

**City of Newton FY22 Benefit Comparison**

AFSCME 2443 Foreman, AFSCME 2913 Traffic Supervisors and Parking Control, AFSCME 1703 Engineers,  
Newton Police Association, Newton Superior Officers Association and Teamsters Local 25

	Harvard Pilgrim HMO Advantage Plan	Tufts EPO Advantage Plan	Tufts PPO Advantage Plan	
<b>Website</b>	<a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a>	<a href="http://www.tuftshealthplan.com">www.tuftshealthplan.com</a>	<a href="http://www.tuftshealthplan.com">www.tuftshealthplan.com</a>	
<b>Customer Service Number</b>	888-333-4742	800-462-0224	800-462-0224	
<b>Out of Pocket Maximum Individual/Family</b>	\$1,000 member/\$2,500 family per plan year	\$1,000 member/\$2,500 family per plan year	\$1,000 member/\$2,500 family per plan year	
<b>Fiscal Year Deductible Individual/Family</b>	\$250 member/ \$500 family per plan year	\$250 member/ \$500 family per plan year	\$250 member/ \$500 family per plan year	
			In-Network Provider	Out-of-Network Provider
<b>Primary Care Provider Office Visit</b>	\$20 copay deductible does not apply	\$20 copay deductible does not apply	\$20 copay deductible does not apply	20% Coinsurance
<b>Preventative Services</b>	No Copay deductible does not apply	No Copay deductible does not apply	No Charge deductible does not apply	20% Coinsurance
<b>Specialist Physician Office</b>	\$35 deductible does not apply	\$35 deductible does not apply	\$35 deductible does not apply	20% Coinsurance
<b>Retail Clinic and Urgent Care Center</b>	\$20 copay deductible does not apply	\$35 copay deductible does not apply	\$35 copay deductible does not apply	20% Coinsurance
<b>Outpatient Behavioral Health &amp; Substance Use Disorder Care</b>	\$20 copay deductible does not apply	\$20 copay deductible does not apply	\$20 copay deductible does not apply	20% Coinsurance
<b>Emergency Room Care</b>	\$100 copay deductible does not apply	\$100 copay deductible does not apply	\$100 copay deductible does not apply	20% Coinsurance
<b>Inpatient Hospital Care - Medical</b>	No copay deductible applies	No copay deductible applies	No copay deductible applies	20% Coinsurance
<b>Maternity Benefits</b>	Routine visits no copay deductible does not apply Hospitalization deductible applies	Routine visits no copay deductible does not apply Hospitalization deductible applies	Routine visits no copay deductible does not apply Hospitalization deductible applies	20% Coinsurance

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<b>Outpatient Surgery</b>	\$100 copay deductible applies	\$100 copay deductible applies	\$100 copay deductible applies	20% Coinsurance
<b>High Tech Imaging (e.g. MRI, CT and PET scans)</b>	No copay deductible applies	No copay deductible applies	No copay deductible applies	20% Coinsurance
<b>Prescription Drugs</b>				
<b>Retail (Up to 30 day supply) Tier 1/Tier 2/Tier 3</b>	\$15/\$30/\$50 deductible does not apply	\$15/\$30/\$50 deductible does not apply	\$15/\$30/\$50 deductible does not apply	\$15/\$30/\$50 deductible does not apply
<b>Mail Order Maintenance Drugs (up to a 90 day supply) Tier 1/Tier 2/Tier 3</b>	\$30/\$60/\$100 deductible does not apply	\$30/\$60/\$100 deductible does not apply	\$30/\$60/\$100 deductible does not apply	\$30/\$60/\$100 deductible does not apply
<b>Eye Exam (one per year)</b>	\$20 copay deductible does not apply	No copay deductible does not apply	No copay deductible does not apply	20% Coinsurance
<b>Chiropractic Care</b>	No coverage	12 spinal manipulations deductible applies	12 spinal manipulations deductible applies	20% Coinsurance

The Benefits Comparison Chart listed above is meant to assist you in reviewing plan comparability. You are encouraged to review each plan’s *Summary of Benefits Coverage* (SBC) and other plan documents as they supersede the chart listed above and will provide you with greater detail.