

# HSA Intermediary Benefit Comparison

Plan Options for April 1, 2017 - March 31, 2018

For Massachusetts-based Companies with 1-9 Full-time Employees



Plan Name	Coins	Deductible (IND/FAM)	OOPM (IND/FAM) Combined Med/RX/PediDental	PCP	Specialist	PT/OT/ST	Labs	Low-Tech Imaging & Diagnostic	High-Tech Imaging	Outpatient Procedure	Inpatient Hospital	ER	Ambulance Transport	RX
<b>Deductible Plan</b>														
Advantage HMO 2000 Gold	0%	\$2,000/\$4,000	\$5,000/\$10,000	\$25	\$55	\$25	Ded	Ded	Ded then \$75	Ded then \$150	Ded then \$250	\$250	Ded then \$50	LCG: \$5* \$25/55/80/150
<b>Low Option / Coinsurance Plan</b>														
Advantage HMO 1500 Low Option Silver	10%	\$1,500/\$3,000 RX Ded: \$250/\$500	\$6,000/\$12,000	\$35	\$60	\$60	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	RX Ded then LCG: \$5* \$35/85/100/10%**
<b>Select Plans</b>														
Select Advantage HMO 1000 Gold	0%	\$1,000/\$2,000	\$6,800/\$13,600	\$25	\$55	\$25	Ded	Ded then \$50	Ded then \$150	Ded then \$150	Ded then \$250	\$250	Ded then \$50	LCG: \$5* \$25/60/80/150
Select Advantage HMO 2000 Gold	0%	\$2,000/\$4,000	\$5,000/\$10,000	\$25	\$55	\$25	Ded	Ded	Ded then \$75	Ded then \$150	Ded then \$250	\$250	Ded then \$50	LCG: \$5* \$25/55/80/150
<b>Saver Plans</b>														
Advantage HMO Saver 2500 Silver	0%	\$2,500/\$5,000 ***	\$6,550/\$13,100	Ded	Ded	Ded	Ded	Ded	Ded then \$150	Ded then \$250	Ded then \$750	Ded then \$300	Ded then \$50	Ded then LCG: \$5* \$25/75/100/150
Premier Bronze Saver 3300 (HMO)	35%	\$3,300/\$6,600 ***	\$6,550/\$13,100	Ded then \$40	Ded then \$65	Ded then \$65	Ded then 35%	Ded then 35%	Ded then \$1,000	Ded then \$1,000	Ded then \$1,000	Ded then \$750	Ded	Ded then \$35/100/150
<b>Steward Plan</b>														
Steward Community Choice 1000 Gold	0%	\$1,000/\$2,000	\$6,800/\$13,600	\$25	\$55	\$25	Ded	Ded then \$50	Ded then \$150	Ded then \$150	Ded then \$250	\$250	Ded then \$50	LCG: \$5* \$25/60/80/150
<b>New Plans</b>														
Advantage Basic HMO 2000 Silver (NEW)	0%	\$2,000/\$4,000	\$6,000/\$12,000	\$50	\$100	\$50	Ded	Ded	Ded then \$1,000	Ded then \$1,000	Ded then \$1,000	Ded then \$1,000	Ded then \$50	LCG: \$5* \$50/75/150/200
Advantage HMO 3000 Silver (NEW)	0%	\$3,000/\$6,000	\$7,150/\$14,300	\$35	\$65	\$35	Ded	Ded then \$50	Ded then \$300	Ded then \$350	Ded then \$500	\$300	Ded then \$50	LCG: \$5* \$35/85/100/10%**

Deductible, Out-of-Pocket Maximums (OOPM), and visit limits are calculated on the calendar year for all plans (except Saver plans, which are calculated on a plan year from April 1, 2017 - March 31, 2018) regardless of the effective date of the group.

These charts provide benefit highlights for general comparison purposes only. There are also services that the plans do not cover. Please see a Summary of Benefits and Coverage for more information, or refer to your Member Benefit Document for complete information.

All 2017 plans meet Minimum Credible Coverage (MCC) standards.

Select Network plans have a limited provider network and a limited service area that excludes Berkshire, Dukes and Nantucket counties.

Steward Community Choice plans utilize a limited provider network.

\*LCG = Low Cost Generics; some of the 2017 plans feature this benefit.

\*\*Tier 4 on this plan has a coinsurance maximum of \$250 per fill.

\*\*\*Plan does not feature an embedded family deductible.



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## 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 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 these services, contact Tufts Health Plan at 800.462.0224.

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

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>.

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 κάρτας σας.

**Haitian Creole** Pou jwenn tradiksyon gratis nan lang Kreyòl Ayisyen, rele nimewo ki sou kat ID ou.

**Italian** Per la traduzione in italiano senza costi aggiuntivi, è possibile chiamare il numero indicato sulla tessera identificativa.

**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)** សម្រាប់សេវាកម្មបំប្លែងភាសាស្រី ឬស្រី ទៅកាន់លេខដែលមាននៅលើកាតសម្គាល់សមាជិករបស់អ្នក។

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

**Laotian** ສຳລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ສອນໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.

**Navajo** Doo bą́ąh ilíni da Diné k'ehjí álnéehgo, hodiilnih béesh bee hani'é bee nées ho'dílzingo nantínígíí bik'áá'.

**Persian** برای ترجمه رایگا فارسی به شماره تلفن مندرج در کارت شناسایی تان زنگ بزنید.

**Polish** Aby uzyskać bezpłatne tłumaczenie w języku polskim, należy zadzwonić na numer znajdujący się na Pana/i dowodzie tożsamości.

**Portuguese** Para tradução grátis para 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** Por servicio de traducción gratuito en español, llame al número de 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.



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