

**Partial List of Benefit Allowances
Comparison of Tufts Health and Medex II Plans**

	Tufts	Medex II
Plan Premium	\$188.50 per month	\$179.50 per month
Copayments		
Primary Care Physician Office Visits	\$10 per visit/\$0 for annual physical	\$0
Specialist Office visits	\$15 per visit	\$0
Emergency Room	\$50 per visit (waived if admitted within 24 hours)	\$0
Ambulance Services	\$50 for Medicare-covered ambulance benefits per day	\$0
Eye Exam	\$15 per visit	No coverage
Outpatient Rehabilitation	\$15 for Medicare-covered Occupational, Physical and Speech/Language Therapies	\$0
Acute Inpatient Hospital Deductible	\$300 per calendar year – applies to first inpatient hospital admission of the calendar year	\$0
Rx 30 Day (Retail)	\$10/\$25/\$50	\$10/\$20/\$35
Rx 90 Day (Retail)	\$30/\$75/\$150	\$30/\$60/\$105 or
Allowances		
Annual Eyewear Benefit	\$150 per year towards eyewear at an EyeMed Vision Care participating provider or \$90 at non-participating provider	None but discounts available at selected retailers
Hearing Aids	Up to \$500 toward purchase or repair every three (3) years	None but discounts available at selected retailers
Annual Wellness	\$150 per year towards fitness club membership, instructional fitness classes, weight loss programs	None