

# Summary of 2017 Group Plan Offerings

Effective January 1, 2017



BENEFITS	Direct Platinum	Direct Gold 500 with Co-insurance	Direct Gold 1000	Direct Silver 2000	Direct Silver 2200 with Co-insurance	Direct Bronze
Deductible	\$0 (ind./fam.)	\$500 (ind.) \$1,000 (fam.)	<b>Medical only:</b> \$1,000 (ind.) \$2,000 (fam.)	<b>Medical only:</b> \$2,000 (ind.) \$4,000 (fam.)	\$2,200 (ind.) \$4,400 (fam.)	<b>Medical:</b> \$2,750 (ind.) \$5,500 (fam.) <b>Pharmacy:</b> \$250 (ind.) \$500 (fam.)
Maximum out-of-pocket	\$3,000 (ind.) \$6,000 (fam.)	\$3,250 (ind.) \$6,500 (fam.)	\$5,000 (ind.) \$10,000 (fam.)	\$7,150 (ind.) \$14,300 (fam.)	\$7,150 (ind.) \$14,300 (fam.)	\$7,150 (ind.) \$14,300 (fam.)
<b>Cost-sharing</b>						
<i>Preventive services</i>	\$0	\$0	\$0	\$0	\$0	\$0
<i>PCP office visits</i>	\$25	\$20	\$30	\$30	\$50	\$25*
<i>Specialist office visits</i>	\$40	\$35	\$45	\$50	\$75*	\$40*
<i>Emergency room</i>	\$150	30%*	\$150*	\$700*	\$500*	\$500*
<i>Outpatient services</i>	\$500	30%*	\$250*	\$750*	\$750*	\$750*
<i>Inpatient hospitalization</i>	\$500	30%*	\$500*	\$1,000*	20%*	\$1,000
<b>Cost-sharing (cont.)</b>						
<i>High-cost imaging</i>	\$150	30%*	\$200*	\$500*	20%*	\$1,000*
<i>Therapy (speech, occupational, rehabilitative)</i>	\$40	\$35	\$45	\$50	20%*	\$40*
<i>Lab outpatient and professional services</i>	\$0	30%*	\$20*	\$25*	20%*	\$50*
<i>X-rays and diagnostic imaging</i>	\$0	30%*	\$20*	\$25*	20%*	\$175*
<i>Skilled nursing facility</i>	\$500	30%*	\$500*	\$1,000*	20%*	\$1,000*
<i>Durable medical equipment (DME)</i>	20%	30%*	20%*	20%*	30%*	20%*
<b>Pharmacy (retail)</b>						
<i>Tier 1</i>	\$15	\$15	\$20	\$20	\$35*	\$25*
<i>Tier 2</i>	\$30	50%*	\$30	\$60	50%*	\$75*
<i>Tier 3</i>	\$50	50%*	\$50	\$90	50%*	\$100*
<b>Pharmacy (mail order)</b>						
<i>Tier 1</i>	\$30	\$30	\$40	\$40	\$70*	\$50*
<i>Tier 2</i>	\$60	50%*	\$60	\$120	50%*	\$150*
<i>Tier 3</i>	\$150	50%*	\$150	\$270	50%*	\$300*

\* Subject to deductible.

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. For more detailed information, visit [tuftshealthplan.com](http://tuftshealthplan.com).