highest Cost: Deductible then \$80 copay Other Providers: Deductible then covered in full	Deductible then \$45 copay
LTI/Diagnostic Testing	Deductible then \$75 copay	Deductible then \$80 copay	Deductible then \$75 copay	Deductible then \$100 copay	General Hospital: Deductible then covered in full Highest Cost: Deductible then \$125 copay Other Providers: Deductible then covered in full	Deductible then \$125 copay
HTI	Deductible then \$500 copay	Deductible then \$500 copay	Non-Hospital Based: \$200 copay Hospital Based Deductible then \$300 copay	Non-Hospital Based: \$750 copay Hospital Based: Deductible then \$1000 copay	General Hospital: Deductible then \$75 copay Highest Cost: Deductible then \$350 copay Other Providers: Deductible then \$75 copay	Deductible then \$350 copay
SDC	Deductible then \$500 copay	Deductible then \$1000 copay	Flex Providers: \$250 copay Other Providers: Deductible then \$500 copay	Flex Providers: \$250 copay Other Providers: Deductible then \$1000 copay	Deductible then \$250 copay	Deductible then \$250 copay
Inpatient	Deductible then \$1000 copay	Deductible then \$1000 copay	Deductible then \$750 copay	Deductible then \$1000 copay	Deductible then \$550 copay	Deductible then \$500 copay
ER	Deductible then \$300 copay	Deductible then \$1000 copay	Deductible then \$350 copay	\$1000 copay	Deductible then \$750 copay	\$250 copay

Premium Rate Comparison based off Q2 2021 MA Small Group Rate Filing, 21-year-old individual in the Boston area

\*\*Benefit Comparison developed from Q2 2021 product grids, summary of benefits & coverage, benefit summaries & evidence of coverage documents

# Q2 2021 Product Comparisons for MA – HMO \$3000 Deductible Plans

	Tufts Health Plan	Harvard Pilgrim Health Care	BCBS of MA		Allways Health Partners
	Advantage HMO 3000	HMO 3000 - Flex	HMO Blue New England \$3,000 Deductible HCCS	HMO Blue New England \$3,000 Deductible Non-HCCS	Complete HMO 3000
Premium Rate Comparison*	-	-3.0%	+3.4%	+8.8%	-9.8%
<b>Benefit Comparison**</b>					
Deductible (Ind/Fam)	\$3000 / \$6000	\$3000 / \$6000	\$3000 / \$6000	\$3000 / \$6000	\$3000 / \$6000
Medical and Rx OOP Max (Ind/Fam)	\$8550 / \$17100	\$8500 / \$17100	\$8150 / \$16300	\$8150 / \$16300	\$8550 / \$17100
Rx (30-Day Retail)	\$5/\$35/\$85/\$110/10% (\$250 max)	\$5/\$30/\$80/\$120/20% (\$500 max)	-\$10/\$45/\$150/\$225	-\$10/\$45/\$150/\$225	\$10/\$30/\$50/\$150/\$175/\$250
PCP/Specialist	\$40 / \$60 copay	\$45 / \$65 copay	\$30 / \$40 copay	\$40 / \$55 copay	\$40/55 copay
Telehealth (Teladoc, Doctors OnDemand, etc.)	Covered in full	Covered in full	\$30 copay	\$40 copay	\$40 copay
PT/OT/ST	\$45 copay	Non-Hospital Based: \$40 copay Hospital Based: Deductible then \$65 copay	General Hospital: Deductible then \$40 copay Highest Cost Share: Deductible then \$75 copay Other Providers: Deductible then \$40 copay	Deductible then \$40 copay	\$55 copay
Chiro/Acupuncture	\$40 copay	\$50 copay	\$45 copay	\$55 copay	Chiro only: \$40 copay (Acupuncture not covered)
Labs	Deductible then \$75 copay	Flex Providers: Covered in full Other Plan Providers: Deductible then \$65 copay	General Hospital: Deductible then \$35 copay Highest Cost: Deductible then \$70 copay Other Providers: Deductible then \$35 copay	General Hospital: Deductible then covered in full Highest Cost: Deductible then \$60 copay Other Providers: Deductible then covered in full	Deductible then \$40 copay
LTI/Diagnostic Testing	Deductible then \$75 copay	Deductible then \$65 copay	General Hospital: Deductible then \$40 copay Highest Cost: Deductible then \$140 copay Other Providers: Deductible then \$40 copay	General Hospital: Deductible then covered in full Highest Cost: Deductible then \$100 copay Other Providers: Deductible then covered in full	Deductible then \$55 copay
HTI	Deductible then \$300 copay	Non-Hospital Based: \$250 copay Hospital Based: Deductible then \$750 copay	General Hospital: Deductible then \$500 copay Highest Cost: Deductible then \$950 copay Other Providers: Deductible then \$500 copay	General Hospital: Deductible then \$50 copay Highest Cost: Deductible then \$300 copay Other Providers: Deductible then \$50 copay	Deductible then \$300 copay
SDC	Deductible then \$350 copay	Flex Providers: \$250 copay Other Providers: Deductible then \$750 copay	Standard Cost Share: Deductible then \$500 copay Highest Cost Share: Deductible then \$1500 copay Other Providers: Deductible then \$500 copay	Deductible then \$500 copay	Deductible then \$300 copay
Inpatient	Deductible then \$500 copay	Deductible then \$1000 copay	Standard Cost Share: Deductible then \$500 copay Highest Cost Share: Deductible then \$1500 copay	Deductible then \$500 copay	Deductible then \$500 copay
ER	Deductible then \$350 copay	Deductible then \$650 copay	Deductible then \$500 copay	Deductible then \$750 copay	Deductible then \$300 copay

Premium Rate Comparison based off Q2 2021 MA Small Group Rate Filing, 21-year-old individual in the Boston area

\*\*Benefit Comparison developed from Q2 2021 product grids, summary of benefits & coverage, benefit summaries & evidence of coverage documents





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# HMO HSA/SAVER PLANS



# Q2 2021 Product Comparisons for MA – HMO Saver \$2000 Deductible Plans



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	Tufts Health Plan	Harvard Pilgrim Health Care	BCBS of MA	Allways Health Partners
	Advantage HMO Saver 2000	HMO HSA 2000 - Flex	HMO Blue New England Saver \$2,000	Complete HMO HSA 2000 Enhanced FlexRx
Premium Rate Comparison*	-	+2.1%	+7.5%	-1.7%
<b>Benefit Comparison**</b>				
Med & Rx Deductible (Ind/Fam)	\$2000 / \$4000 (Aggregate Family Deductible)	\$2000 / \$4000 (Aggregate Family Deductible)	\$2000 / \$4000 (Aggregate Family Deductible)	\$2000 / \$4000 (Aggregate Family Deductible)
Medical and Rx OOP Max (Ind/Fam)	\$6900 / \$13800	\$6850 / \$13700	\$6900 / \$13800	\$7000 / \$14000
Rx (30-Day Retail)	\$5/\$30/\$70/\$100/\$125	\$5/\$30/\$80/\$120/20% (\$500 max)	-\$10/\$45/\$175/\$250	\$10/\$30/\$50/\$100/\$125/\$250
PCP/Specialist	Deductible then covered in full / Deductible then \$35 copay	Deductible then \$35 copay / Deductible then \$55 copay	Deductible then \$25 copay / Deductible then \$45 copay	Deductible then \$25 copay/ Deductible then \$45 copay
Telehealth (Teladoc, Doctors OnDemand, etc.)	Covered in full	Deductible then covered in full	Deductible then \$25 copay	Deductible then \$25 copay
PT/OT/ST	Deductible then covered in full	Non-Hospital Based: Deductible then \$35 copay Hospital Based: Deductible then \$55 copay	Deductible then \$45 copay	Deductible then \$45 copay
Chiro/Acupuncture	Deductible then covered in full	Deductible then \$50 copay	Deductible then \$45 copay	Chiro only: Deductible then \$25 copay (Acupuncture not covered)
Labs	Deductible then \$35 copay	Flex Providers: Deductible then covered in full Other Providers: Deductible then \$55 copay	General Hospital: Deductible then covered in full Highest Cost: Deductible then \$60 copay Other Providers: Deductible then covered in full	Deductible then covered in full
LTI/Diagnostic Testing	Deductible then \$35 copay	Deductible then \$55 copay	General Hospital: Deductible then covered in full Higher Cost: Deductible then \$100 copay Other Providers: Deductible then covered in full	Deductible then covered in full
HTI	Deductible then covered in full	Non-Hospital Based: Deductible then \$200 copay Hospital Based: Deductible then \$400 copay	General Hospital: Deductible then \$75 copay Highest Cost: Deductible then \$400 copay Other Providers: Deductible then \$75 copay	Deductible then \$75 copay
SDC	Deductible then \$200 copay	Flex Providers: Deductible then covered in full Other Providers: Deductible then \$250 copay	Deductible then \$250 copay	Deductible then \$250 copay
Inpatient	Deductible then \$300 copay	Deductible then \$500 copay	Deductible then \$250 copay	Deductible then \$250 copay
ER	Deductible then \$200 copay	Deductible then \$400 copay	Deductible then \$250 copay	Deductible then \$250 copay

Premium Rate Comparison based off Q2 2021 MA Small Group Rate Filing, 21-year-old individual in the Boston area

\*\*Benefit Comparison developed from Q2 2021 product grids, summary of benefits & coverage, benefit summaries & evidence of coverage documents

# Q2 2021 Product Comparisons for MA – HMO Saver \$3000 Deductible Plans



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	Tufts Health Plan	Harvard Pilgrim Health Care	BCBS of MA		Allways Health Partners
	Advantage HMO Saver 3000	HMO HSA 3000 - Flex	HMO Blue New England Saver \$3,000	HMO Blue New England Saver \$3,000 with HCCS	Complete HMO HSA 3000 Enhanced FlexRx
Premium Rate Comparison*	-	+1.0%	+10.2%	+4.2%	+1.4%
<b>Benefit Comparison**</b>					
Med & Rx Deductible (Ind/Fam)	\$3000 / \$6000 (Embedded Family Deductible)	\$3000 / \$6000 (Aggregate Family Deductible)	\$3000 / \$6000 (Embedded Family Deductible)	\$3000 / \$6000 (Embedded Family Deductible)	\$3000 / \$6000 (Embedded Family Deductible)
Medical and Rx OOP Max (Ind/Fam)	\$6900 / \$13800	\$6850 / \$13700	\$6900 / \$13800	\$6900 / \$13800	\$7000 / \$14000
Rx (30-Day Retail)	\$5/\$40/\$70/\$100/\$125	\$5/\$30/\$80/\$120/20% (\$500 max)	-\$10/\$45/\$150/\$225	-\$10/\$45/\$150/\$225	\$10/\$30/\$60/\$100/\$125/\$250
PCP/Specialist	Deductible then \$15 copay / Deductible then \$30 copay	Deductible then \$35 copay / Deductible then \$55 copay	Deductible then \$35 copay / Deductible then \$50 copay	Deductible then \$35 copay / Deductible then \$50 copay	Deductible then \$35 copay / Deductible then \$50 copay
Telehealth (Teladoc, Doctors OnDemand, etc.)	Covered in full	Deductible then covered in full	Deductible then \$35 copay	Deductible then \$35 copay	Deductible then \$35 copay
PT/OT/ST	Deductible then covered in full	Non-Hospital Based: Deductible then \$35 copay Hospital Based: Deductible then \$55 copay	Deductible then \$50 copay	General Hospital: Deductible then \$50 copay Highest Cost: Deductible then \$80 copay Other Providers: Deductible then \$50 copay	Deductible then \$50 copay
Chiro/Acupuncture	Deductible then \$15 copay	Deductible then \$50 copay	Deductible then \$50 copay	Deductible then \$50 copay	Chiro only: Deductible then \$35 copay (Acupuncture not covered)
Labs	Deductible then \$35 copay	Flex Providers: Deductible then covered in full Other Providers: Deductible then \$55 copay	General Hospital: Deductible then covered in full Highest Cost: Deductible then \$35 copay Other Providers: Deductible then covered in full	General Hospital: Deductible then covered in full Highest Cost: Deductible then \$35 copay Other Providers: Deductible then covered in full	Deductible then covered in full
LTI/Diagnostic Testing	Deductible then \$35 copay	Deductible then \$55 copay	General Hospital: Deductible then covered in full Highest Cost: Deductible then \$35 copay Other Providers: Deductible then covered in full	General Hospital: Deductible then covered in full Highest Cost: Deductible then \$100 copay Other Providers: Deductible then covered in full	Deductible then covered in full
HTI	Deductible then covered in full	Non-Hospital Based: Deductible then \$200 copay Hospital Based: Deductible then \$400 copay	General Hospital: Deductible then covered in full Highest Cost: Deductible then \$150 copay Other Providers: Deductible then covered in full	General Hospital: Deductible then covered in full Highest Cost: Deductible then \$450 copay Other Providers: Deductible then covered in full	Deductible then \$75 copay
SDC	Deductible then \$200 copay	Flex Providers: Deductible then covered in full Other Providers: Deductible then \$250 copay	Deductible then covered in full	Standard Cost: Deductible then covered in full Highest Cost: Deductible then \$1000 copay	Deductible then \$250 copay
Inpatient	Deductible then \$300 copay	Deductible then \$500 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 \$200 copay	Deductible then \$400 copay	Deductible then \$250 copay	Deductible then \$250 copay	Deductible then \$250 copay

Premium Rate Comparison based off Q2 2021 MA Small Group Rate Filing, 21-year-old individual in the Boston area

\*\*Benefit Comparison developed from Q2 2021 product grids, summary of benefits & coverage, benefit summaries & evidence of coverage documents

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



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	Tufts Health Plan	Harvard Pilgrim Health Care	BCBS of MA	
	Advantage HMO Saver 3600	HMO HSA 3400 - Flex	HMO Blue New England Saver \$4,500	HMO Blue New England Basic Saver
Premium Rate Comparison*	-	+10.7%	+23.3%	+12.5%
Benefit Comparison**				
Deductible (Ind/Fam)	\$3600 / \$7200 (Embedded Family Deductible)	\$3400 / \$6800 (Aggregate Family Deductible)	\$4500 / \$9000 (Embedded Family Deductible)	\$3350/\$6700 (Embedded Family Deductible)
Medical and Rx OOP Max (Ind/Fam)	\$7000 / \$14000	\$6850 / \$13700	\$6350 / \$12700	\$6550 / \$13000
Rx (30-Day Retail)	\$30/\$150/\$225	\$5/\$30/\$80/\$120/20% (\$500 max)	-\$10/\$45/\$150/\$225	-\$10/\$45/\$175/\$250
PCP/Specialist	Deductible then \$100 copay / Deductible then \$150 copay	Deductible then \$40 copay / Deductible then \$75 copay	Deductible then \$35 copay / Deductible then \$50 copay	Deductible then \$40 copay / Deductible then \$60 copay
Telehealth (Teladoc, Doctors OnDemand, etc.)	Covered in full	Deductible then covered in full	Deductible then \$35 copay	Deductible then \$40 copay
PT/OT/ST	Deductible then \$150 copay	Non-Hospital Based: Deductible then \$40 copay Hospital Based: Deductible then \$65 copay	Deductible then \$50 copay	Deductible then \$60 copay
Chiro/Acupuncture	Deductible then \$100 copay	Deductible then \$50 copay	Deductible then \$50 copay	Deductible then \$60 copay
Labs	Deductible then \$55 copay	Flex Providers: Deductible then \$25 copay Other Providers: Deductible then \$75 copay	General Hospital: Deductible then covered in full Highest Cost: Deductible then \$35 copay Other Providers: Deductible then covered in full	General Hospital: Deductible then covered in full Highest Cost: Deductible then \$80 copay Other Providers: Deductible then covered in full
LTI/Diagnostic Testing	Deductible then \$140 copay	Deductible then \$100 copay	General Hospital: Deductible then covered in full Highest Cost: Deductible then \$35 copay Other Providers: Deductible then covered in full	General Hospital: Deductible then covered in full Highest Cost: Deductible then \$125 copay Other Providers: Deductible then covered in full
HTI	Deductible then \$1000 copay	Non-Hospital Based: Deductible then \$500 copay Hospital Based: Deductible then \$1000 copay	General Hospital: Deductible then covered in full Highest Cost: Deductible then \$150 copay Other Providers: Deductible then covered in full	General Hospital: Deductible then \$100 copay Highest Cost: Deductible then \$750 copay Other Providers: Deductible then \$100 copay
SDC	Deductible then \$500 copay	Flex Providers: Deductible then \$250 copay Other Providers: Deductible then \$1000 copay	Deductible then \$250 copay	Deductible then \$1000 copay
Inpatient	Deductible then \$2000 copay	Deductible then 20% coinsurance	Deductible then \$250 copay	Deductible then \$1000 copay
ER	Deductible then \$1750 copay	Deductible then \$750 copay	Deductible then \$250 copay	Deductible then \$1000 copay

Premium Rate Comparison based off Q2 2021 MA Small Group Rate Filing, 21-year-old individual in the Boston area

\*\*Benefit Comparison developed from Q2 2021 product grids, summary of benefits & coverage, benefit summaries & evidence of coverage documents



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# TOP SELLING PPO PLANS

# Q1 2021 Product Comparisons for MA – PPO \$1000 Deductible Plans



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	Tufts Health Plan	Harvard Pilgrim Health Care	Allways Health Partners
	Advantage PPO 1000	PPO 1000 - Flex	Complete PPO Plus 1000 25/40
Premium Rate Comparison*	-	-6.4%	-6.2%
<b><i>In-Network Benefit Comparison**</i></b>			
Deductible (Ind/Fam)	\$1000 / \$2000	\$1000 / \$2000	\$1000 / \$2000
Medical and Rx OOP Max (Ind/Fam)	\$7000 / \$14000	\$7000 / \$14000	\$7900 / \$15800
Rx (30-Day Retail)	\$5/\$25/\$60/\$90/\$160	\$5/\$30/\$60/\$100/20% (\$250 max)	\$10/\$30/\$50/\$100/\$125/\$250
PCP/Specialist	Deductible then \$25 copay	\$25 copay / \$50 copay	\$25/\$40 copay
Telehealth (Teladoc, Doctors OnDemand, etc.)	Covered in full	Covered in full	\$25 copay
PT/OT/ST	Deductible then \$25 copay	Non-Hospital Based: \$25 copay Hospital Based: Deductible then \$50 copay	\$40 copay
Chiro/Acupuncture	Deductible then \$25 copay	\$50 copay	Chiro only: \$25 copay (Acupuncture not covered)
Labs	Deductible then \$25 copay	Flex Providers: Covered in full Other Providers: Deductible then \$45 copay	Deductible then covered in full
LTI/Diagnostic Testing	Deductible then \$50 copay	Deductible then \$45 copay	Deductible then \$40 copay
HTI	Deductible then \$125 copay	Non-Hospital Based: \$200 copay Hospital Based: Deductible then \$300 copay	Deductible then \$250 copay
SDC	Deductible then \$100 copay	Flex Providers: \$50 copay Other Providers: Deductible then \$300 copay	Deductible then \$250 copay
Inpatient	Deductible then \$200 copay	Deductible then \$200 copay	Deductible then \$250 copay
ER	Deductible then \$300 copay	\$300 copay	\$250 copay

Premium Rate Comparison based off Q2 2021 MA Small Group Rate Filing, 21-year-old individual in the Boston area

\*\*Benefit Comparison developed from Q2 2021 product grids, summary of benefits & coverage, benefit summaries & evidence of coverage documents

# Q1 2021 Product Comparisons for MA – PPO \$2000 Deductible Plans

	Tufts Health Plan	Harvard Pilgrim Health Care	BCBS of MA		Allways Health Partners
	Advantage PPO 2000	PPO 2000 - Flex	Preferred Blue® PPO \$2,000 Deductible	Preferred Blue® PPO \$2,000 Deductible with HCCS	Complete PPO Plus 2000 25/40
Premium Rate Comparison*	-	+1.6%	+6.4%	+3.5%	+5.1%
<i>In-Network Benefit Comparison**</i>					
Deductible (Ind/Fam)	\$2000 / \$4000	\$2000 / \$4000	\$2000 / \$4000	\$2000 / \$4000	\$2000 / \$4000
Medical and Rx OOP Max (Ind/Fam)	\$8000 / \$16000	\$7000 / \$14000	\$8150 / \$16300	\$8150 / \$16300	\$8000 / \$16000
Rx (30-Day Retail)	\$5/\$30/\$60/\$90/\$160	\$5/\$30/\$60/\$100/20% (\$250 max)	-\$/10/\$45/\$150/\$225	-\$/10/\$45/\$150/\$225	\$10/\$30/\$50/\$100/\$125/\$250
PCP/Specialist	Deductible then \$35 copay	\$25 copay / \$50 copay	Deductible then \$35 copay / Deductible then \$45 copay	Deductible then \$35 copay / Deductible then \$45 copay	\$25/\$40 copay
Telehealth (Teladoc, Doctors OnDemand, etc.)	Covered in full	Covered in full	Deductible then \$35 copay	Deductible then \$35 copay	\$25 copay
PT/OT/ST	Deductible then \$35 copay	Non-Hospital Based: \$25 copay Hospital Based: Deductible then \$50 copay	Deductible then \$45 copay	General Hospital: Deductible then \$45 copay Highest Cost: Deductible then \$80 copay Other Providers: Deductible then \$45 copay	\$40 copay
Chiro/Acupuncture	Deductible then \$35 copay	\$50 copay	Deductible then \$45 copay	Deductible then \$45 copay	Chiro only: \$25 copay (Acupuncture not covered)
Labs	Deductible then \$35 copay	Flex Providers: Covered in full Other Providers: Deductible then \$45 copay	General Hospital: Deductible then covered in full Highest Cost: Deductible then \$60 copay Other Providers: Deductible then covered in full	General Hospital: Deductible then \$35 Highest Cost: Deductible then \$70 copay Other Providers: Deductible then \$35 copay	Deductible then \$45 copay
LTI/Diagnostic Testing	Deductible then \$75 copay	Deductible then \$45 copay	General Hospital: Deductible then covered in full Highest Cost: Deductible then \$100 copay Other Providers: Deductible then covered in full	General Hospital: Deductible then \$35 Highest Cost: Deductible then \$135 copay Other Providers: Deductible then \$35 copay	Deductible then \$125 copay
HTI	Deductible then \$125 copay	Non-Hospital Based: \$200 copay Hospital Based: Deductible then \$300 copay	General Hospital: Deductible then \$75 copay Highest Cost: Deductible then \$400 copay Other Providers: Deductible then \$75 copay	General Hospital: Deductible then \$250 copay Highest Cost: Deductible then \$700 copay Other Providers: Deductible then \$250 copay	Deductible then \$350 copay
SDC	Deductible then \$200 copay	Flex Providers: \$75 copay Other Providers: Deductible then \$300 copay	Deductible then \$250 copay	Standard Cost: Deductible then \$250 copay Highest Cost: Deductible then \$1250 copay	Deductible then \$250 copay
Inpatient	Deductible then \$250 copay	Deductible then \$250 copay	Deductible then 10% coinsurance	Standard Cost: Deductible then 10% coinsurance Highest Cost: Deductible then 20% coinsurance	Deductible then \$500 copay
ER	Deductible then \$300 copay	\$300 copay	Deductible then \$250 copay	Deductible then \$250 copay	\$750 copay

Premium Rate Comparison based off Q2 2021 MA Small Group Rate Filing, 21-year-old individual in the Boston area

\*\*Benefit Comparison developed from Q2 2021 product grids, summary of benefits & coverage, benefit summaries & evidence of coverage documents



# Q2 2021 Product Comparisons for MA – PPO \$3000 Deductible Plans

	Tufts Health Plan	Harvard Pilgrim Health Care	BCBS of MA		Allways Health Partners
	Advantage PPO 3000	PPO 3000 - Flex	Preferred Blue® PPO \$3,000 Deductible	Preferred Blue® PPO \$3,000 Deductible with HCCS	Complete PPO Plus 3000
Premium Rate Comparison*	-	-1.2%	+0.5%	-2.7%	-5.4%
<b>In-Network Benefit Comparison**</b>					
Deductible (Ind/Fam)	\$3000 / \$6000	\$3000 / \$6000	\$3000 / \$6000	\$3000 / \$6000	\$3000 / \$6000 (deductible applies to T4 & T6 Rx)
Rx Deductible (Ind/Fam)	-	-	-	-	
Medical and Rx OOP Max (Ind/Fam)	\$8550 / \$17100	\$8500 / \$17000	\$8150 / \$16300	\$8150 / \$16300	\$8550 / \$17100
Rx (30-Day Retail)	\$5/\$30/\$85/\$110/10% (250 max)	\$5/\$30/\$80/\$120/20% (\$500 max)	-\$10/\$45/\$175/\$250	-\$10/\$45/\$175/\$250	\$10/\$30/\$50/\$150/\$175/\$250
PCP/Specialist	Deductible then \$50 copay	\$40 copay / \$65 copay	Deductible then \$35 copay / Deductible then \$45 copay	Deductible then \$35 copay / Deductible then \$45 copay	\$40/\$55 copay
Telehealth (Teladoc, Doctors OnDemand, etc.)	Covered in full	Covered in full	Deductible then \$35 copay	Deductible then \$35 copay	\$40 copay
PT/OT/ST	Deductible then \$50 copay	Non-Hospital Based: \$40 copay Hospital Based: Deductible then \$65 copay	Deductible then \$45 copay	General Hospital: Deductible then \$45 copay Highest Cost: Deductible then \$80 copay Other Providers: Deductible then \$45 copay	\$55 copay
Chiro/Acupuncture	Deductible then \$50 copay	\$50 copay	Deductible then \$45 copay	Deductible then \$45 copay	Chiro only: \$40 copay (Acupuncture not covered)
Labs	Deductible then \$75 copay	Flex Providers: Covered in full Other Providers: Deductible then \$65 copay	General Hospital: Deductible then covered in full Highest Cost: Deductible then \$40 copay Other Providers: Deductible then covered in full	General Hospital: Deductible then \$35 Highest Cost: Deductible then \$70 copay Other Providers: Deductible then \$35 copay	Deductible then \$40 copay
LTI/Diagnostic Testing	Deductible then \$75 copay	Deductible then \$65 copay	General Hospital: Deductible then covered in full Highest Cost: Deductible then \$60 copay Other Providers: Deductible then covered in full	General Hospital: Deductible then \$35 Highest Cost: Deductible then \$135 copay Other Providers: Deductible then \$35 copay	Deductible then \$55 copay
HTI	Deductible then \$300 copay	Non-Hospital Based: \$250 copay Hospital Based: Deductible then \$750 copay	General Hospital: Deductible then \$75 copay Highest Cost: Deductible then \$400 copay Other Providers: Deductible then \$75 copay	General Hospital: Deductible then \$35 copay Highest Cost: Deductible then \$250 copay Other Providers: Deductible then \$35 copay	Deductible then \$300 copay
SDC	Deductible then \$350 copay	Flex Providers: \$250 copay Other Providers: Deductible then \$750 copay	Deductible then \$500 copay	Standard Cost: Deductible then \$500 copay Highest Cost: Deductible then \$1500 copay	Deductible then \$300 copay
Inpatient	Deductible then \$500 copay	Deductible then \$1000 copay	Deductible then 10% coinsurance	Standard Cost: Deductible then 10% coinsurance Highest Cost: Deductible then 20% coinsurance	Deductible then \$500 copay
ER	Deductible then \$350 copay	Deductible then \$650 copay	Deductible then \$500 copay	Deductible then \$500 copay	Deductible then \$300 copay

Premium Rate Comparison based off Q2 2021 MA Small Group Rate Filing, 21-year-old individual in the Boston area

\*\*Benefit Comparison developed from Q2 2021 product grids, summary of benefits & coverage, benefit summaries & evidence of coverage documents





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# PPO HSA/SAVER PLANS

# Q2 2021 Product Comparisons for MA – PPO Saver \$2000 Deductible Plans



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	Tufts Health Plan	Harvard Pilgrim Health Care	BCBS of MA	Allways Health Partners
	Advantage PPO Saver 2000	PPO HSA 2000 - Flex	Preferred Blue® PPO Saver \$2,000	Complete PPO Plus HSA 2000 Enhanced FlexRx
Premium Rate Comparison*	-	-6.6%	+3.7%	-2.2%
<b><i>In-Network Benefit Comparison**</i></b>				
Deductible (Ind/Fam)	\$2000 / \$4000 (Aggregate Family Deductible)	\$2000 / \$4000 (Aggregate Family Deductible)	\$2000 / \$4000 (Aggregate Family Deductible)	\$2000 / \$4000 (Aggregate Family Deductible)
Medical and Rx OOP Max (Ind/Fam)	\$6900 / \$13800	\$6850 / \$13700	\$6900 / \$13800	\$7000 / \$14000
Rx (30-Day Retail)	\$5/\$30/\$70/\$100/\$125	\$5/\$30/\$80/\$120/20% (\$500 max)	-\$10/\$45/\$175/\$250	\$10/\$30/\$50/\$100/\$125/\$250
PCP/Specialist	Deductible then \$20 copay	Deductible then \$35 copay / Deductible then \$55 copay	Deductible then \$30 copay / Deductible then \$45 copay	Deductible then \$25 copay / Deductible then \$45 copay
Telehealth (Teladoc, Doctors OnDemand, etc.)	Covered in full	Deductible then covered in full	Deductible then \$30 copay	Deductible then \$25 copay
PT/OT/ST	Deductible then covered in full	Non-Hospital Based: Deductible then \$35 copay Hospital Based: Deductible then \$55 copay	Deductible then \$45 copay	Deductible then \$45 copay
Chiro/Acupuncture	Deductible then \$20 copay	Deductible then \$50 copay	Deductible then \$45 copay	Chiro Only: Deductible then \$25 copay (Acupuncture not covered)
Labs	Deductible then \$35 copay	Flex Providers: Deductible then covered in full Other Providers: Deductible then \$55 copay	General Hospital: Deductible then covered in full Highest Cost: Deductible then \$60 copay Other Providers: Deductible then covered in full	Deductible then covered in full
LTI/Diagnostic Testing	Deductible then \$35 copay	Deductible then \$55 copay	General Hospital: Deductible then covered in full Highest Cost: Deductible then \$80 copay Other Providers: Deductible then covered in full	Deductible then covered in full
HTI	Deductible then covered in full	Non-Hospital Based: Deductible then \$200 copay Hospital Based: Deductible then \$400 copay	General Hospital: Deductible then \$75 copay Highest Cost: Deductible then \$400 copay Other Providers: Deductible then \$75 copay	Deductible then \$75 copay
SDC	Deductible then \$200 copay	Flex Providers: Deductible then covered in full Other Providers: Deductible then \$250 copay	Deductible then \$250 copay	Deductible then \$250 copay
Inpatient	Deductible then \$300 copay	Deductible then \$500 copay	Deductible then 10% coinsurance	Deductible then \$250 copay
ER	Deductible then \$200 copay	Deductible then \$400 copay	Deductible then \$250 copay	Deductible then \$250 copay

Premium Rate Comparison based off Q2 2021 MA Small Group Rate Filing, 21-year-old individual in the Boston area

\*\*Benefit Comparison developed from Q2 2021 product grids, summary of benefits & coverage, benefit summaries & evidence of coverage documents

# Q2 2021 Product Comparisons for MA – PPO Saver \$3000 Deductible Plans



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	Tufts Health Plan	Harvard Pilgrim Health Care	BCBS of MA	Allways Health Partners
	Advantage PPO Saver 3000	PPO HSA 3000 - Flex	PPO - Preferred Blue PPO Saver \$3000	Complete PPO Plus HSA 3000 Enhanced FlexRx
Premium Rate Comparison*	-	-8.9%	-1.4%	-0.2%
<b>In-Network Benefit Comparison**</b>				
Deductible (Ind/Fam)	\$3000 / \$6000 (Embedded Family Deductible)	\$3000 / \$6000 (Aggregate Family Deductible)	\$3000 / \$6000 (Embedded Family Deductible)	\$3000 / \$6000 (Embedded Family Deductible)
Medical and Rx OOP Max (Ind/Fam)	\$6900 / \$13800	\$6850 / \$13700	\$6900 / \$13800	\$7000 / \$14000
Rx (30-Day Retail)	\$5/\$30/\$65/\$100/\$160	\$5/\$30/\$80/\$120/20% (\$500 max)	-\$10/\$45/\$150/\$225	\$10/\$30/\$60/\$100/\$125/\$250
PCP/Specialist	Deductible then \$20 copay	Deductible then \$35 copay / Deductible then \$50 copay	Deductible then \$30 copay / Deductible then \$45 copay	Deductible then \$35 copay / Deductible then \$50 copay
Telehealth (Teladoc, Doctors OnDemand, etc.)	Covered in full	Deductible then covered in full	Deductible then \$30 copay	Deductible then \$35 copay
PT/OT/ST	Deductible then covered in full	Non-Hospital Based: Deductible then \$35 copay Hospital Based: Deductible then \$55 copay	Deductible then \$45 copay	Deductible then \$50 copay
Chiro/Acupuncture	Deductible then \$20 copay	Deductible then \$50 copay	Deductible then \$45 copay	Chiro only: Deductible then \$35 copay (Acupuncture not covered)
Labs	Deductible then \$35 copay	Flex Providers: Deductible then covered in full Other Providers: Deductible then \$55 copay	General Hospital: Deductible then covered in full Highest Cost: Deductible then \$40 copay Other Providers: Deductible then covered in full	Deductible then covered in full
LTI/Diagnostic Testing	Deductible then \$35 copay	Deductible then \$55 copay	General Hospital: Deductible then covered in full Highest Cost: Deductible then \$40 copay Other Providers: Deductible then covered in full	Deductible then covered in full
HTI	Deductible then covered in full	Non-Hospital Based: Deductible then \$200 copay Hospital Based: Deductible then \$400 copay	General Hospital: Deductible then \$75 copay Highest Cost: Deductible then \$400 copay Other Providers: Deductible then \$75 copay	Deductible then \$75 copay
SDC	Deductible then \$200 copay	Flex Providers: Deductible then covered in full Other Providers: Deductible then \$250 copay	Deductible then \$250 copay	Deductible then \$250 copay
Inpatient	Deductible then \$300 copay	Deductible then \$500 copay	Deductible then 10% coinsurance	Deductible then \$500 copay
ER	Deductible then \$200 copay	Deductible then \$400 copay	Deductible then \$150 copay	Deductible then \$250 copay

Premium Rate Comparison based off Q2 2021 MA Small Group Rate Filing, 21-year-old individual in the Boston area

\*\*Benefit Comparison developed from Q2 2021 product grids, summary of benefits & coverage, benefit summaries & evidence of coverage documents