

▼ ▼ ▼ (Change from 2007 & 2008 Rates) ▼ ▼ ▼

TUFTS HEALTH PLAN
Please note the Out-Of-Pocket charges listed below

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<u>Plan</u>	<u>Total Annual Plan Cost</u>	<u>Cobra Plan Monthly*</u>	<u>Employee Monthly</u>
PPO Ind.	\$8,986.01	\$763.81	\$299.54
PPO Fam.	\$23,553.34	\$2002.03	\$785.12
EPO Ind.	\$7,714.33	\$655.72	\$192.86
EPO Fam.	\$20,157.28	\$1,713.37	\$503.93
Senior Plan (with Medicare A & B)			\$103.42

Out-Of-Pocket Charges:

Office Visit Co-Pay	\$15.00
Prescription Drug Benefit	\$10.00 / \$20.00 / \$35.00
Emergency Room Visit	\$75.00
Outpatient / Inpatient	\$150.00 / \$250.00 (\$500 individual / \$1,000 family max.)
