

2021 Direct Individual Benefit Comparison

All plans have a calendar year benefit



| Plan Name | Metallic Tier | Member Coins | Deductible (IND / FAM) | OOPM (IND / FAM) Combined Med/Rx/PD | PCP | Specialist | UCC ** | PT/OT/ST | Chiro | Lab Testing | LTI | HTI | Outpatient | Inpatient | ER | LCG | Rx Tier 1 | Rx Tier 2 | Rx Tier 3 | Rx Tier 4 | Rx Coins Max *** | Rx Deductible (IND / FAM) |
|----------------------------------|---------------|--------------|------------------------|-------------------------------------|----------------|----------------|--------|----------------|----------------|---------------|----------------|------------------|----------------|------------------|------------------|--------------|---------------|------------------|-------------------|-----------------|------------------|---------------------------|
| Advantage HMO 1000 | 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 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 2000 (80%) | 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 |
| Advantage HMO 4000 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 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 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 Saver 2500 | 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 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 |

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 of these 2021 non-group plans include coverage for acupuncture, with no visit or dollar limits. Cost share mirrors that of chiro. All of these 2021 non-group plans meet Minimum Creditable Coverage (MCC) standards for MA employees.

All of these 2021 non-group plans meet Medicare Part D Creditable Coverage when Medicare is the primary payer.

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

All of these 2021 non-group plans include pediatric dental coverage, and this does track towards the combined OOPM. There is no option to waive this Essential Health Benefit.

* 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.

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

*** 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.

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

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) សម្រាប់សេវាកម្មប្រយោជន៍អ្នកកម្ពុជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើកាតសម្គាល់សមាជិករបស់អ្នក។

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

Laotian ສໍາລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈໍາຕົວຂອງທ່ານ.

Navajo Doo b́ą́ą́h iliní da Diné k'ehjí álnéé́hgo, hodiilnih béésh 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.

List-Languages-THP-ID-10/2020



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