

# 2022 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	Spec-ialist	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	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 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	\$8,700 / \$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
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
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 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 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 2022 non-group plans include coverage for acupuncture, with no visit or dollar limits. Cost share mirrors that of chiro.

All of these 2022 non-group plans meet Minimum Creditable Coverage (MCC) standards for MA employees.

All of these 2022 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 2022 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](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)** សម្រាប់សេវាកម្មប្រយោជន៍អ្នកកម្ពុជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើកាតសម្គាល់សមាជិករបស់អ្នក។

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

**Laotian** ສໍາລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.

**Navajo** Doo bꞌááh 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.

List-Languages-THP-ID-10/2020



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