### TUFTS UNIVERSITY
Health Plan Options for January 1, 2015 administered exclusively by Tufts Health Plan

<table>
<thead>
<tr>
<th></th>
<th>Quality Tiered Plan</th>
<th>Traditional Plan</th>
<th>Value Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Type</strong></td>
<td>&quot;TU-Preferred&quot; Providers</td>
<td>Preferred Provider Organization</td>
<td>Preferred Provider Organization</td>
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<tr>
<td><strong>Annual Deductible</strong></td>
<td>None / $1,000 individual / $2,000 two-person or family</td>
<td>None / $500 individual / $2,000 two-person or family</td>
<td>None / $2,000 individual / $4,000 two-person or family</td>
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<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$2,000 individual / $4,000 two-person or family</td>
<td>$2,000 individual / $4,000 two-person or family</td>
<td>$2,000 individual / $8,000 two-person or family</td>
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<tr>
<td><strong>Lifetime Maximum</strong></td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
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### Covered Services
- **Preventive Care**: $0 copay
- **Office Visits**:
  - Primary Care and Specialist: $15 copay / $25 copay
- **Outpatient Therapy**:
  - Occupational Therapy: $15 copay
  - Speech Therapy: $25 copay
  - Physical Therapy: $15 copay
- **Prenatal and Postnatal Care**: $0 copay
- **Laboratory and XRay**: $0 copay
- **High Cost Imaging**:
  - CT/ PET scans, MRIs: $0 copay
- **Urgent Care Centers & Minute Clinics**:
  - $15 copay
- **Emergency Room**:
  - Waived if Admitted
  - $100 copay, then covered 100%
  - $150 copay, then covered 100%
  - $200 copay, then covered 100%
- **Inpatient Services**:
  - Deductible: $25 per admission copay; for deductible, then $25 per admission copay, then covered 100%
  - Value-Based Rx Program
  - Value-Based Rx Program

### Covered Value-Based Rx Program
- **Prescription Drug**:
  - (30 Day Supply at Retail)
    - Value-Based Rx Program: $10/$25/$50
    - Not Covered
  - (90 Day Supply by Mail)
    - Value-Based Rx Program: $20/$50/$150
    - Not Covered

### Coverage for Employees
- **Employee Contribution (Semi-Monthly)**:
  - Individual: $46.72
  - Two Person: $67.17
  - Family: $325.15
- **Employee Contribution (Weekly)**:
  - Individual: $40.95
  - Two Person: $123.30
  - Family: $154.66

### 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 three plans cover "Preventive" Rx 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 September 10, 2014 and may be changed at any time.