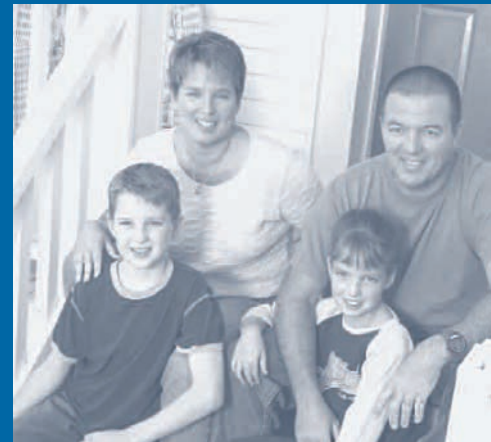


# STANDARD AND SELECT NETWORK PRODUCTS FROM TUFTS HEALTH PLAN

## 2008 PLAN OPTIONS

Please note that the Select Network plans have a limited service area that excludes residents of Berkshire, Dukes, Franklin, Hampden, Hampshire, and Nantucket counties. The Select Network provides members a limited choice of doctors and hospitals in Massachusetts to help reduce the cost of coverage.

The Standard Network plans provide members with a choice of more than 22,000 participating doctors and 80 hospitals. The Standard Network plans are available for Massachusetts residents only. Residents of Martha's Vineyard and Nantucket are not eligible for the Standard Network HMO offerings.



COVERED SERVICES	Standard Network Products			Select Network Products			
	All Tufts Health Plan participating providers included.			Select Network providers only. Find participating providers at <a href="http://www.tuftshealthplan.com">www.tuftshealthplan.com</a> .			
	HMO VALUE CHOICE COPAY	ADVANTAGE HMO 1000	PPO VALUE (In-network/ Out-of-network)	HMO SELECT 15 <sup>1</sup>	HMO SELECT 20 <sup>1</sup>	ADVANTAGE HMO SELECT 750 <sup>1</sup>	ADVANTAGE HMO SELECT 2000 <sup>1</sup>
<b>DEDUCTIBLE</b>							
Individual Deductible (calendar year)	\$0	\$1,000	\$0/\$500	\$0	\$0	\$750	\$2,000
Family Deductible (calendar year)	\$0	\$2,000	\$0/\$1,000	\$0	\$0	\$1,500	\$4,000
<b>ANNUAL BENEFIT LIMIT</b>							
Individual Limit (calendar year)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Family Limit (calendar year)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>OUT-OF-POCKET MAXIMUM (Select Network Plans<sup>2</sup>)</b>							
Individual Maximum (calendar year)	\$2,000	N/A	\$2,500 <sup>6</sup>	N/A	\$5,000	\$5,000	\$5,000
Family Maximum (calendar year)	\$4,000	N/A	\$5,000	N/A	\$10,000	\$10,000	\$10,000
<b>OUTPATIENT MEDICAL CARE (PCP/Specialist)</b>							
Doctor's Office Visits	\$15/\$25 per visit	\$20 per visit	\$15 per visit/ Plan covers 80%*	\$15 per visit	\$20 per visit	\$15 per visit	\$40 per visit
Specialist Care, Consultations	\$25 per visit	\$20 per visit	\$15 per visit/ Plan covers 80%*	\$25 per visit	\$35 per visit	\$25 per visit	\$60 per visit
Routine Physical Exams, OB/GYN Care, Well-Child Care	\$15/\$25 per visit	\$20 per visit	\$15 per visit/ Plan covers 80%*	\$15 per visit	\$20 per visit	\$15 per visit	\$40 per visit
Preventative Screenings, Pap Smears, and Mammograms	Covered in full	Covered in full	Covered in full/ Plan covers 80%*	Covered in full	Covered in full	Covered in full	Covered in full
Prenatal and Postnatal Care	\$15/\$15 per visit	\$20 per visit	\$15 per visit/ Plan covers 80%*	\$15 per visit	\$20 per visit	\$15 per visit	\$40 per visit
Immunizations and Injections	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Annual Routine Eye Exams (once every 24 months)	\$15/\$15 per visit	\$20 per visit	\$15 per visit/ Plan covers 80%*	\$15 per visit	\$20 per visit	\$15 per visit	\$40 per visit
Speech and Physical/Occupational Therapy	\$15/\$25 per visit	Covered in full after deductible	\$15 per visit/ Plan covers 80%*	\$15 per visit	\$35 per visit	Covered in full after deductible	Covered in full after deductible
Diagnostic X-Rays and Lab Tests	Covered in full	Covered in full/ after deductible	Covered in full/ Plan covers 80%*	Covered in full	Covered in full	Covered in full after deductible	Covered in full after deductible
Spinal Manipulation (Chiropractic) (12 visits/calendar year)	\$15/\$25 per visit	Covered in full after deductible	\$15 per visit/ Plan covers 80%*	\$25 per visit	\$35 per visit	Covered in full after deductible	No coverage
<b>INPATIENT HOSPITAL CARE AND DAY SURGERY</b>							
Day Surgery	\$0 Community \$500 Tertiary per admission	Covered in full after deductible	\$250 per admission/ Plan covers 80%*	\$100 per admission <sup>7</sup>	\$600 per admission <sup>3</sup>	Covered in full after deductible	Covered in full after deductible
Acute Care for Illness/Injury/ Maternity Services	\$0 Community \$500 Tertiary per admission	Covered in full after deductible	\$250 per admission/ Plan covers 80%*	\$100 per admission <sup>7</sup>	\$600 per admission <sup>3</sup>	Covered in full after deductible	Covered in full after deductible
Physician's Care While Hospitalized	Covered in full	Covered in full after deductible	Covered in full/ Plan covers 80%*	Covered in full	Covered in full	Covered in full after deductible	Covered in full after deductible
Surgery/Surgeon's Care While Hospitalized	Covered in full	Covered in full after deductible	Covered in full/ Plan covers 80%*	Covered in full	Covered in full	Covered in full after deductible	Covered in full after deductible
Newborn Care in Hospital	Covered in full	Covered in full after deductible	Covered in full/ Plan covers 80%*	Covered in full	Covered in full	Covered in full after deductible	Covered in full after deductible
Anesthesia While Hospitalized	Covered in full	Covered in full after deductible	Covered in full/ Plan covers 80%*	Covered in full	Covered in full	Covered in full after deductible	Covered in full after deductible
Medications While Hospitalized	Covered in full	Covered in full after deductible	Covered in full/ Plan covers 80%*	Covered in full	Covered in full	Covered in full after deductible	Covered in full after deductible
Nursing Care While Hospitalized	Covered in full	Covered in full after deductible	Covered in full/ Plan covers 80%*	Covered in full	Covered in full	Covered in full after deductible	Covered in full after deductible
X-Ray/Lab Services While Hospitalized	Covered in full	Covered in full after deductible	Covered in full/ Plan covers 80%*	Covered in full	Covered in full	Covered in full after deductible	Covered in full after deductible

COVERED SERVICES	Standard Network Products			Select Network Products			
	All Tufts Health Plan participating providers included.			Select Network providers only. Find participating providers at <a href="http://www.tuftshealthplan.com">www.tuftshealthplan.com</a> .			
	HMO VALUE CHOICE COPAY	ADVANTAGE HMO 1000	PPO VALUE (In-network/ Out-of-network)	HMO SELECT 15 <sup>1</sup>	HMO SELECT 20 <sup>1</sup>	ADVANTAGE HMO SELECT 750 <sup>1</sup>	ADVANTAGE HMO SELECT 2000 <sup>1</sup>
<b>INPATIENT HOSPITAL CARE AND DAY SURGERY</b>							
Diagnostic CT/MRI/MRA/PET Scan	\$75 per visit	Covered in full after deductible	Covered in full/ Plan covers 80%*	\$100 per visit	\$100 per visit	Covered in full after deductible	Covered in full after deductible
Radiation Therapy While Hospitalized	Covered in full	Covered in full after deductible	Covered in full/ Plan covers 80%*	Covered in full	Covered in full	Covered in full after deductible	Covered in full after deductible
Skilled Nursing in a Skilled Nursing Facility (100 calendar days/year)	Covered in full	Covered in full after deductible	Covered in full/ Plan covers 80%*	Covered in full	Covered in full	Covered in full after deductible	Covered in full after deductible
<b>MENTAL HEALTH (Non-Biologically Based)</b>							
Outpatient Care (24 visits/calendar year)	\$15 per visit	\$20 per visit	\$15 per visit/ Plan covers 80%*	\$15 per visit	\$20 per visit	\$15 per visit	\$40 per visit
Inpatient Care (60 days/calendar year)	Covered in full	Covered in full after deductible	\$250 per admission/ Plan covers 80%*	\$100 per admission	\$600 per admission <sup>3</sup>	Covered in full after deductible	Covered in full after deductible
<b>SUBSTANCE ABUSE</b>							
Outpatient Care (Tufts Health Plan pays \$500/calendar year)	\$15 per visit	\$20 per visit	\$15 per visit/ Plan covers 80%*	\$15 per visit	\$20 per visit	\$15 per visit	\$40 per visit
Inpatient Care (30 days/calendar year)	Covered in full	Covered in full after deductible	\$250 per admission/ Plan covers 80%*	\$100 per admission	\$600 per admission <sup>3</sup>	Covered in full after deductible	Covered in full after deductible
<b>EMERGENCY CARE</b>							
In Doctor's Office	\$15 per visit	\$20 per visit	\$15 per visit	\$15 per visit	\$20 per visit	\$15 per visit	\$40 per visit
In Emergency Room	\$50 per visit	\$100 per visit	\$50 per visit	\$75 per visit	\$150 per visit	\$200 per visit	\$200 per visit
<b>WELLNESS PROGRAMS</b>							
Tufts Health Plan Network Fitness Facility Memberships	\$150 fitness rebate, 20% off membership, no joining fee						
GlobalFit Network Fitness Facility Memberships	Up to 60% off membership fees						
Curves	50% off joining fee, earn a free month						
Weight Watchers	No joining fee, \$10 off Deluxe At-Home Kit, \$10 off online program						
Alternative Medicine: Acupuncture & Massage Therapy	25% off treatments and massage therapy from participating providers						
<b>OTHER SERVICES</b>							
Durable Medical Equipment (\$1,500 calendar year maximum)	Covered in full	Covered in full	Covered in full/ Plan covers 80%*	Covered in full	Covered in full	Covered in full	Covered in full
Ambulance (when medically necessary)	Covered in full	Covered in full after deductible	Covered in full/ Plan covers 80%*	Covered in full	Covered in full	Covered in full after deductible	Covered in full after deductible
<b>PRESCRIPTION DRUG COVERAGE<sup>4, 5</sup></b>							
Copayments	\$10/\$30/\$45	\$10/\$30/\$45	\$10/\$25/\$45	\$10/\$25/\$45	\$10/\$25/\$45	\$10/\$30/\$45	\$20/\$50/\$75
Deductible (calendar year)	\$0	\$100/\$200	\$0	\$0	\$100/\$200	\$250/\$500	\$250/\$500
Benefit Limit (calendar year)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Formulary	Standard	Standard	Standard	Generic-focused/mandatory mail order for maintenance medications			



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

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 services specialist at 1-800-957-6596 or on our Web site at [www.tuftshealthplan.com/enrollnow](http://www.tuftshealthplan.com/enrollnow).

<sup>1</sup>Select provider network, with a limited service area that excludes Berkshire, Dukes, Franklin, Hampden, Hampshire, and Nantucket Counties.

<sup>2</sup>The out-of-pocket maximum includes the member's annual medical deductible, all emergency room copayments, and any copayments for inpatient care or surgery.

<sup>3</sup>Inpatient/day surgery out-of-pocket maximum of \$2,400 individual/\$4,800 family applies.

<sup>4</sup>Emergency room copayment is waived if the member is admitted to the hospital.

<sup>5</sup>Pharmacy benefit for all versions of HMO Select and Advantage HMO Select will include mandatory mail order for maintenance medications.

\*Applies to out-of-pocket network care only.

<sup>7</sup>Inpatient/day surgery out-of-pocket maximum of \$400 individual/\$800 family applies.

\*After deductible.

# TUFTS HEALTH PLAN IS THE RIGHT CHOICE

## Tufts Health Plan's HMO Ranked #2 in the Nation



In a national ranking of more than 400 health plans, Tufts Health Plan's HMO has been ranked second by *U.S. News & World Report*/National Committee for Quality Assurance (NCQA) "America's Best Health Plans" 2007. The rankings are based on clinical performance, member satisfaction, and NCQA accreditation. Our high ranking on the 2007 list of America's Best Health Plans recognizes our exceptional performance in clinical quality, member satisfaction, and overall quality management.

### 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](http://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 "healthy" products, treatments, and services—including massage therapy, Weight Watchers®, and even health and wellness products.

### Worldwide coverage for urgent care and emergencies

24 hours a day, 7 days a week

### Decision-support tools to help you become more educated about your health care

These tools include HealthShare Technology's hospital comparison tool and Healthwise® Knowledgebase, an online health encyclopedia complete with a symptom checker.

### Superior customer service

We give you the support you need from a health plan, and our service is delivered by a team of highly trained and committed Member Services specialists.

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](http://www.mahealthconnector.org)).

This health plan meets Minimum Creditable Coverage standards that are effective January 1, 2009, 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, 2009. 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](http://www.mass.gov/doi).

Member Services 1-800-957-6596  
[www.tuftshealthplan.com/enrollnow](http://www.tuftshealthplan.com/enrollnow)