STANDARD AND SELECT NETWORK PRODUCTS FROM TUFTS HEALTH PLAN

2015 PLAN OPTIONS

Standard Network: The Standard Network plans provide members with a choice of more than 25,000 participating doctors and 90 hospitals. The Standard Network plans are available for Massachusetts residents only.

Limited Network: The Select Network plans provide access to a network that is smaller than Tufts Health Plan's standard network. In these plans, members have access to network benefits only from the providers in the Select Network. Please consult the Select Network provider directory by visiting the provider search tool at tuftsthealthplan.com and click on Find a Doctor to determine the providers in the Select Limited Provider Network. If you need a paper copy of the provider directory, please contact member services. Please note that the Select Network plans have a limited service area that excludes residents of Berkshire, Dukes, and Nantucket counties.

TUFTS Health Plan

COVERED SERVICES		HMO BASIC 25	ADVANTAGE HMO 1000
DEDUCTIBLE	Individual Deductible (calendar year)	$0	$1,000
	Family Deductible (calendar year)	$0	$2,000
OUT-OF-POCKET MAXIMUM[1]	Medical	$2,500 individual/$5,000 family	$2,950 individual/$5,900 family
	Pharmacy	$2,400 individual/$4,800 family	$2,400 individual/$4,800 family
	Pediatric Dental	$1,000 one child/$2,000 two or more children	$1,000 one child/$2,000 two or more children
PREVENTIVE SERVICES	Routine Physical Exams (including preventive immunizations, preventive Pap smears and mammograms, well-child care visits, annual gynecological exams, routine outpatient maternity office visits and most preventive screenings)	Covered in full	Covered in full
	Screening for colon or colorectal cancer in the absence of symptoms with or without surgical intervention	Covered in full	Covered in full
OUTPATIENT MEDICAL CARE (PCP/Specialist)	Non-Routine Office Visits (including PCP and specialist consultations, and urgent care)[2]	$25 per visit	$20 per visit
	Non-Routine Outpatient Maternity Care[3]	$25 per visit	Covered in full after deductible
	Routine Eye Exams (1 visit every 24 months. You must use an EyeMed Vision Care provider to be covered at the in-network level of benefits.)	$25 per visit	$20 per visit
	Speech Therapy (no visit limit); Short-term Physical Therapy (30 visits per calendar year); Short-term Occupational Therapy (30 visits per calendar year)	$25 per visit	Covered in full after deductible
	Colonoscopies Generally Associated with Symptoms (including family history of cancer) — with or without surgical intervention	$500 per visit	Covered in full after deductible
	Diagnostic Imaging—General Imaging (such as X-rays and ultrasounds)	Covered in full	Covered in full after deductible
	Diagnostic Imaging — High-Tech Imaging (MRIs, CT/CAT Scans, PET Scans, and Nuclear Cardiology)	$100 per visit	Covered in full after deductible
	Spinal Manipulation (12 visits per calendar year)	$25 per visit	Covered in full after deductible
INPATIENT HOSPITAL CARE AND DAY SURGERY	Day Surgery	$500 per admission	Covered in full after deductible
	All Hospital Services — Acute Care and Maternity Care	$500 per admission	Covered in full after deductible
	Skilled Nursing in a Skilled Nursing Facility (100 calendar days/year)	Covered in full	Covered in full after deductible
MENTAL HEALTH AND SUBSTANCE ABUSE	Outpatient Care	$25 per visit	$20 per visit
	Inpatient Care	$500 per admission	Covered in full after deductible
EMERGENCY CARE	In Emergency Room (copay waived if admitted)	$125 per visit	Covered in full after deductible
WELLNESS PROGRAMS	Tufts Health Plan Network Fitness Facility Memberships	3-month fitness reimbursement, 20% off membership, no joining fee	
	Curves	50% off joining fee, earn a free month	
	Alternative Medicine: Acupuncture & Massage Therapy	25% off treatments and massage therapy from participating providers	
OTHER SERVICES	Durable Medical Equipment	Plan covers 70%	Plan covers 70%
	Ambulance (when medically necessary)	Covered in full	Covered in full after deductible
	Pediatric Dental Coverage	Covered in full after pediatric dental out-of-pocket max has been met	Covered in full after pediatric dental out-of-pocket max has been met
PRESCRIPTION DRUG COVERAGE	Copayments - at a participating retail pharmacy	$15/$30/$50	$15/$30/$50
	Copayments - through our mail order service	$30/$60/$150	$30/$60/$150
	Deductible (calendar year)	$0	$0
	Formulary	Standard	Standard

[1] The out-of-pocket maximum includes the member's annual medical deductible, durable medical equipment coinsurance, all emergency room copayments, and any copayments for inpatient care, surgery and office visits.
[2] Some non-routine services may be subject to deductible or coinsurance if plan has deductible or coinsurance.
[3] Outpatient maternity services not considered routine or those related to complications or risks with your pregnancy.

All plans are set up on a calendar year basis. Regardless of your initial effective date, you will be responsible for the full deductible and out-of-pocket listed. There is no pro-rating of deductibles and out-of-pocket maximums.

This chart provides benefit highlights for general comparison purposes only. There are also services that the plans do not cover. Please see a Summary of Benefits for more information or refer to your Evidence of Coverage for complete information. Copies are available by calling a Member Specialist at 800-957-6596 or on our website at tuftshealthplan.com/enrollnow.

	Standard Network Products			
	All Tufts Health Plan participating providers included.			
	ADVANTAGE HMO 2000 with 80% Coinsurance	ADVANTAGE HMO Saver 2000	ADVANTAGE PPO 1500	
			In-network	Out-of-network after deductible
	$2,000	$2,000	$1,500	$1,500
	$4,000	$4,000	$3,000	$3,000
	$2,950 individual/$5,900 family	$5,350 individual/$10,700 family	$2,950 individual/$5,900 family	$3950 individual/$7900 family
	$2,400 individual/$4,800 family		$2,400 individual/$4,800 family	N/A
	$1,000 one child/$2,000 two or more children		$1,000 one child/$2,000 two or more children	N/A
	Covered in full	Covered in full	Covered in full	Plan covers 80%
	Covered in full	Covered in full	Covered in full	Plan covers 80%
	$30 per visit	Covered in full after deductible	$20 per visit	Plan covers 80%
	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Plan covers 80%
	$30 per visit	$25 per visit	$20 per visit	Plan covers 80%
	Plan covers 80% after deductible	Covered in full after deductible	Covered in full after deductible	Plan covers 80%
	Plan covers 80% after deductible	Covered in full after deductible	Covered in full after deductible	Plan covers 80%
	Plan covers 80% after deductible	Covered in full after deductible	Covered in full after deductible	Plan covers 80%
	Plan covers 80% after deductible	Covered in full after deductible	Covered in full after deductible	Plan covers 80%
	Plan covers 80% after deductible	Covered in full after deductible	Covered in full after deductible	Plan covers 80%
	Plan covers 80% after deductible	Covered in full after deductible	Covered in full after deductible	Plan covers 80%
	Plan covers 80% after deductible	Covered in full after deductible	Covered in full after deductible	Plan covers 80%
	Plan covers 80% after deductible	Covered in full after deductible	Covered in full after deductible	Plan covers 80%
	$30 per visit	Covered in full after deductible	$20 per visit	Plan covers 80%
	Plan covers 80% after deductible	Covered in full after deductible	Covered in full after deductible	Plan covers 80%
	Plan covers 80% after deductible	Covered in full after deductible	Covered in full after deductible	
	3-month fitness reimbursement, 20% off membership, no joining fee			
	50% off joining fee, earn a free month			
	25% off treatments and massage therapy from participating providers			
	Plan covers 70%	Plan covers 70% after deductible	Plan covers 70%	Plan covers 70%
	Plan covers 80% after deductible	Covered in full after deductible	Covered in full after deductible	Plan covers 80%
	Covered in full after pediatric dental out-of-pocket max has been met	Covered in full after pediatric dental out-of-pocket max has been met	Covered in full after pediatric dental out-of-pocket max has been met	Covered in full after pediatric dental out-of-pocket max has been met
	$20/$75/$100	$20/$75/$100	$15/$30/$50	N/A
	$40/$150/$300	$40/$150/$300	$30/$60/$150	N/A
	$0	$2,000/$4,000	$0	N/A
	Standard	Standard	Standard	Standard

✔ All health plans in the above chart meet Minimum Creditable Coverage standards and satisfy the individual mandate that you have health insurance.*

*Massachusetts Requirement to Purchase Health Insurance: As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information, call the Connector at 1-877-MA-ENROLL or visit the Connector website (www.mahealthconnector.org).

These health plans meet Minimum Creditable Coverage standards that are effective January 1, 2015, as part of the Massachusetts Health Care Reform Law. If you purchase this plan, you will satisfy the statutory requirement that you have health insurance meeting these standards. This disclosure is for minimum creditable coverage standards that are effective January 1, 2015. Because these standards may change, review your health plan material each year to determine whether your plan meets the latest standards. If you have questions about this notice, you may contact the Division of Insurance by calling (617) 521-7794 or visiting its website at www.mass.gov/doi.

TUFTS Health Plan

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Select Network Product— Limited Provider Network Option

Select Network providers only. Find participating providers at tuftshealthplan.com.

COVERED SERVICES		SELECT ADVANTAGE HMO 1500[1]
DEDUCTIBLE	Individual Deductible (calendar year)	$1,500
	Family Deductible (calendar year)	$3,000
OUT-OF-POCKET MAXIMUM	Medical	$2,950 individual/$5,900 family
	Pharmacy	$2,400 individual/$4,800 family
	Pediatric Dental	$1,000 one child/$2,000 two or more children
PREVENTIVE SERVICES	Routine Physical Exams (including preventive immunizations, preventive Pap smears and mammograms, well-child care visits, annual gynecological exams, routine outpatient maternity office visits and most preventive screenings)	Covered in full
	Screening for colon or colorectal cancer in the absence of symptoms with or without surgical intervention	Covered in full
OUTPATIENT MEDICAL CARE (PCP/Specialist)	Non-Routine Office Visits (including PCP and specialist consultations, and urgent care)[2]	$20 per visit
	Non-Routine Outpatient Maternity Care[3]	Covered in full after deductible
	Routine Eye Exams (1 visit every 24 months. You must use an EyeMed Vision Care provider to be covered at the in-network level of benefits.)	$20 per visit
	Speech Therapy (no visit limit); Short-term Physical Therapy (30 visits per calendar year); Short-term Occupational Therapy (30 visits per calendar year)	Covered in full after deductible
	Colonoscopies Generally Associated with Symptoms (including family history of cancer) — with or without surgical intervention	Covered in full after deductible
	Diagnostic Imaging—General Imaging (such as X-rays and ultrasounds)	Covered in full after deductible
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INPATIENT HOSPITAL CARE AND DAY SURGERY	Day Surgery	Covered in full after deductible
	All Hospital Services — Acute Care and Maternity Care	Covered in full after deductible
	Skilled Nursing in a Skilled Nursing Facility (100 calendar days/year)	Covered in full after deductible
MENTAL HEALTH AND SUBSTANCE ABUSE	Outpatient Care	$20 per visit
	Inpatient Care	Covered in full after deductible
EMERGENCY CARE	In Emergency Room (copay waived if admitted)	Covered in full after deductible
WELLNESS PROGRAMS	Tufts Health Plan Network Fitness Facility Memberships	3-month fitness reimbursement, 20% off membership, no joining fee
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OTHER SERVICES	Durable Medical Equipment	Plan covers 70%
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PRESCRIPTION DRUG COVERAGE	Copayments - at a participating retail pharmacy	$15/$30/$50
	Copayments - through our mail order service	$30/$60/$150
	Deductible (calendar year)	$0
	Formulary	Standard

[1] Select provider network, with a limited service area that excludes Berkshire, Dukes, and Nantucket counties. Please note that emergency room, inpatient, and day surgery copayments are included in the out-of-pocket maximum.
[2] Some non-routine services may be subject to deductible.
[3] Outpatient maternity services not considered routine or those related to complications or risks with your pregnancy.

✓ All health plans in the above chart meet Minimum Creditable Coverage standards and satisfy the individual mandate that you have health insurance.*

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TUFTS Health Plan

TUFTS HEALTH PLAN IS THE RIGHT CHOICE

A national leader in quality
At Tufts Health Plan, no one does more to keep you healthy—that's why we're always looking for new ways to better meet your needs.

Plan design flexibility
With a wide range of plan designs and options, Tufts Health Plan can help you find the right plan that fits both your budget and your personal needs.

State-of-the-art health management programs
Our health management programs include support for members at all stages of health—from those who are relatively healthy to those with serious illnesses—all designed to enhance health and improve quality of life.

Easy access to information
At tuftshealthplan.com, you can find a physician and look up your claims, benefits, and prescription history, 24 hours a day.

Member discounts
We offer a wide range of discounts on health products, treatments, and services—including massage therapy, and even health and wellness products.

Worldwide coverage for urgent care and emergencies
Wherever you go in the world, our 24-hour a day, 7-day a week emergency coverage goes with you.

Decision-support tools to help you become more educated about your health care
These tools include a hospital comparison tool and an online health encyclopedia complete with a symptom checker.

Superior customer service
Our service is delivered by a team of highly trained and committed Member Specialists.

Member Services
800-957-6596
tuftshealthplan.com/enrollnow

TUFTS Health Plan

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