

TUFTS UNIVERSITY
Health Plan Options for January 1, 2020 : FINAL

	Quality Tiered Plan			Traditional Plan		Value Plan		Saver Plan	
	In-Network Providers		Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	Tier 1 "TU Preferred"	Tier 2 Providers	Tier 3 Providers						
Annual Deductibles & Maximum Out of Pocket Expense									
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		\$2,500 individual / \$5,000 two-person or family	
University Contribution to Health Savings Account (HSA)	Not Allowed, but Employee can use FSA			Not Allowed, but Employee can use FSA		Not Allowed, but Employee can use FSA		\$500 individual / \$1,000 two-person or family	
Out-of-Pocket Maximum (Includes Deductible)	\$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		\$4,000 individual / \$8,000 two-person or family	
Lifetime Maximum Benefits	Unlimited			Unlimited		Unlimited		Unlimited	
For the following covered services, YOU PAY :									
Preventive Care	\$0 copay	\$0 copay	Deductible then 20%	\$0 copay	Deductible then 20%	\$0 copay	Deductible then 20%	\$0 visit charge	Deductible then 40%
Office Visits	\$15 copay	\$25 copay	Deductible then 20%	\$25 copay	Deductible then 20%	\$35 copay	Deductible then 20%	Deductible, then 20%	Deductible then 40%
Teladoc Consult	\$15 copay			\$15 copay		\$15 copay		Deductible, then 20%	
Jumbo Wellness Center & Health Coaching	\$0 copay			\$0 copay		\$0 copay		Preventive & Wellness : \$0 visit charge Urgent & Acute Care : \$15 visit charge	
Outpatient Therapy Occupational, Speech, Physical & Chiropractic	\$15 copay	\$15 copay	Deductible then 20%	\$25 copay	Deductible then 20%	\$35 copay	Deductible then 20%	Deductible, then 20%	Deductible then 40%
Maternity Prenatal and Postnatal Visits	\$15 copay	\$25 copay	Deductible then 20%	\$25 copay	Deductible then 20%	\$35 copay	Deductible then 20%	Deductible, then 20%	Deductible then 40%
Lab and XRay	\$0 copay	\$0 copay	Deductible then 20%	\$0 copay	Deductible then 20%	Deductible then no copay	Deductible then 20%	Deductible, then 20%	Deductible then 40%
High Cost Imaging (CT/PET scans, MRIs)	\$0 copay	Deductible then no copay	Deductible then 20%	\$50 copay	Deductible then 20%	Deductible then no copay	Deductible then 20%	Deductible, then 20%	Deductible then 40%
Urgent Care Centers & Minute Clinics	\$15 copay	\$15 copay	Deductible then 20%	\$25 copay	Deductible then 20%	\$35 copay	Deductible then 20%	Deductible, then 20%	Deductible then 40%
Emergency Room	\$100 copay			\$150 copay		\$200 copay		Deductible then 20%	
Inpatient Services	\$250 per admission copay	Deductible, then \$500 per admission copay	Deductible then 20%	\$250 per admission copay	Deductible then 20%	Deductible then no copay	Deductible then 20%	Deductible, then 20%	Deductible then 40%
Outpatient Surgery	\$150 per event copay	Deductible, then \$500 per event copay	Deductible then 20%	\$150 per event copay	Deductible then 20%	Deductible then no copay	Deductible then 20%	Deductible, then 20%	Deductible then 40%
Mental/Behavioral Health Inpatient Services	\$250 per admission copay	\$250 per admission copay	Deductible then 20%	\$250 per admission copay	Deductible then 20%	Deductible then no copay	Deductible then 20%	Deductible, then 20%	Deductible then 40%
Mental/Behavioral Health Outpatient Services	\$15 copay	\$15 copay	Deductible then 20%	\$25 copay	Deductible then 20%	\$35 copay	Deductible then 20%	Deductible, then 20%	Deductible then 40%
Prescription Drug Tier Cost for 30 day scripts For Ongoing scripts, All Plans Use Maintenance Choice (CVS only or Mail Order)	Tier 1 : \$10 copay Tier 2 : \$25 copay Tier 3 : \$50 copay Value Based Rx Benefits Apply		Not Covered	Tier 1 : \$10 copay Tier 2 : \$25 copay Tier 3 : \$50 copay	Not Covered	Tier 1 : \$10 copay Tier 2 : \$25 copay Tier 3 : \$50 copay Value Based Rx Benefits Apply	Not Covered	Deductible, then Tier 1 : 0% Tier 2 : 20% Tier 3 : 20%	Not Covered

NOTES
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 four 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.
Maternity prenatal and postnatal care may include tests and services where copayment, coinsurance or deductible may apply. Cost sharing does not apply to certain preventive services. See the SBC for the full detail.
This Summary is dated September 1, 2019 and may be changed at any time.