City of Newton FY23 Benefit Comparison

	Harvard Pilgrim HMO Advantage Plan	Tufts EPO Advantage Plan	Tufts PDO A	dvantage Plan
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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	\$1,000 member/\$2,500 family		000 102 0221	
Individual/Family	per plan year	per plan year	\$1,000 member/\$2,500 family per plan year	
Fiscal Year Deductible	\$250 member/ \$500 family	\$250 member/ \$500 family		
Individual/Family	per plan year	per plan year	\$250 member/ \$500 family per plan year	
		· · · · · · ·		
			In-Network Provider	Out-of-Network Provider
Primary Care Provider Office	\$20 copay deductible does not	\$20 copay deductible does not	\$20 copay deductible does	
Visit	apply	apply	not apply	20% Coinsurance
	No Copay deductible does not	No Copay deductible does not	No Charge deductible does	
Preventative Services	apply	apply	not apply	20% Coinsurance
			\$35 deductible does not	
Specialist Physician Office	\$35 deductible does not apply	\$35 deductible does not apply	apply	20% Coinsurance
Retail Clinic and Urgent Care	\$20 copay deductible does not	\$35 copay deductible does not	\$35 copay deductible does	
Center	apply	apply	not apply	20% Coinsurance
Outpatient Dahavianal Usalth 9	ć20. se novi de duetible de se not	ć20. se nov de dustible de se not	ć20. se nev de ductible de se	
Outpatient Behavioral Health &	· · · ·	\$20 copay deductible does not	· · ·	
Substance Use Disorder Care	apply	apply	not apply	20% Coinsurance
	\$100 copay deductible does	\$100 copay deductible does	\$100 copay deductible	
Emergency Room Care	not apply	not apply	does not apply	20% Coinsurance
Inpatient Hospital Care -			No copay deductible	
Medical	No copay deductible applies	No copay deductible applies	applies	20% Coinsurance
	Routine visits no copay	Routine visits no copay	Routine visits no copay	
	deductible does not apply	deductible does not apply	deductible does not apply	
	Hospitalization deductible	Hospitalization deductible	Hospitalization deductible	
Maternity Benefits	applies	applies	applies	20% Coinsurance

AFSCME 2443 Foreman and AFSCME 2913 Traffic Supervisors and Parking Control

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