

## Get comprehensive, low-cost health care coverage with *Tufts Health Direct*.

Discover programs to help you make lasting health changes! These benefits and programs are available at no cost to all eligible *Tufts Health Direct* members.

- ✓ Manage your weight and diet with a professional dietitian
- ✓ Get personalized tips for dealing with stress, quitting smoking and more
- ✓ Get gift cards and other rewards for completing healthy behaviors, like getting a yearly checkup
- ✓ Get money back for a fitness activity or gym membership

We offer low-cost ConnectorCare plans on the Health Connector.

	<i>Tufts Health Direct</i> ConnectorCare I	<i>Tufts Health Direct</i> ConnectorCare II	<i>Tufts Health Direct</i> ConnectorCare III
<b>Premium</b>	\$0	\$0-\$44	\$85-\$128
<b>Income eligibility</b>	\$0-\$12,144	\$12,145-\$24,288	\$24,289-\$36,420
<b>Preventive care</b>	No co-payment		
<b>PCP office visits</b>	\$0	\$10	\$15
<b>Specialty office visits</b>	\$0	\$18	\$22
<b>Retail medication co-payment (90-day supply)</b>	\$1-\$3.65	\$10-\$40	\$12.50-\$50
<b>Mail-order medication co-payment (90-day supply)</b>	\$2-\$7.30	\$20-\$80	\$25-\$100
<b>Emergency care</b>	\$0	\$50	\$100

## Not eligible for subsidized coverage?

*Tufts Health Direct* has many affordable plan options.

Depending on the plan you choose, you may be responsible for deductible, co-payment and/or co-insurance costs when you receive care. You also may owe a monthly bill (a premium).

	Standard Platinum: <i>Tufts Health Direct Platinum</i>	Standard High Gold: <i>Tufts Health Direct Gold 1000</i>	Standard Low Gold: <i>Tufts Health Direct Gold 2000</i>	Standard Silver: <i>Tufts Health Direct Silver 2000 II</i>	Standard High Bronze: <i>Tufts Health Direct Bronze 2750</i>	Non-standard: <i>Tufts Health Direct Bronze 3500 with Co-insurance</i>	<i>Tufts Health Direct Catastrophic</i>
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### ANNUAL DEDUCTIBLE INDIVIDUAL/FAMILY

MEDICAL	\$0	\$1,000/ \$2,000	\$2,000/ \$4,000*	\$2,000/ \$4,000	\$2,750/ \$5,500	\$3,500/ \$7,000	\$7,900/ \$15,800
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### ANNUAL OUT-OF-POCKET MAXIMUM INDIVIDUAL/FAMILY

MEDICAL	\$3,000/ \$6,000	\$5,000/ \$10,000	\$5,500/ \$11,000	\$7,900/ \$15,800	\$7,900/ \$15,800	\$7,900/ \$15,800	\$7,900/ \$15,800
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### SERVICES

PREVENTIVE CARE	No co-payment						
<b>NON-PREVENTIVE PCP OFFICE VISIT</b>	\$20	\$25	\$30	\$30	\$25 after deductible	\$35	\$0** after deductible
<b>SPECIALIST OFFICE VISIT</b>	\$40	\$45	\$50	\$55	\$50 after deductible	\$70 after deductible	\$0 after deductible
<b>ROUTINE VISION CARE</b>	\$20	\$25	\$30	\$30	\$25 after deductible	\$35	\$0 after deductible
<b>EMERGENCY CARE</b>	\$150	\$150 after deductible	\$350	\$300 after deductible	\$250 after deductible	35% co-insurance after deductible	\$0 after deductible

\* Pharmacy deductible \$250 for individuals, \$500 for families.

\*\* \$0 for the first three visits. After the first three visits, services are subject to deductible.

Learn more about *Tufts Health Direct* plans:

 [tuftshealthplan.com/directopenenrollment](https://tuftshealthplan.com/directopenenrollment)

 **888.257.1985** (TTY: 711), Monday-Friday, 8 a.m.-5 p.m.

Apply online at **MAhealthconnector.org** or by phone at **877.623.6765** (TTY: 877.623.7773), Monday-Friday, 8 a.m.-6 p.m.

To read the *Member Handbook*, *Notice of Privacy Practices*, and more information about *Tufts Health Direct*, go to [tuftshealthplan.com/directmembers](https://tuftshealthplan.com/directmembers).

Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. 若需免費的中文版本，請撥打 **888.257.1985**。Para servicio de traducción gratuito en español, llame al **888.257.1985**.