

MA SMALL GROUP 2017 ALLOWED PLAN OPTIONS



MASSACHUSETTS SMALL GROUP HMO/HMO PAIRINGS 2017



The employer must have and maintain a minimum of 10 eligible employees and Tufts Health Plan must be the sole carrier.

	HMO VALUE PLATINUM	HMO BASIC PLATINUM	ADVANTAGE HMO 500 GOLD	ADVANTAGE HMO 1000 GOLD	ADVANTAGE HMO 1500 GOLD	ADVANTAGE HMO 1000 LOW OPTION SILVER	ADVANTAGE HMO 2000 GOLD	ADVANTAGE HMO SAVER 1500 GOLD	ADVANTAGE HMO 1500 LOW OPTION SILVER	ADVANTAGE HMO 2000 LOW OPTION SILVER	ADVANTAGE HMO 2000 80% SILVER	ADVANTAGE HMO 2500 SILVER	ADVANTAGE HMO 3000 SILVER	ADVANTAGE HMO 2000 65% SILVER	ADVANTAGE HMO SAVER 2000 SILVER	ADVANTAGE HMO SAVER 2500 SILVER	ADVANTAGE HMO SAVER 3000 SILVER
HMO Value Platinum	YES		YES														
HMO Basic Platinum		YES	YES	YES													
Advantage HMO 500 Gold	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES				
Advantage HMO 1000 Gold		YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
Advantage HMO 1500 Gold			YES	YES	YES				YES	YES	YES	YES	YES	YES	YES	YES	YES
Advantage HMO 1000 Low Option Silver			YES	YES		YES			YES	YES	YES	YES	YES	YES	YES	YES	YES
Advantage HMO 2000 Gold			YES	YES			YES			YES	YES	YES	YES	YES	YES	YES	YES
Advantage HMO Saver 1500 Gold			YES	YES				YES		YES	YES	YES	YES	YES	YES	YES	YES
Advantage HMO 1500 Low Option Silver			YES	YES		YES			YES			YES	YES	YES	YES	YES	YES
Advantage HMO 2000 Low Option Silver			YES	YES	YES	YES	YES	YES		YES				YES	YES	YES	YES
Advantage HMO 2000 (80%) Silver			YES	YES	YES	YES	YES	YES			YES			YES	YES	YES	YES
Advantage HMO 2500 Silver			YES	YES	YES	YES	YES	YES	YES			YES				YES	YES
Advantage HMO 3000 Silver			YES	YES	YES	YES	YES	YES	YES				YES				YES
Advantage HMO 2000 (65%) Silver				YES	YES	YES	YES	YES	YES	YES	YES			YES			YES
Advantage HMO Saver 2000 Silver				YES	YES	YES	YES	YES	YES	YES	YES				YES		YES
Advantage HMO Saver 2500 Silver				YES	YES	YES	YES	YES	YES	YES	YES	YES				YES	YES
Advantage HMO Saver 3000 Silver					YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

MASSACHUSETTS SMALL GROUP HMO/PPO PAIRINGS 2017



The employer must have and maintain a minimum of 10 eligible employees and Tufts Health Plan must be the sole carrier. For employers that have and maintain 5 to 9 eligible employees, an HMO/PPO dual option is available, but only active employees located outside of the Service Area may enroll in the PPO.

	HMO VALUE PLATINUM	HMO BASIC PLATINUM	ADVANTAGE HMO 500 GOLD	ADVANTAGE HMO 1000 GOLD	ADVANTAGE HMO 1500 GOLD	ADVANTAGE HMO 1000 LOW OPTION SILVER	ADVANTAGE HMO 2000 GOLD	ADVANTAGE HMO SAVER 1500 GOLD	ADVANTAGE HMO 1500 LOW OPTION SILVER	ADVANTAGE HMO 2000 LOW OPTION SILVER	ADVANTAGE HMO 2000 80% SILVER	ADVANTAGE HMO 2500 SILVER	ADVANTAGE HMO 3000 SILVER	ADVANTAGE HMO 2000 65% SILVER	ADVANTAGE HMO SAVER 2000 SILVER	ADVANTAGE HMO SAVER 2500 SILVER	ADVANTAGE HMO SAVER 3000 SILVER
PPO Value Platinum	YES																
PPO Basic Platinum	YES	YES															
Advantage PPO 500 Gold	YES	YES	YES														
Advantage PPO 1000 Gold			YES	YES													
Advantage PPO 1500 Gold			YES	YES	YES	YES											
Advantage PPO 2000 Gold			YES	YES	YES	YES	YES										
Advantage PPO Saver 1500 Gold				YES	YES	YES		YES	YES								
Advantage PPO 2500 Silver					YES	YES	YES	YES	YES	YES		YES					
Advantage PPO 3000 Silver					YES	YES	YES	YES	YES	YES		YES	YES				
Advantage PPO 2000 (80%) Silver					YES	YES	YES	YES	YES	YES	YES						
Advantage PPO Saver 2000 Silver							YES	YES	YES	YES				YES			
Advantage PPO 2000 (65%) Silver								YES	YES	YES	YES			YES	YES		
Advantage PPO Saver 2500 Silver								YES	YES	YES	YES	YES			YES	YES	
Advantage PPO Saver 3000 Silver										YES	YES	YES	YES	YES	YES	YES	YES
Advantage PPO Saver 4500 Bronze																	

MASSACHUSETTS SMALL GROUP SELECT/SELECT PAIRINGS 2017



The employer must have and maintain a minimum of 10 eligible employees and Tufts Health Plan must be the sole carrier.

	SELECT ADVANTAGE HMO 500 GOLD	SELECT ADVANTAGE HMO 1000 GOLD	SELECT ADVANTAGE HMO 1500 GOLD	SELECT ADVANTAGE HMO 2000 SILVER	SELECT ADVANTAGE HMO 2000 80% SILVER	SELECT ADVANTAGE HMO 2500 SILVER
Select Advantage HMO 500 Gold		YES	YES	YES	YES	YES
Select Advantage HMO 1000 Gold	YES		YES	YES	YES	YES
Select Advantage HMO 1500 Gold	YES	YES			YES	YES
Select Advantage HMO 2000 Gold	YES	YES			YES	YES
Select Advantage HMO 2000 (80%) Silver	YES	YES	YES	YES		
Select Advantage HMO 2500 Silver	YES	YES	YES	YES		

MASSACHUSETTS SMALL GROUP SELECT/PPO OUT OF AREA 2017



The employer must have and maintain a minimum of 10 eligible employees and Tufts Health Plan must be the sole carrier. For employers that have and maintain 5 to 9 eligible employees, an HMO/PPO dual option is available, but only active employees located outside of the Service Area may enroll in the PPO.

	SELECT ADVANTAGE HMO 500 GOLD	SELECT ADVANTAGE HMO 1000 GOLD	SELECT ADVANTAGE HMO 1500 GOLD	SELECT ADVANTAGE HMO 2000 SILVER	SELECT ADVANTAGE HMO 2000 80% SILVER	SELECT ADVANTAGE HMO 2500 SILVER
PPO Value Platinum						
PPO Basic Platinum						
Advantage PPO 500 Gold	YES PPO ONLY AVAILABLE TO EMPLOYEES THAT RESIDE OUTSIDE MA					
Advantage PPO 1000 Gold		YES PPO ONLY AVAILABLE TO EMPLOYEES THAT RESIDE OUTSIDE MA				
Advantage PPO 1500 Gold			YES PPO ONLY AVAILABLE TO EMPLOYEES THAT RESIDE OUTSIDE MA			
Advantage PPO 2000 Gold				YES PPO ONLY AVAILABLE TO EMPLOYEES THAT RESIDE OUTSIDE MA		
Advantage PPO Saver 1500 Gold						
Advantage PPO 2500 Silver						
Advantage PPO 3000 Silver						
Advantage PPO 2000 80% Silver					YES PPO ONLY AVAILABLE TO EMPLOYEES THAT RESIDE OUTSIDE MA	
Advantage PPO Saver 2000 Silver						
Advantage PPO 2000 65% Silver						
Advantage PPO Saver 2500 Silver						YES PPO ONLY AVAILABLE TO EMPLOYEES THAT RESIDE OUTSIDE MA
Advantage PPO Saver 3000 Silver						
Advantage PPO Saver 4500 Bronze						

MASSACHUSETTS SMALL GROUP STEWARD/STEWARD PAIRINGS 2017



The employer must have and maintain a minimum of 10 eligible employees and Tufts Health Plan must be the sole carrier.

	STEWARD COMMUNITY CHOICE 1000 GOLD	STEWARD COMMUNITY CHOICE 1500 GOLD	STEWARD COMMUNITY CHOICE 2000 SILVER
Steward Community Choice 1000 Gold		YES	YES
Steward Community Choice 1500 Gold	YES		
Steward Community Choice 2000 Gold	YES		

MASSACHUSETTS SMALL GROUP CONNECTOR/CONNECTOR PAIRINGS 2017



10 or more eligibles are required for Connector / Connector Pairings.

	PREMIER PLATINUM	PREMIER GOLD 1000	PREMIER GOLD 2000	PREMIER BRONZE SAVER 3300
Premier Platinum		YES		
Premier Gold 1000	YES			
Premier Silver 2000				YES
Premier Bronze Saver 3300			YES	

MASSACHUSETTS SMALL GROUP CONNECTOR/PPO OUT OF AREA 2017



10 or more eligible are required for Connector / OOA Pairings.

	PREMIER PLATINUM	PREMIER GOLD 1000	PREMIER GOLD 2000	PREMIER BRONZE SAVER 3300
PPO Value Platinum				
PPO Basic Platinum	YES PPO ONLY AVAILABLE TO EMPLOYEES THAT RESIDE OUTSIDE MA			
Advantage PPO 500 Gold				
Advantage PPO 1000 Gold		YES PPO ONLY AVAILABLE TO EMPLOYEES THAT RESIDE OUTSIDE MA		
Advantage PPO 1500 Gold				
Advantage PPO 2000 Gold				
Advantage PPO Saver 1500 Gold				
Advantage PPO 2500 Silver				
Advantage PPO 3000 Silver				
Advantage PPO 2000 (80%) Silver			YES PPO ONLY AVAILABLE TO EMPLOYEES THAT RESIDE OUTSIDE MA	
Advantage PPO Saver 2500 Silver				
Advantage PPO Saver 2000 (65%) Silver				
Advantage PPO Saver 2500 Silver				
Advantage PPO Saver 3000 Silver				YES PPO ONLY AVAILABLE TO EMPLOYEES THAT RESIDE OUTSIDE MA
Advantage PPO Saver 4500 Bronze				

MASSACHUSETTS SMALL GROUP TIERED/PPO OUT OF AREA 2017



10 or more eligibles are required for Tiered / OOA.

	YOUR CHOICE HMO 2-TIER OPTION 9 GOLD	YOUR CHOICE HMO 3-TIER OPTION 10 GOLD	YOUR CHOICE HMO 2-TIER OPTION 8 GOLD	YOUR CHOICE HMO 3-TIER OPTION 9 GOLD
PPO Value Platinum				
PPO Basic Platinum				
PPO Basic 500 Gold				
Advantage PPO 1000 Gold	YES PPO ONLY AVAILABLE TO EMPLOYEES THAT RESIDE OUTSIDE MA	YES PPO ONLY AVAILABLE TO EMPLOYEES THAT RESIDE OUTSIDE MA	YES PPO ONLY AVAILABLE TO EMPLOYEES THAT RESIDE OUTSIDE MA	YES PPO ONLY AVAILABLE TO EMPLOYEES THAT RESIDE OUTSIDE MA
Advantage PPO 1500 Gold				
Advantage PPO 2000 Gold				
Advantage PPO Saver 1500 Gold				
Advantage PPO 2500 Silver				
Advantage PPO 3000 Silver				
Advantage PPO 2000 (80%) Silver				
Advantage PPO Saver 2000 Silver				
Advantage PPO 2000 (65%) Silver				
Advantage PPO Saver 2500 Silver				
Advantage PPO Saver 3000 Silver				
Advantage PPO Saver 4500 Bronze				

2017 BUNDLES



The following bundles of 3 plans are available to employers who have and maintain a minimum of 10 eligible employees. Tufts Health Plan must be the sole carrier.

Bundle 1	Bundle 2	Bundle 3	Bundle 4	Bundle 5	Bundle 6
HMO Basic Platinum	HMO Basic Platinum	Advantage HMO 500 Gold	Advantage HMO 1000 Gold	Advantage HMO 1000 Gold	Advantage HMO 1000 Gold
Advantage HMO 500 Gold	Advantage HMO 1000 Gold	Advantage HMO 1500 Gold	Advantage HMO 2000 Gold	Advantage HMO Saver 2000 Silver	Advantage HMO 2000 (80%) Silver
Advantage PPO 500 Gold	Advantage PPO 1000 Gold	Advantage PPO 1500 Gold	Advantage PPO 2000 Gold	Advantage PPO Saver 2000 Silver	Advantage PPO 2000 (80%) Silver

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 ទៅជាភាសាខ្មែរ ដោយឥតគិតថ្លៃ អាស្រ័យលើលេខសម្គាល់សមាជិករបស់អ្នក។

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

Laotian ສຳລັບການແປພາສາລາວທີ່ບໍ່ໄດ້ສອບຮູ້ໃຊ້ຈ່າຍ, 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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