

ADVANTAGE PPO SAVER SUMMARY OF BENEFITS

With Tufts Health Plan Advantage PPO Saver, health care services may be covered subject to the plan's deductible, covered subject to coinsurance, covered with a copayment, or covered in full.

Health care services are covered at two levels of benefits: the in-network level of benefits and the out-of-network level of benefits.

In addition, Advantage HMO Saver is fully compatible with health savings accounts (HSAs) and health reimbursement accounts (HRAs), which are designed specifically to help with individuals' future health care expenses.

As an Advantage PPO Saver member:

- You can choose to seek covered health care services from providers in Tufts Health Plan's network of more than 20,000 doctors and 80 hospitals, or from providers outside the Tufts Health Plan network. No referrals are needed.
- You do not have to choose a primary care physician.

How services are covered with Advantage PPO Saver

In general, Advantage PPO Saver covers preventive and medically necessary health care services and supplies in the following ways:

- Coverage at the in-network level of benefits:** When you receive care from a provider in the Tufts Health Plan network, **services are covered subject to the plan's deductible, covered with a copayment, or covered in full.**
 - Covered subject to the plan's deductible:** All covered pharmacy services are subject to the plan deductible, as well as certain covered medical services usually those used to diagnose, treat, or monitor health conditions (for example, an MRI or non-routine office visits to your primary care physician or a specialist). The deductible is the amount you must first pay out of pocket each plan year before many services are covered. Once you meet the deductible, the plan covers in full services that are subject to the deductible, and


you have no additional out-of-pocket expenses for the remainder of the plan year. In addition, services subject to the plan's deductible may also be performed during or in conjunction with preventive services; for example, during an office visit.

- Covered in full or with a copayment:** In most cases with this plan, preventive health care services are covered in full or with a copayment, and are not subject to the plan's deductible. Generally, preventive health care services are the services your doctor provides to help you stay healthy. They might be office visits for preventive care for children and adults; tests (also called screenings) to evaluate your general health or the health of certain parts of your body; measurements; immunizations (or shots) for children and adults; certain advice about health; or special tests at certain times in your life.

- Coverage at the out-of-network level of benefits:** When you receive care from a provider who is not in the Tufts Health Plan network, **you are responsible for meeting the plan's deductible and then coinsurance.** The deductible is the amount you must first pay out of pocket each plan year before many services are covered. Coinsurance is a percentage of covered medical costs you are responsible for paying for covered services received out-of-network. You pay coinsurance until you reach the plan's out-of-pocket maximum, after which you are covered in full. You may also be responsible for paying any difference between what the plan covers and what an out-of-network provider has charged for a service.

The individual and family deductibles and out-of-pocket maximums for this plan are listed in this benefit summary.

Please note that this is a summary of benefits only. For more detailed benefit information, please refer to this plan's member benefit document.

 This health plan meets Minimum Creditable Coverage standards and will satisfy the individual mandate that you have health insurance.

Deductible and Out-of-Pocket Maximums (per plan year)	Individual	Family
Deductible	\$2,000	\$4,000
Out-of-pocket Maximum	\$5,500	\$11,000

Prescription Drug Coverage (For up to a 30-day supply at a participating retail pharmacy)

Tier 1	\$10 after deductible
Tier 2	\$30 after deductible
Tier 3	\$45 after deductible

Members can save up to 33% off a three-month supply of most maintenance medications through our mail order service.

Outpatient Medical Care (No PCP referral is necessary for OB/GYN visits, spinal manipulation, routine eye exams, or mammograms)

	In Network	Out of Network (after deductible)
Routine Physical Exams (including most preventive screenings)	\$25 per visit	Plan covers 80%
Non-routine Office Visits (including PCP and specialist consultations)	Covered in full after deductible	Plan covers 80%
Well-Child Care	\$25 per visit	Plan covers 80%
Routine Outpatient Maternity Care (This office visit copayment will apply per visit up to 10 visits per pregnancy. After 10 visits, these services are covered in full for the remainder of your pregnancy.)	\$25 per visit	Plan covers 80%
Non-Routine Outpatient Maternity Care	Covered in full after deductible	Plan covers 80%
Routine Eye Exams (1 visit every 24 months)	\$25 per visit	Plan covers 80%
Nutritional Counseling (When medically necessary)	Covered in full after deductible	Plan covers 80%
Preventive Immunizations	Covered in full	Plan covers 80%
Preventive Pap Smears and Mammograms	Covered in full	Plan covers 80%
Non-preventive Immunization	Covered in full after deductible	Plan covers 80%
Non-preventive Pap Smears and Mammograms	Covered in full after deductible	Plan covers 80%
Allergy Injections	Covered in full after deductible	Plan covers 80%
Colonoscopy	Covered in full	Plan covers 80%
Diagnostic Procedures	Covered in full after deductible	Plan covers 80%
Diagnostic Imaging - General Imaging (such as x-rays and ultrasounds)	Covered in full after deductible	Plan covers 80%

Diagnostic Imaging - High-Tech Imaging (MRIs, CT/CAT Scans, PET Scans & Nuclear Cardiology)	Covered in full after deductible	Plan covers 80%
Diagnostic Lab Tests	Covered in full after deductible	Plan covers 80%
Speech and Short-term Physical/Occupational Therapy	Covered in full after deductible	Plan covers 80%
Spinal Manipulation (12 visits per plan year)	Covered in full after deductible	Plan covers 80%
Day Surgery	Covered in full after deductible	Plan covers 80%
Inpatient Hospital Care (Semi-private room, unless private room is medically necessary)		
All Hospital Services (Acute Care) and Maternity Care	Covered in full after deductible	Plan covers 80%
Skilled Nursing in Skilled Nursing Facility (up to 100 days per plan year)	Covered in full after deductible	Plan covers 80%
Emergency Care		
In Emergency Room	Covered in full after deductible	
In Doctor's Office	Covered in full after deductible	
Mental Health *		
Outpatient Care (up to 24 visits per plan year)	Covered in full after deductible	Plan covers 80%
Inpatient Care (Services for up to 60 days per plan year)	Covered in full after deductible	Plan covers 80%
Substance Abuse**		
Outpatient Care (Alcohol and drug treatment, detoxification) (Up to \$500 per plan year for treatment)	Covered in full after deductible	Plan covers 80%
Inpatient Care (Services for up to 30 days per plan year)	Covered in full after deductible	Plan covers 80%
Other Health Services		
Durable Medical Equipment (\$1,500 plan year maximum)	Covered in full after deductible	Plan covers 80%
Ambulance Service	Covered in full after deductible	Plan covers 80%
Hospice Care	Covered in full after deductible	Plan covers 80%
Home Health Care	Covered in full after deductible	Plan covers 80%

Health and Wellness programs and Member Discounts

No one does more to keep you healthy than Tufts Health Plan. We offer discounts on a wide variety of healthy products, treatments, and services to help you save while taking care of your health. To learn more about the programs listed here and to find participating facilities, visit www.tuftshealthplan.com, or contact a member services specialist at 1-800-462-0224 who will be happy to help you.

- Acupuncture
- Appalachian Mountain Club
- Boys & Girls Club
- CATZ Kids Fitness Clubs
- Curves®
- Eyewear & Vision Correction Discounts
- Fitness Clubs
- Fitness Together
- GlobalFit
- Home Instead Senior Care®
- Health and wellness programs through ChooseHealthy™
- Massage Therapy
- Nutritional Counseling
- Safety Helmet Discounts
- Tufts University Health & Nutrition Letter
- Weight Watchers®
- Wellness Programs

*Outpatient and inpatient mental health services are treated the same as any other medical condition when provided as required by law for the following: biologically-based mental disorders; certain mental, behavioral or emotional disorders for children under age 19; and rape-related mental or emotional disorders. See your Tufts Health Plan member benefit document for more information.

**Outpatient and inpatient substance abuse services are treated the same as mental health conditions when provided in conjunction with treatment of a mental disorder. Treatment for detoxification is not subject to substance abuse day and dollar limits listed in this document. See your Tufts Health Plan member benefit document for more information.

There are some services that the plan does not cover. These include, but are not limited to: A service or supply not described as a covered service in your Tufts Health Plan member benefit document • Exams required by a third party, such as your employer, an insurance company, school or court • Cosmetic surgery or any other cosmetic procedure, except certain reconstructive procedures described in your Tufts Health Plan member benefit document • Experimental or investigational drugs, services, and procedures • Eyeglasses or contact lenses, except as described in your Tufts Health Plan member benefit document • Blood, blood donor fees, blood storage fees, blood substitutes, blood banking, cord blood banking, or blood products, except as described in your Tufts Health Plan member benefit document • Drugs for use outside of hospital, except as covered under Prescription Drug Coverage • Personal comfort items • Custodial care • A service furnished to someone other than the member • Routine foot care, except as described in your Tufts Health Plan member benefit document • Charges incurred for stays in a covered facility beyond the discharge hour • Care for conditions that state or local law requires to be treated in public facility • Medical or surgical procedures for sexual reassignment and reversal of voluntary sterilization • Foot orthotics, except therapeutic/molded shoes for an individual with severe diabetic foot disease • Assisted reproductive technology (e.g. IVF) procedures for non-Massachusetts residents • Spinal manipulation services for members age 12 and under • Except for Emergency care, a service, supply or medication that is obtained outside of the 50 United States • Private duty nursing (block or non-intermittent nursing).

This is a summary only. Please refer to your plan's member benefit document for more detailed information. If there is a difference between the information in this benefit summary and your member benefit document, member benefit document is legally binding. If you have additional questions, please call a member services specialist at 1-800-462-0224.

Offered by Tufts Insurance Company or Tufts Benefit Administrators, Inc., both Tufts Health Plan companies.

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).

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.