

MASSACHUSETTS SMALL GROUP PLAN DESIGN COMPARISON

NEW! PLAN YEAR OR CALENDAR YEAR AVAILABLE FOR ALL PLANS

JANUARY 1, 2010

TUFTS  Health Plan

Level	Office Visit Copay	ER Copay	Hospital Copay	Spinal Manipulation Coverage	High-Tech Imaging	Coinsurance Out-of-Network	Medical Deductible Individual/Family	Annual Out-of-Pocket Maximum Individual/Family	Pharmacy Benefit Summary	Pricing Relativity
HMO										
Value 250	\$15	\$50	\$250	Yes	\$50	N/A	No	\$1,000/\$2,000	\$10/\$25/\$45 Mail: \$20/\$50/\$90*	1 (baseline)
Value 350	\$15	\$50	\$350	Yes	\$50	N/A	No	\$1,400/\$2,800	\$250/\$500 Calendar Deductible then \$20/\$75/\$100 Mail: Deductible then \$40/\$150/\$200*	-10%
Basic 20	\$20	\$75	\$250—Day Surgery \$500—Inpatient Care	Yes	\$100	N/A	No	\$2,000/\$4,000	\$10/\$30/\$45 Mail: \$20/\$60/\$90*	-5%
Basic 25 ***	\$25	\$75	\$600	Yes	\$100	N/A	No	\$2,400/\$4,800	\$15/\$30/\$50 Mail: \$30/\$60/\$100*	-10%
Basic 25 1000	\$25	\$100	\$250—Day Surgery \$1,000—Inpatient Care	Yes	\$100	N/A	No	\$1,000/\$2,000	\$10/\$30/\$45 Mail: \$20/\$60/\$90*	-11%
Basic 35	\$35	\$100	\$750—Day Surgery \$1,000—Inpatient Care	Yes	\$100	N/A	No	\$4,000/\$8,000	\$100/\$200 Calendar Deductible then \$10/\$30/\$45 Mail: Deductible then \$20/\$60/\$90*	-15%
Basic 50	\$50	\$200	\$1,000	Yes	\$100	N/A	No	\$4,000/\$8,000	\$250/\$500 Calendar Deductible then \$10/\$30/\$45 Mail: Deductible then \$20/\$60/\$90*	-20%
Choice Copay	\$20—PCP \$40—Specialist	\$100	\$250—Community \$750—Tertiary	Yes	\$75	N/A	No	\$3,000/\$6,000	\$15/\$30/\$50 Mail: \$30/\$60/\$100*	-10%
Advantage	\$20	\$100	Covered in full after calendar Deductible	Yes	Covered in full after calendar Deductible	N/A	\$500/\$1,000	\$500/\$1,000	\$15/\$30/\$50 Mail: \$30/\$60/\$100*	-17%
Advantage ***	\$20	\$100	Covered in full after calendar Deductible	Yes	Covered in full after calendar Deductible	N/A	\$1,000/\$2,000	\$1,000/\$2,000	\$15/\$30/\$50 Mail: \$30/\$60/\$100*	-22%
Advantage	\$20	\$100	Covered in full after calendar Deductible	Yes	Covered in full after calendar Deductible	N/A	\$1,500/\$3,000	\$1,500/\$3,000	\$15/\$30/\$50 Mail: \$30/\$60/\$100*	-25%
Advantage ***	\$20	\$100	Covered in full after calendar Deductible	Yes	Covered in full after calendar Deductible	N/A	\$2,000/\$4,000	\$2,000/\$4,000	\$15/\$30/\$50 Mail: \$30/\$60/\$100*	-27%

HMO products offered by Tufts Associated Health Maintenance Organization, Inc.

Pricing relativity as compared to HMO Value as the baseline measurement. Information is provided for illustrative purposes only; actual quotes may vary. This information is subject to change without notice.

* Mail order—90-day supply is available at the 60-day supply copay

***Plan is also available with a prescription deductible of \$250 individual/\$500 family and \$20/\$75/\$100 copayments.

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.

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			Surgical Day Care Copay	Inpatient Copay							
PPO											
Value	\$15	\$50	\$250	\$250	Yes	\$50	20%	\$500/\$1,000 Calendar Deductible Out-of-network	\$2,500/\$5,000 Out-of-network	\$10/\$25/\$45 Mail: \$20/\$50/\$90*	26%
			OOP Max \$1,000	OOP Max \$1,000							
Basic 20	\$20	\$75	\$250	\$500	Yes	\$100	20%	\$750/\$1,500 Calendar Deductible Out-of-network	\$3,750/\$7,500 Out-of-network	\$10/\$30/\$45 Mail: \$20/\$60/\$90*	19%
			OOP Max \$1,000	OOP Max \$2,000							
Basic 25	\$25	\$75	\$600	\$600	Yes	\$100	20%	\$750/\$1,500 Calendar Deductible Out-of-network	\$3,750/\$7,500 Out-of-network	\$15/\$30/\$50 Mail: \$30/\$60/\$100*	13%
			OOP Max \$2,400	OOP Max \$2,400							
Basic 35	\$35	\$100	\$750	\$1,000	Yes	\$100	20%	\$1,250/\$2,500 Calendar Deductible Out-of-network	\$6,250/\$12,500 Out-of-network	\$100/\$200 Calendar Deductible then \$10/\$30/\$45 Mail: Deductible then \$20/\$60/\$90*	6%
			OOP Max \$3,000	OOP Max \$4,000							
Basic 50	\$50	\$200	\$1,000	\$1,000	Yes	\$100	20%	\$1,500/\$3,000 Calendar Deductible Out-of-network	\$7,500/\$15,000 Out-of-network	\$250/\$500 Calendar Deductible then \$10/\$30/\$45 Mail: Deductible then \$20/\$60/\$90*	-2%
			OOP Max \$4,000	OOP Max \$4,000							
Advantage	\$20	\$100	Covered in full after calendar Deductible		Yes	Covered in full after calendar Deductible	20%	\$500/\$1,000 Calendar Deductible In- and out-of-network	\$2,000/\$4,000 In- and out-of-network	\$15/\$30/\$50 Mail: \$30/\$60/\$100*	4%
Advantage	\$20	\$100	Covered in full after calendar Deductible		Yes	Covered in full after calendar Deductible	20%	\$1,000/\$2,000 Calendar Deductible In- and out-of-network	\$4,000/\$8,000 In- and out-of-network	\$15/\$30/\$50 Mail: \$30/\$60/\$100*	-2%
Advantage	\$20	\$100	Covered in full after calendar Deductible		Yes	Covered in full after calendar Deductible	20%	\$1,500/\$3,000 Calendar Deductible In- and out-of-network	\$6,000/\$12,000 In- and out-of-network	\$15/\$30/\$50 Mail: \$30/\$60/\$100*	-9%
Advantage	\$20	\$100	Covered in full after calendar Deductible		Yes	Covered in full after calendar Deductible	20%	\$2,000/\$4,000 Calendar Deductible In- and out-of-network	\$8,000/\$16,000 In- and out-of-network	\$15/\$30/\$50 Mail: \$30/\$60/\$100*	-13%

PPO products offered by Tufts Associated Health Maintenance Organization, Inc., Tufts Insurance Company, or Tufts Benefit Administrators, Inc., all Tufts Health Plan companies.

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ADVANTAGE SAVER (HSA qualified plans that can be coupled with an HSA or HRA)										
Advantage HMO Saver	\$20	Covered in full after plan year Deductible	Covered in full after plan year Deductible	Yes	Covered in full after plan year Deductible	N/A	\$1,500/\$3,000	\$2,625/\$5,250	Plan Year Deductible then \$10/\$30/\$45 Mail: Deductible then \$20/\$60/\$90*	-28%
Advantage HMO Saver	\$25	Covered in full after plan year Deductible	Covered in full after plan year Deductible	Yes	Covered in full after plan year Deductible	N/A	\$2,000/\$4,000	\$3,500/\$7,000	Plan Year Deductible then \$10/\$30/\$45 Mail: Deductible then \$20/\$60/\$90*	-32%
Advantage HMO Saver	\$25	Covered in full after plan year Deductible	Covered in full after plan year Deductible	Yes	Covered in full after plan year Deductible	N/A	\$2,500/\$5,000	\$4,375/\$8,750	Plan Year Deductible then \$10/\$30/\$45 Mail: Deductible then \$20/\$60/\$90*	-35%
Advantage PPO Saver	\$20	Covered in full after plan year Deductible	Covered in full after plan year Deductible	Yes	Covered in full after plan year Deductible	20%	\$1,500/\$3,000 In- and out-of-network	\$4,125/\$8,250 In- and out-of-network	Plan Year Deductible then \$10/\$30/\$45 Mail: Deductible then \$20/\$60/\$90*	-13%
Advantage PPO Saver	\$25	Covered in full after plan year Deductible	Covered in full after plan year Deductible	Yes	Covered in full after plan year Deductible	20%	\$2,000/\$4,000 In- and out-of-network	\$5,500/\$11,000 In- and out-of-network	Plan Year Deductible then \$10/\$30/\$45 Mail: Deductible then \$20/\$60/\$90*	-18%
Advantage PPO Saver	\$25	Covered in full after plan year Deductible	Covered in full after plan year Deductible	Yes	Covered in full after plan year Deductible	20%	\$2,500/\$5,000 In- and out-of-network	\$5,950/\$11,900 In- and out-of-network	Plan Year Deductible then \$10/\$30/\$45 Mail: Deductible then \$20/\$60/\$90*	-22%

PPO products offered by Tufts Associated Health Maintenance Organization, Inc., Tufts Insurance Company, or Tufts Benefit Administrators, Inc., all Tufts Health Plan companies.

PPO/Advantage products offered by Tufts Insurance Company, or Tufts Benefit Administrators, Inc., both Tufts Health Plan companies.

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SELECT NETWORK										
HMO Select 15	\$15—PCP \$25—Specialist	\$75	\$100	Yes	\$100	N/A	No	\$400/\$800	\$10/\$25/\$45 Mail: \$30/\$75/\$135*	-3%
HMO Select 20	\$20—PCP \$35—Specialist	\$150	\$600	Yes	\$100	N/A	No	\$5,000/\$10,000	\$100/\$200 Calendar Deductible then \$10/\$25/\$45 Mail: \$30/\$75/\$135*	-23%
Advantage HMO Select 750	\$15—PCP \$25—Specialist	\$200	Covered in full after calendar Deductible	Yes	Covered in full after calendar Deductible	N/A	\$750/\$1,500	\$5,000/\$10,000	\$250/\$500 Deductible Calendar Deductible then \$10/\$30/\$45 Mail: \$30/\$90/\$135*	-34%
Advantage HMO Select 2000	\$40—PCP \$60—Specialist	\$200	Covered in full after calendar Deductible	No	Covered in full after calendar Deductible	N/A	\$2,000/\$4,000	\$5,000/\$10,000	\$250/\$500 Deductible Calendar Deductible then \$20/\$50/\$75* Mail: Deductible then \$60/\$150/\$225*	-45%

HMO products offered by Tufts Associated Health Maintenance Organization, Inc.

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* Mail order—90-day supply is available at the 60-day supply copay. All Select plans have a generic focused formulary. Mandatory mail order applies for all maintenance medications.

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HMO Select and Advantage HMO Select are not available to employers (small group coverage) located in the following Massachusetts counties: Berkshire, Dukes, Franklin, Hampden, Hampshire, and Nantucket. They offer a limited network of providers and are only available in Barnstable, Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties.