

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, Franklin, Hampden, Hampshire, and Nantucket counties.



	Standard Network Products		Select Network Products Limited Provider Network Options Select Network providers only. Find participating providers at tuftshealthplan.com.
COVERED SERVICES	ADVANTAGE HMO 2000	ADVANTAGE HMO 1500 with Low End Rx	SELECT ADVANTAGE HMO 1500 ¹
DEDUCTIBLE			
Individual Deductible (calendar year)	\$2,000	\$1,500	\$1,500
Family Deductible (calendar year)	\$4,000	\$3,000	\$3,000
OUT-OF-POCKET MAXIMUM²			
Medical	\$2,950 individual/\$5,900 family	\$2,950 individual/\$5,900 family	\$2,950 individual/\$5,900 family
Pharmacy	\$2,400 individual/\$4,800 family	\$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	\$1,000 one child/\$2,000 two or more children
OUTPATIENT MEDICAL CARE (PCP/Specialist)			
Routine Physical Exams (including most preventive screenings. Please note: Some services performed during a routine office visit may be subject to your deductible.)	Covered in full	Covered in full	Covered in full
Non-Routine Office Visits (including PCP and specialist consultations) ³	\$20 per visit	\$20 per visit	\$20 per visit
OB/GYN Care	\$20 per visit	\$20 per visit	\$20 per visit
Preventative Pap smears, mammograms, and immunizations	Covered in full	Covered in full	Covered in full
Routine Outpatient Maternity Care	Covered in full	Covered in full	Covered in full
Non-Routine Outpatient Maternity Care ⁴	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible
Well-Child Care	Covered in full	Covered in full	Covered in full
Routine Eye Exams—Covered once per 24 months	\$20 per visit	\$20 per visit	\$20 per visit
Speech and Physical/Occupational Therapy	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible
Diagnostic X-Rays, and lab tests	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible
Spinal Manipulation (Chiropractic) (12 visits/calendar year)	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible
Diagnostic Imaging—High-Tech Imaging (MRIs, CT/CAT Scans, PET Scans, and Nuclear Cardiology)	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible
INPATIENT HOSPITAL CARE AND DAY SURGERY			
Day Surgery	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible
Acute Care for Illness / Injury / Maternity Services	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible
Skilled Nursing in a Skilled Nursing Facility (100 calendar days/year)	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible
MENTAL HEALTH			
Outpatient Care	\$20 per visit	\$20 per visit	\$20 per visit
Inpatient Care	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible

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COVERED SERVICES	ADVANTAGE HMO 2000	ADVANTAGE HMO 1500 with Low End Rx	SELECT ADVANTAGE HMO 1500 ¹
SUBSTANCE ABUSE			
Outpatient Care	\$20 per visit	\$20 per visit	\$20 per visit
EMERGENCY CARE			
In Emergency Room	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible
WELLNESS PROGRAMS			
Tufts Health Plan Network Fitness Facility Memberships	3-month fitness reimbursement, 20% off membership, No joining fee	3-month fitness reimbursement, 20% off membership, No joining fee	3-month fitness reimbursement, 20% off membership, No joining fee
Curves	50% off joining fee, Earn a free month	50% off joining fee, Earn a free month	50% off joining fee, Earn a free month
Alternative Medicine: Acupuncture & Massage Therapy	25% off treatments and massage therapy	25% off treatments and massage therapy	25% off treatments and massage therapy
OTHER SERVICES			
Durable Medical Equipment	Plan covers 70%	Plan covers 70%	Plan covers 70%
Ambulance (when medically necessary)	Covered in full after deductible	Covered in full after deductible	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	Covered in full after pediatric dental out-of-pocket max has been met
PRESCRIPTION DRUG COVERAGE			
Pharmacy Deductible (calendar year)	N/A	\$250 individual/\$500 family	N/A
Copayments	\$15/\$30/\$50	\$20/\$75/\$100	\$15/\$30/\$50
Formulary	Standard	Standard	Standard

¹ Select provider network, with a limited service area that excludes Berkshire, Dukes, and Nantucket Counties.


² 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.

³ Some non-routine services may be subject to deductible.

⁴ 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 800-462-0224 or on our website at tuftshealthplan.com.

 This health plan meets Minimum Creditable Coverage standards and will 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 Web site (www.mahealthconnector.org). This health plan meets 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 Web site at www.mass.gov/doi.

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 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
800-462-0224
tuftshealthplan.com
