

BENEFITS	Direct Platinum	Direct Gold	Direct Gold 2000	Direct Silver 2000	Direct Silver 2000 HSA**	Direct Silver 2500 with Co-insurance	Direct Bronze 2700	Direct Bronze 3550 with Co-insurance
DEDUCTIBLE	\$0 (ind./fam.)	\$0 (ind./fam.)	\$2,000 Med (ind.) \$250 Rx (ind.) \$4,000 Med (fam.) \$500 Rx (fam.)	\$2,000 (ind.) \$4,000 (fam.)	\$2,000 (ind.) \$4,000 (fam.)	\$2,500 (ind.) \$5,000 (fam.)	\$2,700 (ind.) \$5,400 (fam.)	\$3,550 (ind.) \$7,100 (fam.)
MAXIMUM OUT-OF-POCKET	\$3,000 (ind.) \$6,000 (fam.)	\$5,000 (ind.) \$10,000 (fam.)	\$6,250 (ind.) \$12,500 (fam.)	\$8,550 (ind.) \$17,100 (fam.)	\$6,850 (ind.) \$13,700 (fam.)	\$7,350 (ind.) \$14,700 (fam.)	\$8,550 (ind.) \$17,100 (fam.)	\$8,550 (ind.) \$17,100 (fam.)
COST-SHARING								
Preventive services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PCP & MH/BH/SA office visits	\$20	\$25	\$35	\$25	\$30*	\$30	\$40*	\$90
Specialist office visits	\$40	\$50	\$55	\$50	\$60*	\$50*	\$90*	\$150*
Emergency room	\$150	\$300	\$400*	\$300*	\$300*	\$650*	\$750*	40%*
Outpatient facility fee	\$250	\$500	\$500*	\$500*	\$500*	20%*	\$500*	40%*
Inpatient hospitalization	\$500	\$750	\$750*	\$1,000*	\$750*	30%*	\$1,200*	40%*
High-cost imaging	\$150	\$400	\$300*	\$400*	\$500*	20%*	\$1,000*	40%*
Therapy (speech, occupational, rehabilitative)	\$40	\$50	\$55	\$50	\$60*	\$50*	\$90*	\$150*
Lab outpatient and professional services	\$0	\$50	\$50*	\$50*	\$60*	20%*	\$75*	40%*
X-rays and diagnostic imaging	\$0	\$75	\$75*	\$75*	\$75*	20%*	\$100*	40%*
Skilled nursing facility	\$500	\$750	\$750*	\$1,000*	\$750*	30%*	\$1,200*	40%*
Durable medical equipment (DME)	20%	20%	20%*	20%*	20%*	30%*	20%*	30%*
PHARMACY (RETAIL)								
Tier 1	\$10	\$25	\$25	\$25	\$30*	\$35*	\$30	\$35*
Tier 2	\$25	\$50	\$50*	\$50	\$60*	50%*	\$100*	50%*
Tier 3	\$50	\$75	\$125*	\$75*	\$105*	50%*	\$150*	50%*
PHARMACY (MAIL ORDER)								
Tier 1	\$20	\$50	\$50	\$50	\$60*	\$70*	\$60	\$70*
Tier 2	\$50	\$100	\$100*	\$100	\$120*	50%*	\$200*	50%*
Tier 3	\$150	\$225	\$375*	\$225*	\$315*	50%*	\$450*	50%*

* 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.