

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

* Subject to deductible

** HSA = Health Savings Account compatible plan

*** \$35 for the first three non-preventive PCP visits. After the first three visits, services are subject to deductible.

+ For individuals under age 30 or for individuals who are not subject to the Federal individual mandate as defined in Section 1302(e) of the Affordable Care Act (ACA).

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

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://www.tuftshealthplan.com).