City of Newton FY23 Benefit Comparison

AFSCME 2443 Foreman and AFSCME 2913 Traffic Supervisors and Parking Control

	Harvard Pilgrim HMO Advantage Plan	Tufts EPO Advantage Plan	Tufts PPO Advantage Plan	
Website	www.harvardpilgrim.org	www.tuftshealthplan.com	www.tuftshealthplan.com	
Customer Service Number	888-333-4742	800-462-0224	800-462-0224	
Out of Pocket Maximum Individual/Family	$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	
Fiscal Year Deductible Individual/Family	$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**
Primary Care Provider Office Visit	$20 copay deductible does not apply	$20 copay deductible does not apply	$20 copay deductible does not apply	20% Coinsurance
Preventative Services	No Copay deductible does not apply	No Copay deductible does not apply	No Charge deductible does not apply	20% Coinsurance
Specialist Physician Office	$35 deductible does not apply	$35 deductible does not apply	$35 deductible does not apply	20% Coinsurance
Retail Clinic and Urgent Care Center	$20 copay deductible does not apply	$35 copay deductible does not apply	$35 copay deductible does not apply	20% Coinsurance
Outpatient Behavioral Health & Substance Use Disorder Care	$20 copay deductible does not apply	$20 copay deductible does not apply	$20 copay deductible does not apply	20% Coinsurance
Emergency Room Care	$100 copay deductible does not apply	$100 copay deductible does not apply	$100 copay deductible does not apply	20% Coinsurance
Inpatient Hospital Care - Medical	No copay deductible applies	No copay deductible applies	No copay deductible applies	20% Coinsurance
Maternity Benefits	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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	Harvard Pilgrim HMO Advantage Plan	**Tufts EPO Advantage Plan**	**Tufts PPO Advantage Plan**	
Outpatient Surgery	$100 copay deductible applies	$100 copay deductible applies	$100 copay deductible applies	20% Coinsurance
High Tech Imaging (e.g. MRI, CT and PET scans)	No copay deductible applies	No copay deductible applies	No copay deductible applies	20% Coinsurance
Prescription Drugs				
Retail (Up to 30 day supply) Tier 1/Tier 2/Tier 3	$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
Mail Order Maintenance Drugs (up to a 90 day supply) Tier 1/Tier 2/Tier 3	$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
Eye Exam (one per year)	$20 copay deductible does not apply	No copay deductible does not apply	No copay deductible does not apply	20% Coinsurance
Chiropractic Care	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.