

TUFTS UNIVERSITY

Health Plan Options for January 1, 2019 administered exclusively by Tufts Health Plan

	Quality Tiered Plan			Traditional Plan		Value Plan	
	In-Network Providers		Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	Tier 1 "TU Preferred"	Tier 2 Providers	Tier 3 Providers				
Annual Deductible	None	\$1,000 individual / \$2,000 two-person or family	\$2,000 individual / \$4,000 two-person or family	None	\$500 individual / \$1,000 two-person or family	\$2,000 individual / \$4,000 two-person or family	
Out-of-Pocket Maximum	\$2,000 individual / \$4,000 two-person or family		\$4,000 individual / \$8,000 two-person or family	\$2,000 individual / \$4,000 two-person or family	\$4,000 individual / \$8,000 two-person or family	\$4,000 individual / \$8,000 two-person or family	
Lifetime Maximum	Unlimited			Unlimited		Unlimited	
Preventive Care	\$0 copay	\$0 copay	Deductible then 20%	\$0 copay	Deductible then 20%	\$0 copay	Deductible then 20%
Office Visits (Primary Care and Specialist)	\$15 copay	\$25 copay	Deductible then 20%	\$25 copay	Deductible then 20%	\$35 copay	Deductible then 20%
Teladoc Consult	\$15 copay			\$15 copay		\$15 copay	
Outpatient Therapy - OT, ST, PT & Chiro	\$15 copay	\$15 copay	Deductible then 20%	\$25 copay	Deductible then 20%	\$35 copay	Deductible then 20%
Prenatal and Postnatal Care	\$0 copay	\$0 copay	Deductible then 20% coinsurance	\$0 copay	Deductible then 20% coinsurance	\$0 copay	Deductible then 20% coinsurance
Lab and XRay	\$0 copay	\$0 copay	Deductible then 20%	\$0 copay	Deductible then 20%	Deductible then covered at 100%	Deductible then 20%
High Cost Imaging (CT/PET scans, MRIs)	\$0 copay	Deductible then covered 100%	Deductible then 20%	\$50 copay	Deductible then 20%	Deductible then covered at 100%	Deductible then 20%
Urgent Care Centers & Minute Clinics	\$15 copay	\$15 copay	Deductible then 20%	\$25 copay	Deductible then 20%	\$35 copay	Deductible then 20%
Emergency Room	\$100 copay, then covered 100%			\$150 copay, then covered 100%		\$200 copay then covered 100%	
Inpatient Services	\$250 per admission copay	Deductible applies; then \$500 per admission copay, then covered 100%	Deductible then 20%	\$250 per admission copay	Deductible then 20%	Deductible then covered at 100%	Deductible then 20%
Outpatient Surgery	\$150 per event copay	Deductible applies; then \$500 per event copay, then covered 100%	Deductible then 20% coinsurance	\$150 per event copay	Deductible then 20% coinsurance	Deductible then covered at 100%	Deductible then 20%
Prescription Drug (30 Day Supply at Retail)	\$10/\$25/\$50 Value-Based Rx Program	\$10/\$25/\$50 Value-Based Rx Program	Not Covered	\$10/\$25/\$50	Not Covered	\$10/\$25/\$50 Value-Based Rx Program	Not Covered
Mail Order (90 Day Supply by Mail Order or CVS Pharmacies ONLY)	\$20/\$50/\$150 Value-Based Rx Program	\$20/\$50/\$150 Value-Based Rx Program	Not Covered	\$20/\$50/\$150	Not Covered	\$20/\$50/\$150 Value-Based Rx Program	Not Covered

NOTES

Tufts University has set the individual rate for the Value Health Plan to meet the Federal Safe Harbor definition for affordability.

This comparison is not a Summary Plan Description (SPD). In the event of a conflict between this document and the SPD, the SPD will be the prevailing authority on coverage questions.

All care must be medically necessary to be covered.

All three plans cover "Preventive" Prescription Drug coverage at \$0 copay as defined by the IRS. This list is subject to change.

Note that certain services (Transplants and Bariatric Surgery) are ONLY Covered at named centers of excellence.

This Summary is dated August 10, 2018 and may be changed at any time.