

BENEFITS	Direct Platinum	Direct Gold	Direct Gold 1600	Direct Silver 2000	Direct Silver 2000 HSA**	Direct Bronze 2850
DEDUCTIBLE	\$0 (ind./fam.)	\$0 (ind./fam.)	\$1,600 Med (ind.) \$180 Rx (ind.) \$3,200 Med (fam.) \$360 Rx (fam.)	\$2,000 (ind.) \$4,000 (fam.)	\$2,000 (ind.) \$4,000 (fam.)	\$2,850 (ind.) \$5,700 (fam.)
MAXIMUM OUT-OF-POCKET	\$3,000 (ind.) \$6,000 (fam.)	\$6,000 (ind.) \$12,000 (fam.)	\$5,500 (ind.) \$11,000 (fam.)	\$9,450 (ind.) \$18,900 (fam.)	\$7,050 (ind.) \$14,100 (fam.)	\$9,450 (ind.) \$18,900 (fam.)
COST-SHARING						
Preventive services	\$0	\$0	\$0	\$0	\$0	\$0
PCP & MH/BH/SA office visits	\$20	\$30	\$35	\$25	\$30*	\$30*
Specialist office visits	\$40	\$55	\$55	\$60	\$60*	\$65*
Emergency room	\$150	\$350	\$400*	\$350*	\$300*	\$400*
Outpatient facility fee	\$250	\$500	\$500*	\$500*	\$500*	\$500*
Inpatient hospitalization	\$500	\$750	\$750*	\$1,000*	\$750*	\$1,000*
High-cost imaging	\$150	\$250	\$300*	\$350*	\$500*	\$350*
Therapy (speech, occupational, rehabilitative)	\$40	\$55	\$55	\$60	\$60*	\$65*
Lab outpatient and professional services	\$0	\$25	\$50*	\$25*	\$60*	\$50*
X-rays and diagnostic imaging	\$0	\$75	\$75*	\$50*	\$75*	\$100*
Skilled nursing facility	\$500	\$750	\$750*	\$1,000*	\$750*	\$1,000*
Durable medical equipment (DME)	20%	20%	20%*	20%*	20%*	20%*
PHARMACY (RETAIL)						
Tier 1	\$10	\$30	\$25	\$30	\$30*	\$30
Tier 2	\$25	\$60	\$50*	\$55	\$60*	\$65*
Tier 3	\$50	\$90	\$125*	\$75*	\$105*	\$100*
PHARMACY (MAIL ORDER)						
Tier 1	\$20	\$60	\$50	\$60	\$60*	\$60
Tier 2	\$50	\$120	\$100*	\$110	\$120*	\$130*
Tier 3	\$150	\$270	\$375*	\$225*	\$315*	\$300*

* Subject to deductible.

** HSA = Health Savings Account compatible plan

All plans will include in-network pediatric dental and pediatric vision as required by the Affordable Care Act.

This table is intended to be a summary of benefit changes, not a comprehensive explanation of all benefits and cost-sharing. For more detailed information, visit [TuftsHealthPlan.com](https://tuftshelp.com).