

# Advantage PPO Plan

Tufts Health Plan's Advantage PPO is a deductible plan that offers comprehensive coverage at a competitive price. Members are not required to select a primary care provider (PCP) and they may choose to use out-of-network providers for covered services. Advantage PPO is easy to administer and use, with no claim forms to fill out—plus it is designed to deliver value for employers and plan members alike.

## The Advantage PPO features:

- ✓ A deductible that applies to inpatient hospital care, day surgery, outpatient diagnostic services, emergency room, and certain other services.
  - **In-network services**—After a member meets the deductible, services subject to the deductible are covered in full.
  - **Out-of-network services**—After a member meets the deductible, services are covered at a percentage of the reimbursement rate. The member pays the remaining percentage, up to a specified out-of-pocket maximum. Once the out-of-pocket maximum has been reached, these services are covered in full.
- ✓ Preventive/routine services covered with no member cost sharing.
- ✓ Office visits and specialist consultations are covered with a copayment for each visit. Services to diagnose, treat, or monitor health conditions are subject to the deductible.
- ✓ Emergency and urgent care coverage anywhere in the world, 24 hours a day, seven days a week.
- ✓ Out-of-network coverage, subject to deductible and coinsurance, offering flexibility for members.

## How the Plan Works

Members do not need to choose a PCP, and referrals are not required. A member simply presents his or her ID card at each doctor's office visit. Depending on the service, a copayment, deductible, or coinsurance may apply.

For in-network care, members will be covered in full or pay only a copayment for office visits. Services subject to the deductible are covered in full after the member meets the deductible.

Members may choose to receive out-of-network covered services. Out-of-network care is subject to the deductible and coinsurance. When a member meets the deductible, services are covered at a percentage of the reimbursement rate. The member pays the remaining percentage, up to a specified out-of-pocket maximum. Once the out-of-pocket maximum has been reached, these services are covered in full.

## Pharmacy Coverage

If your plan includes the optional pharmacy benefit, members will pay a copayment for each prescription, according to our three-tier pharmacy copayment program:

- ✓ Tier 1: Lowest copayment; includes most generic drugs
- ✓ Tier 2: Middle copayment; includes many brand-name drugs
- ✓ Tier 3: Highest copayment; includes the most costly covered brand-name drugs not included in other tiers.

*continued on reverse*

Tufts Health Plan is the #1 ranked PPO plan in the nation and fourth overall by the National Committee for Quality Assurance. Our commercial HMO/POS plan is ranked second in the nation. Tufts Health Plan is the #1 private plan in Rhode Island.\*

\* For commercial/private plans, NCQA's Private Health Insurance Plan Rankings, 2011-2012. NCQA is a private, nonprofit organization dedicated to improving health care quality.

For more information, contact your sales office:

Watertown 800-208-8013 | Worcester 800-208-9545  
Springfield 800-337-4447 | Providence 800-455-2012

TUFTS  Health Plan  
tuftshealthplan.com

## In-Network Outpatient services not subject to deductible (Copayment may apply)

- ✓ Routine physical and OB/Gyn exams including most preventive screenings
- ✓ Preventive mammograms and Pap smears
- ✓ Sutures in office
- ✓ Blood draws (act of drawing the blood only)
- ✓ Substance abuse treatment and detoxification
- ✓ Mental health care
- ✓ Preventive immunizations (act of giving the shot)
- ✓ Outpatient maternity care
- ✓ Specialist consultations
- ✓ Preventive blood sugar and cholesterol screenings

## In-Network Outpatient services subject to deductible

### Diagnostic X-rays and lab tests

- ✓ Urinalysis\*
- ✓ Pregnancy test
- ✓ Throat culture
- ✓ Allergy test
- ✓ X-ray
- ✓ Ultrasound
- ✓ Upper and lower GI
- ✓ Cardiac stress test
- ✓ EEG
- ✓ EKG
- ✓ CAT scan
- ✓ PET scan
- ✓ Diagnostic mammograms and Pap smears
- ✓ MRI
- ✓ Blood work to diagnose or monitor a condition
- ✓ Diagnostic blood sugar and cholesterol screenings

### Inpatient hospital care and surgery (may also require a copayment)

- ✓ Day surgery
- ✓ Acute care for illness, injury, and maternity services
- ✓ Emergency Room

### Treatments/Procedures

- ✓ Setting of bones/casts
- ✓ Spinal manipulation
- ✓ Speech therapy
- ✓ Short-term occupational and physical therapy
- ✓ Chemotherapy
- ✓ Radiation therapy
- ✓ Injections
- ✓ Dialysis
- ✓ Vasectomy
- ✓ Infertility/impotence
- ✓ Cortisone injections
- ✓ Trigger point therapy
- ✓ Swallow studies
- ✓ Sleep studies
- ✓ Colonoscopy with surgical intervention
- ✓ Sigmoidoscopy

### Other Services

- ✓ Visiting nurse

## Out-of-network care is subject to deductible and coinsurance.

\*When not part of routine examination

Note: This is a summary of the plan features. Please refer to the benefit document for a detailed explanation of coverage. If there is a difference between the information in this document and the benefit document, the terms of the benefit document will govern.

## Superior Customer Service

Our Member Services department offers your employees a staff of highly trained professionals. One phone call is all it takes to reach our Member Specialists. They are available to answer members' questions about the plan and their benefits. We also offer language-translation services and TTY capabilities as needed.