



Medical Plan Offerings— Tufts 2024*

*Carrier availability is based on client headquartered location, as well as client selection.

Information shown in this document does not include all plan details or changes. Refer to the Carrier Certificate on TriNet (login.TriNet.com).

CHOICES THAT MATTER

INDEX

To use the index, hover your cursor over the section title and click. To get back to the index, click Alt+ Left Arrow.

[New Plan](#)

[Current Plans](#)

[Eliminated Plan](#)

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CHOICES THAT MATTER

Tufts Plan Details: **New Plan**

Tufts PPO/HDHP 3500

NEW for 2024

The **new** Tufts plan for the 2024 benefits plan year is listed on the following page.

Benefits	PPO/HDHP 3500
Network Name	National Network Plans CareLink
Single Deductible	\$3,500
Family Deductible	\$7,000
Single Deductible Out-of-Network	\$7,000
Family Deductible Out-of-Network	\$14,000
Single Out-of-Pocket Max	\$7,000
Family Out-of-Pocket Max	\$14,000
Single Out-of-Pocket Max Out-of-Network	\$13,000
Family Out-of-Pocket Max Out-of-Network	\$26,000
Co-Insurance	35%
Co-Insurance Out-of-Network	55%
Doctor Visits	35% after ded
Specialist Visits	35% after ded
Lab & X-Ray	35% after ded
Emergency Room Visits	35% after ded
Urgent Care Visits	35% after ded
Outpatient Facility	35% after ded
Outpatient Surgery	35% after ded
Hospital Inpatient	35% after ded
Rx Deductible (Non-Generic)	N/A
Generic Rx (Tier 1)	\$15 after ded
Brand Rx (Tier 2)	\$30 after ded
Non-Formulary Rx (Tier 3)	\$50 after ded

Tufts Plan Details: Current Plans

Tufts HMO 20	Current Plan for 2024
Tufts HMO 30	Current Plan for 2024
Tufts PPO 500	Current Plan for 2024
Tufts PPO 1000	Current Plan for 2024
Tufts PPO 2000	Current Plan for 2024
Tufts Advantage HMO 2000	Current Plan for 2024

The current Tufts plans for the 2024 benefits plan year are listed on the following pages.

Benefits	HMO 20	HMO 30	PPO 500	PPO 1000
Network Name	Tufts Standard Network Plans - HMO	Tufts Standard - Network Plans Advantage HMO	National Network Plans CareLink	National Network Plans CareLink
Single Deductible	\$0	\$1,000	\$500	\$1,000
Family Deductible	\$0	\$2,000	\$1,000	\$2,000
Single Deductible Out-of-Network	Not Covered	Not Covered	\$500	\$1,000
Family Deductible Out-of-Network	Not Covered	Not Covered	\$1,000	\$2,000
Single Out-of-Pocket Max	\$3,000	\$3,000	\$1,500	\$2,000
Family Out-of-Pocket Max	\$6,000	\$6,000	\$3,000	\$4,000
Single Out-of-Pocket Max Out-of-Network	Not Covered	Not Covered	\$1,500	\$2,000
Family Out-of-Pocket Max Out-of-Network	Not Covered	Not Covered	\$3,000	\$4,000
Co-Insurance	0%	0%	10%	20%
Co-Insurance Out-of-Network	Not Covered	Not Covered	30%	40%
Doctor Visits	\$20	\$30	\$20	\$30
Specialist Visits	\$35	\$45	\$20	\$30
Lab & X-Ray	0%	0% after ded	10% after ded	20% after ded
Emergency Room Visits	\$100	\$150	\$100	\$100
Urgent Care Visits	\$35	\$45	\$20	\$30
Outpatient Facility	0%	0% after ded	10% after ded	20% after ded
Outpatient Surgery	0%	0%	10% after ded	20% after ded
Hospital Inpatient	\$250	0%	10% after ded	20% after ded
Rx Deductible (Non-Generic)	N/A	N/A	N/A	N/A
Generic Rx (Tier 1)	\$10	\$20	\$15	\$15
Brand Rx (Tier 2)	\$30	\$30	\$30	\$30
Non-Formulary Rx (Tier 3)	\$45	\$45	\$50	\$50

Benefits	PPO 2000	Advantage HMO 2000
Network Name	National Network Plans CareLink	Tufts Advantage HMO
Single Deductible	\$2,000	\$2,000
Family Deductible	\$4,000	\$4,000
Single Deductible Out-of-Network	\$2,000	Not Covered
Family Deductible Out-of-Network	\$4,000	Not Covered
Single Out-of-Pocket Max	\$6,000	\$6,000
Family Out-of-Pocket Max	\$12,000	\$12,000
Single Out-of-Pocket Max Out-of-Network	\$6,000	Not Covered
Family Out-of-Pocket Max Out-of-Network	\$12,000	Not Covered
Co-Insurance	20%	0%
Co-Insurance Out-of-Network	40%	Not Covered
Doctor Visits	\$40	\$40
Specialist Visits	\$40	\$50
Lab & X-Ray	20% after ded	0% after ded
Emergency Room Visits	\$250	\$250
Urgent Care Visits	\$40	\$50
Outpatient Facility	20% after ded	0% after ded
Outpatient Surgery	20% after ded	0% after ded
Hospital Inpatient	20% after ded	0% after ded
Rx Deductible (Non-Generic)	N/A	N/A
Generic Rx (Tier 1)	\$20	\$20
Brand Rx (Tier 2)	\$40	\$40
Non-Formulary Rx (Tier 3)	\$80	\$80

Tufts: Eliminated Plan

For 2024, the following plan will no longer be offered:

Tufts PPO/HDHP 3000	ELIMINATED for 2024
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