



MEMBER HANDBOOK

A brief guide to your health care coverage

**Preferred Provider Organization Plan
Using the Private Healthcare Systems Network**

PREFERRED PROVIDER ORGANIZATION (PPO) PLAN

USING THE PRIVATE HEALTHCARE SYSTEMS NETWORK

For general and benefit questions,
as well as information regarding eligibility
for enrollment and billing, please call
800-462-0224

For questions about providers or for assistance
with choosing a provider, please call
800-789-2078

TDD 800-868-5850 or 800-815-8580

MassRelay 800-720-3480

tuftshealthplan.com

www.phcs.com

We speak 140 languages. Call for translation services.

Interpreter and translator services related to administrative procedures are available to assist Members upon request. For more information please call the Customer Relations Department.

Genyen sèvis tradiksyon ak entèprèt disponib pou ede ou nan zafè ki gen rapò ak jan administrasyon an fè sèvis li. Pou ou mande sèvis sa yo, tanpri rele depatman sèvis kliyan Tufts Health Plan.

Temos disponíveis serviços de tradução e interpretação relacionados aos procedimentos administrativos. Para maiores informações, ligue para o departamento de relações com o cliente do Tufts Health Plan.

Los servicios de traducción e interpretación en relación a procedimientos administrativos están disponibles para ayudarle. Para solicitar este servicio, favor de llamar al departamento de relaciones con el cliente de Tufts Health Plan.

Des services d'interprétariat et de traduction liés aux procédures administratives sont disponibles. Pour demander ces services, veuillez contacter le département des relations avec la clientèle de Tufts Health Plan.

Sono disponibili servizi di traduzione e interpretariato relativamente alle procedure amministrative. Per richiedere tali servizi, contattare l'ufficio relazioni clienti del Tufts Health Plan.

خدمات المترجمين والترجمة المتعلقة بالإجراءات الإدارية متوفرة لمساعدتك في هذا الشأن. لطلب هذه الخدمات، الرجاء الاتصال بقسم علاقات الزبون التابع لخدمة "تفتس هيلس بلان".

Թարգմանչական և ծառայողականները որոնք կապված են վարչական գործընթացների հետ տրամադրված են ձեզ օգնելու համար: Այս ծառայողականները պահանջելու համար խնդրում ենք հեռաձայնել Tufts-ի Առողջապահական Ծրագրի Համախորհրդների Կապի Բաժանմունք:

អ្នកបកប្រែភាសា និងកិច្ចការបកប្រែទាំងឡាយ ដែលជាប់ទាក់ទងនឹងទំរង់ការខាងការចាត់ចែងការ គឺមានផ្តល់សំរាប់ជួយអ្នក ។ ដើម្បីស្នើសុំការបំរើទាំងនេះ សូមទូរស័ព្ទមកក្រសួងទំនាក់ទំនងភ្ញៀវ ផែនការថែទាំសុខភាពរបស់ Tufts ។

相關管理程序的口譯和筆譯服務隨時為您提供協助。如需要這些服務，請打電話給「Tufts 健康計劃顧客聯絡部」。

Για την εξυπηρέτησή σας, υπάρχουν διαθέσιμες υπηρεσίες ερμηνείας και μετάφρασης σχετικά με τις διοικητικές διαδικασίες. Για να ζητήσετε αυτές τις υπηρεσίες, τηλεφωνήστε στο Τμήμα Πελατειακών Σχέσεων του Προγράμματος Ιατροφαρμακευτικής Ασφάλισης Tufts.

ພວກເຮົາມີບໍລິການນາຍພາສາແລະການແປເອກະສານທາງດ້ານວິທີດຳເນີນການທຸລະການໄວ້

ບໍລິການທ່ານ. ກະລຸນາໂທຫາພະແນກບໍລິການລູກຄ້າຂອງແຜນສຸຂະພາບທັມສ Tufts , ຖ້າຕ້ອງການບໍລິການເຫລົ່ານີ້.

С целью оказать Вам помощь по административным процедурам предлагаются устные и письменные переводческие услуги. Если Вам нужны эти услуги, позвоните, пожалуйста, в Отдел связей с клиентами Плана здравоохранения «Тافتс» Tufts.

Có các dịch vụ thông dịch và phiên dịch về các thủ tục hành chính để giúp quý vị. Nếu muốn yêu cầu cung cấp các dịch vụ này, xin gọi cho Ban Quan Hệ Khách Hàng của Chương Trình Sức Khỏe Tufts.

800-462-0224

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WELCOME TO TUFTS HEALTH PLAN

Thank you for choosing Tufts Health Plan. From the beginning, our focus has been on providing our members with quality, comprehensive, and affordable health care coverage.

This handbook contains general information about your Tufts Health Plan membership. It does not provide full information about your coverage, and not all of the information and benefits outlined here will apply to you.

For full information about your coverage, please consult your benefit document, which may be called a Description of Benefits or a Certificate of Insurance. If there is a difference between the information in this handbook and your benefit document, please rely on your benefit document.

About Us

Our mission is to set the standard for outstanding quality in health care coverage, service, and value. Our dedication to quality and service has helped us become one of the leading health plans in the nation.

We offer you and members like you a nationwide network of nearly 450,000 providers and 200 facilities through Private Healthcare Systems (PHCS), a recognized leader in the health care industry. The PHCS network gives members who reside in certain geographic areas access to covered health care services at an in-network level of benefits when PHCS-participating providers provide them. As one of the largest preferred provider networks in the country, PHCS provides 100 percent directly-contracted provider networks in more than 100 markets across the country.

If You Have Questions about Your Membership

Preferred provider organization (PPO) members may choose to obtain covered services from network providers or non-network providers. The choice determines the level of benefits that members receive for covered health care services.

If you have questions about your Tufts Health Plan membership, we encourage you to call a Tufts Health Plan member specialist who will be happy to help you.

800-462-0224

TDD 800-868-5850 or 800-815-8580

MassRelay 800-720-3480

tuftshealthplan.com

ACCESSING CARE

You and Your Provider

Each time you need health care services, you may choose to obtain your health care from either a network or a non-network provider. Your choice determines the level of benefits you receive for the health care services offered under your preferred provider organization (PPO) product:

- **In-network level of benefits:** When a provider in the PHCS network provides your care, you are covered at the in-network level of benefits. You pay the applicable copayment, or a deductible and coinsurance, for covered services. You do not have to submit claim forms.
- **Out-of-network level of benefits:** If a non-network provider provides your care, you are covered at the out-of-network level of benefits. You pay a deductible and coinsurance for certain covered services you receive at the out-of-network level of benefits. You must also submit a claim form for each service provided to you by a non-network provider.
- **Deductible and out-of-pocket maximum:** A deductible is the amount you must first pay before any coverage is available at the out-of-network level of benefits. Once you have paid the deductible, you pay coinsurance, which is a percentage of the covered medical costs that you are responsible for paying at the out-of-network level of benefits. The most you will have to pay in a policy year for the deductible and coinsurance is called your out-of-pocket maximum.

Providers in the PPO Network

We offer members access to an extensive network of physicians, hospitals, and other providers. Providers participating in the network may change during the year. This can happen for many reasons, including a

provider's retirement, moving out of the network contracting area, or failure to meet credentialing standards. In addition, because providers are independent contractors, this can also happen if the provider does not reach agreement on a network contract.

If you have questions about the availability of a provider, call **800-789-2078**, or go to www.phcs.com.

Covered Services

In general, Tufts Health Plan covers preventive and medically necessary health care services and supplies at the in-network level of benefits when a provider in the PHCS network provides them. When services you receive are from a non-network provider, they are covered at the out-of-network level of benefits. We also cover any emergency care you may need. Please consult your benefit document for a detailed description of covered services, including benefit limitations and exclusions, or call a member specialist for more information.

Obtaining Care

You may seek covered health care services from almost any licensed practitioner—such as an internist, general practitioner, specialist, and ancillary practitioner—in or out of the network. If you are seeking care at the in-network level of benefits, you must receive care from a practitioner in the PHCS network. If you receive care from a practitioner who is not in the network, you will be covered at the out-of-network level of benefits. For more detailed information, please review your benefit document.

Emergency Coverage

If you have an emergency medical condition, Tufts Health Plan covers your treatment and emergency transportation services.

An emergency is an illness or medical condition, whether physical or mental, that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson, who possesses an average knowledge of health and medicine, to result in:

- Serious jeopardy to the physical and/or mental health of a member or another person (or with respect to a pregnant member, the member's or her unborn child's physical and/or mental health); or
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part; or
- With respect to a pregnant woman who is having contractions, inadequate time to effect a safe transfer to another hospital before delivery, or a threat to the safety of the member or her unborn child in the event of transfer to another hospital before delivery.

Always seek care in an emergency. The following will help you decide what to do in an emergency:

- Seek care immediately at the nearest medical facility.
- Call 911 for emergency medical assistance, if needed. If 911 services are unavailable in the area, call local emergency medical services or the police.

If you receive emergency services but are not admitted as an inpatient, you will be covered at the in-network level of benefits. You will pay the applicable copayment, or deductible and coinsurance, for the emergency room visit.

If you receive emergency services and are admitted as an inpatient, you or someone acting for you must notify Tufts Health Plan within 48 hours of seeking care in

order to be covered at the in-network level of benefits. Notification by the attending emergency physician satisfies this requirement. Otherwise, coverage for the services will be provided at the out-of-network level of benefits. You must also preregister the admission or you will be charged a preregistration penalty. To preregister call **800-789-2078**.

MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT

In a mental health or substance abuse emergency, call 911, or go to the nearest medical facility. Specific coverage information related to your mental health and substance abuse benefit is described in your benefit document. If you have questions about your mental health or substance abuse benefits, call a mental health specialist at **800-208-9565**, or check your benefit document for coverage details.

Outpatient Care

Medically necessary outpatient care—which may include mental health and substance abuse treatment, medication, evaluation, and monitoring—is covered as described in your benefit document. Members seeking coverage at the in-network level of benefits must see a provider in the PHCS network. To locate a mental health care provider in the network, call **800-789-2078** or go to www.phcs.com.

Inpatient Care

Members seeking coverage for inpatient mental health or substance abuse services at the in-network level of benefits must receive services at a provider participating in the PHCS network. When you receive care from a mental health/substance abuse provider in the PHCS network, you pay a copayment, or a deductible and coinsurance.

If you receive inpatient mental health or substance abuse services at a facility that is not in the PHCS network, you will be covered at the out-of-network level of benefits. This means you pay a deductible and coinsurance, and you are responsible for preregistering your admission.

For details about your coverage, please review your benefit document.

Covered Alternatives

You may also be eligible for covered alternatives to hospitalization/inpatient care, including partial hospitalization programs or other intermediate levels of care. Call the Tufts Health Plan Mental Health Department at **800-208-9565** for more information about these services. If you have questions about benefit coverage, please review your benefit document or call a member specialist at **800-462-0224**.

PRESCRIPTION DRUG BENEFIT

If you are covered by the Tufts Health Plan prescription drug benefit, we cover medically necessary prescription medications on our list of covered drugs.

List of Covered Drugs

The list of medications covered by the Tufts Health Plan prescription drug benefit is called our formulary. You can check our list of covered drugs online at tuftshealthplan.com. Certain drugs are included on a list of drugs that require prior authorization, have quantity limitations, or are not covered by Tufts Health Plan. Throughout the year, the drugs on this list may change. In addition, the tier placement (and copayment) of a drug in the 3-Tier Pharmacy Copayment program may change as new drug information becomes available.

If you have questions about our drug list or coverage for a specific prescription drug product, call a member specialist or go to our Web site at tuftshealthplan.com.

Drug Coverage Decisions

If a prescription drug is not covered, but we determine it meets our medically necessary coverage treatment criteria for your condition, we will cover the drug at the highest copayment level under your drug benefit plan. If you are not satisfied with a coverage determination related to your prescription drug benefit, you can use our member satisfaction process to appeal the decision.

Where to Obtain Prescription Drugs

You can fill most of your prescriptions at any Tufts Health Plan-designated pharmacy. You will pay the applicable copayment.

There are a small number of specialized medications—including but not limited to home-infusion products and certain drugs used in the treatment of infertility, multiple sclerosis, and hepatitis C—that are only available through the mail from one of our special designated pharmacies. Please call a member specialist for more information.

Save on Maintenance Medications

If you take maintenance medications—medications you must take consistently each month—chances are you're eligible to obtain your prescriptions through the Caremark mail-order pharmacy and save on the cost of your copayments.

To get started quickly with the mail-order pharmacy program, call the FastStart telephone number toll-free at **866-281-0629**. Please have the following ready:

- Tufts Health Plan ID card
- Credit card
- Prescription information
- Provider's name and telephone number
- Shipping address

FastStart will call your provider to get your prescription set up for mail order. Then you can order refills online at tuftshealthplan.com or by phone.

You can also complete a Caremark order form, which you can download from tuftshealthplan.com. Go to Forms and Documents to find the form, and then mail your completed form and prescription to Caremark, P.O. Box 961066, Fort Worth, TX 76161-0066.

To learn more about this convenient, cost-saving program, visit tuftshealthplan.com, or call a member specialist.

MEMBER SERVICE

Choosing a Provider

Tufts Health Plan is committed to providing members with quality, comprehensive, and affordable health care coverage.

When you join Tufts Health Plan, we can help you choose a provider in the nationwide PHCS network. To obtain information about providers in the PHCS network, call **800-789-2078**, or go to www.phcs.com and click on Search for a Provider.

You can search for a provider by:

- Office location
- Proximity to you
- Type of practice
- Gender
- Languages spoken
- Hospital affiliation

Your search results will include additional information, such as the medical school attended by the provider and his or her board certification status. We may also be able to help you find a doctor who can meet your cultural or other special needs.

If you are looking for additional information about a provider who practices in Massachusetts, the Massachusetts Board of Registration in Medicine may be able to help you. The board provides information about physicians licensed in Massachusetts, such as their education and training, awards and publications, and malpractice and disciplinary history.

Additional information, including dismissed complaints, may also be available by calling the Massachusetts Board of Registration in Medicine at **617-654-9800**; or you may go to www.massmedboard.org.

Viewing Claims Online

You can track the status of a claim and see how Tufts Health Plan processed it by logging in to your secure online account at tuftshealthplan.com or by calling Member Services.

Information includes:

- Your financial responsibility
- The date the service was received and paid
- The procedures performed
- The charges for that claim
- How Tufts Health Plan handled the claim and the amount paid

Translators Available

With the help of the AT&T Language Line, Tufts Health Plan speaks 140 languages. If you need a translator, call a member specialist, who will access the AT&T Language Line and connect you with a translator who will translate your conversation with the member specialist.

TDD Services

Tufts Health Plan also has a telecommunications device for the deaf (TDD). If you are hearing-impaired and have a TDD, you can communicate with a member specialist by calling **800-815-8580** or **800-868-5850**.

If a member specialist is unavailable, Tufts Health Plan's TDD will answer your call and give you instructions for leaving a message. A member specialist will return your call as soon as possible. Tufts Health Plan member specialist also can help you choose a provider who understands American Sign Language.

We're Available Online 24/7

Members can reach us online 24 hours a day, 7 days a week. Just go to the Contact Us link at tuftshealthplan.com. We'll respond to your inquiry within one business day.

YOUR MEMBER RIGHTS AND RESPONSIBILITIES

Since our inception, we have been committed to providing quality health care coverage and member service. As part of our strong commitment, we have developed and actively communicated the following statement of rights and responsibilities for Tufts Health Plan members. If you have questions about your rights and responsibilities as a Tufts Health Plan member, call a member specialist.

Member Rights

As a Tufts Health Plan member, you have the right to:

- Receive information about your health plan, including its benefits, health care providers, member rights and responsibilities, policies, and procedures.
- Be informed by your doctor or other health care provider regarding your diagnosis, treatment, and prognosis in terms you can understand.
- Receive sufficient information from your health care providers to enable you to give informed consent before beginning any medical procedure or treatment.
- Have a candid discussion of appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.
- Participate with practitioners in decisions regarding your health.
- Be treated with respect and recognition of your dignity and need for privacy.
- Refuse treatment, drugs, or other procedures recommended by your providers to the extent permitted by law and to be informed of the potential medical consequences of refusing treatment.

- Be covered for emergency services in cases where a prudent layperson, acting reasonably, would believe that an emergency medical condition exists.
- Have reasonable access to essential medical services.
- Expect that all communication and records pertaining to your health care be treated by the Plan as confidential, in accordance with its Notice of Privacy Practices.
- Select a provider from the health plan's Directory of Health Care Providers who is accepting new patients and to expect him or her to provide covered health care services, if you are seeking covered health care services at the in-network level of benefits.
- Obtain a copy of your medical records from your providers, in accordance with the law.
- Use the Tufts Health Plan member satisfaction process described in your benefit document to express a concern or complaint and to appeal coverage decisions.
- Make recommendations regarding the organization's rights and responsibilities policies.

Member Responsibilities

As a Tufts Health Plan member, you have the responsibility to:

- Treat network providers and our staff with the same respect and courtesy you expect for yourself.
- Ask questions and seek clarification to understand your illness or treatment.
- Follow plans and instructions for care that you have agreed to with your practitioners.
- Cooperate with your health plan so that we may administer your benefits in accordance with your benefit document.

- Obtain services from network providers except in a medical emergency if you wish to receive coverage at the in-network level of benefits.
- Keep scheduled appointments with health care providers or give them adequate notice of cancellation.
- Express concerns or complaints through the Tufts Health Plan member satisfaction process described in your benefit document.
- Familiarize yourself with your plan benefits, policies, and procedures by reading materials distributed by us and by calling the Member Services Department with any questions you may have.
- Provide, to the extent possible, information needed by your health care providers to enable them to provide care for you.
- Participate in understanding your health problems and developing mutually agreed on treatment goals.

Please consult your benefit document for complete information about covered services; benefit limitations and exclusions; policies and procedures; member records; ways to express concerns and complaints, and to appeal coverage decisions; as well as information regarding any applicable state mandates related to health care and services.

MEMBER SATISFACTION

Tufts Health Plan has a member satisfaction process so that your concerns are addressed promptly.

- If you have a concern that involves the quality of medical care or service you are receiving, we encourage you to first discuss it directly with your health care provider.
- If you have a concern involving the coverage of services or supplies by Tufts Health Plan, please call a member specialist.

We encourage you to call a Tufts Health Plan member specialist to discuss these or any other concerns related to quality of care or service, payment for services, requests for coverage, or other matters related to your Tufts Health Plan membership.

Internal Inquiry

When you contact a member specialist with your concern, we will make every effort to resolve it through our Internal Inquiry Process. If your concern cannot be explained or resolved to your satisfaction through this process, we will notify you of any options you may have, including the right to have your inquiry processed as a grievance or an appeal.

Member Grievance Process and Internal Member Appeals

Matters involving requests for services that are specifically excluded from your benefit document or coverage determinations based on medical necessity are reviewed as **appeals** through our Internal Member Appeals Process.

Matters involving concerns about the quality of medical care or service received from providers, as well as administrative concerns related to Tufts Health Plan's

policies, procedures, or employee behavior are reviewed as **grievances** through our Internal Grievance Process.

If you choose to pursue a concern through the Internal Grievance Process, you may submit a written or verbal appeal or grievance. To do so, call a member specialist, or send a letter to:

Tufts Health Plan
Appeals and Grievances Department
705 Mt. Auburn Street
P.O. Box 9193
Watertown, MA 02471-9193

We encourage you to submit your appeal or grievance in writing to accurately reflect your concerns. In your letter, please include the following information:

- Your complete name and address
- Your member ID number
- A detailed description of your concern
- Copies of any supporting documentation

Whether you have submitted a verbal or a written appeal or grievance, we will send you a written acknowledgement. This will include the name, address, and telephone number of the person coordinating your appeal or grievance.

Review Process

When we receive an appeal from you, we will review it. We will notify you in writing once we have made a decision on your appeal and will inform you of any additional appeal rights you may have.

Once we have received your grievance, we will review it and conduct any necessary follow-up. You will receive a written response from the Tufts Health Plan Appeals and Grievances Department.

Expedited Review

Tufts Health Plan will conduct an expedited review of your appeal, if your physician indicates that applying the standard time frame for an appeal could seriously jeopardize your life, health, or ability to regain maximum function. You can request an expedited review by calling a member specialist.

Review by the Office of Patient Protection

Your appeal may be eligible for further review by the Massachusetts Department of Public Health's Office of Patient Protection. The Office of Patient Protection is not affiliated with Tufts Health Plan in any way. It administers an independent external review process for final coverage determinations based on medical necessity. To obtain the necessary forms, contact the Office of Patient Protection at **800-436-7757**, or go to the Massachusetts Department of Public Health's Web site at www.state.ma.us/dph/opp.

If You Have Questions

Our member satisfaction process may vary depending on your plan. If you have questions or need help submitting an appeal or grievance, call a member specialist or consult your benefit document, which contains a more detailed description of the entire member satisfaction process.

NEW MEDICAL TECHNOLOGY AND YOUR COVERAGE

Because your health and safety are our highest priorities, we evaluate new medical procedures and technologies, as well as new uses of existing technologies, before making decisions about our coverage for them.

Our Clinical Coverage Department's medical technology assessment process involves the evaluation of published scientific studies, as well as nationally recognized standards of care and information from the Food and Drug Administration and other federal agencies.

The opinions of Tufts Health Plan's independently contracted physician-consultants—who are actively practicing specialist physicians and who are considered experts in the area of practice being evaluated—are also considered. A team of our physician medical directors then reviews all the information.

When we determine that a new medical procedure or technology—or a new use of an existing medical technology—is safe and effective, we forward the recommendation to our Commercial Coverage Committee. The committee then determines coverage for the new procedure or device, as well as how your benefits may be affected.

By carefully assessing new approaches in medicine in this way, we reinforce our commitment to your health and safety and to provide you with quality coverage.

UTILIZATION MANAGEMENT FOR QUALITY CARE

To help members receive quality health care, we have contracted with PHCS to provide utilization management, or as it is sometimes called, utilization review. Utilization management includes the evaluation of requests for coverage by applying clinical criteria guidelines for the medical necessity, appropriateness, and efficiency of the health care services under a member's benefit plan.

Utilization management may be performed prospectively, concurrently, or retrospectively for selected inpatient and outpatient health care services:

- **Prospective utilization management** helps determine whether a proposed treatment is medically necessary before the treatment begins.
- **Concurrent utilization management** monitors treatment as it occurs and determines when the treatment is no longer medically necessary.
- **Retrospective utilization management** evaluates care received by members after that care has been provided. We sometimes use retrospective review to determine the appropriateness of health care services provided to you.

The criteria used for determining coverage for medically necessary services and conducting utilization reviews are:

- Developed with input from practicing physicians in the network
- Produced in accordance with standards adopted by national accreditation organizations
- Reviewed annually and updated as new treatments, applications, and technologies are adopted as generally accepted medical practice
- Evidence-based, if practicable

Network providers are usually responsible for obtaining needed coverage authorizations and coordinating

utilization management decisions. Network physicians, providers, and hospitals understand utilization management requirements that apply to services being received. If you choose to be admitted to a hospital that is not in the PHCS network, you must preregister your admission by calling **800-789-2078**. If you fail to do this, your coverage may be affected.

Please review your benefit document for more information about our utilization management process. To determine the status or outcome of a utilization management decision, please call **800-789-2078**.

FREQUENTLY ASKED QUESTIONS

What if I need to be hospitalized?

If you are seeking care at the in-network level of benefits, your network physician will provide your care and will preregister you for your inpatient admission or transfer. You don't have to call Tufts Health Plan.

If your care is not being provided by a provider in the PHCS network, you are responsible for preregistering yourself for any inpatient admission or transfer. To preregister, call **800-789-2078**. If you do not preregister, you will pay a preregistration penalty in addition to the deductible and applicable coinsurance.

Please review the following preregistration guidelines:

- Elective hospitalizations or transfers must be preregistered at least five days before the hospitalization or transfer.
- Emergency admissions—direct admissions to the hospital from the emergency room—must be registered within 48 hours following the hospitalization.
- Urgent admissions—admissions that require prompt medical attention, but provide reasonable opportunity to preregister before or at the time of admission—must be preregistered immediately before hospitalization.

Check your benefit document for detailed information about preregistration.

What if I need urgent medical attention while traveling?

We cover urgent care. An urgent condition is one that requires prompt medical intervention to prevent serious deterioration of health, but isn't life-threatening. If you seek urgent care, you'll be covered at the in-network

level of benefits if you receive care from a doctor in the network. You will be covered at the out-of-network level of benefits if a doctor who is not in the network provides your care.

How can I obtain care outside of my provider's office hours?

Telephones are usually answered after hours either by an answering machine or service. For urgent concerns, your physician's answering service should offer to contact your provider or a covering physician. An answering machine should provide a telephone number that you can call to contact a physician for your urgent concern.

MASSACHUSETTS OFFICE OF PATIENT PROTECTION

The Office of Patient Protection of the Massachusetts Department of Public Health is a resource for health plan members. The office:

- Administers and enforces standards and procedures it has established for health plan member grievances, including independent external appeals, medical necessity guidelines, and continuity of care
- Helps consumers with questions and concerns related to managed care
- Provides information, including health plan “report cards,” through its Web site

The following information about Tufts Health Plan is available from the Office of Patient Protection:

- A list of sources of independently published information assessing member satisfaction and quality of health care services
- The percentage of physicians who voluntarily and involuntarily terminated participation contracts with Tufts Health Plan during the previous calendar year
- The percentage of premium revenue spent by the plan for health care services provided to members for the most recent year for which the information is available
- A report on the number of grievances filed by members
- The number of external appeals pursued by members and their resolution

You can reach the Office of Patient Protection at: Massachusetts Department of Public Health, Office of Patient Protection, 250 Washington Street, Floor 2, Boston, MA 02108. Or call **800-436-7757**; fax **617-624-5046**; or visit www.state.ma.us/dph/opp.

VISIT US ON THE WEB

When you visit the Tufts Health Plan Web site, you access a wide range of information and services designed to simplify and enhance our service to you.

At tuftshealthplan.com, you can take advantage of the following self-service functions:

- Order refills of your maintenance medications if you're covered by the Tufts Health Plan prescription drug benefit
- Request a new member ID card
- E-mail questions to our Member Services Department
- Access an array of information about our products and services
- Update your e-mail and home address
- View a summary of your benefit information

Visit tuftshealthplan.com, or call a member specialist if you have questions.

Go to www.phcs.com for Provider Information

For information about providers and health care facilities in the PHCS network, please visit www.phcs.com and click on Search for a Provider, where you can search by location, proximity to you, and practice setting. Or call **800-789-2078**.

YOUR RIGHT TO MAKE MEDICAL TREATMENT DECISIONS

You have the right to make your own medical treatment decisions. But what happens if you become too sick to determine the medical treatment that is best for you?

Patient rights legislation allows you to choose an adult relative or friend to speak for you if this should occur.

This person is called your health care agent.

Your Right to Information and to Make Medical Decisions

Tufts Health Plan respects your right to make informed decisions and to appoint a health care agent.

Your legal rights as a patient to make decisions about your medical care include the right to:

- Obtain from your doctor information you need to make an informed and voluntary decision about whether to agree to a procedure or treatment your doctor recommends
- Receive that information in a manner that is clear and understandable
- Agree to any recommended treatment you want and refuse any treatment you don't want—even if it might help keep you alive longer

When You Can't Speak for Yourself

Massachusetts, New Hampshire, and Rhode Island (and many other states) make it possible for you to choose a health care agent if you are at least 18 years of age and competent.

- Massachusetts requires a completed health care proxy form.
- New Hampshire and Rhode Island recognize a durable power of attorney for health care.

Your health care agent may act for you only if your doctor determines that you are unable to make or communicate your own health care decisions.

Your health care agent would then have legal authority to make health care decisions for you, including decisions about life-sustaining treatment.

Both health care proxy forms and durable powers of attorney allow you to set specific limits on your agent's authority.

PLEASE NOTE: You are not required to complete a health care proxy or durable power of attorney form to receive medical care from any health care provider. You have the right to receive the same type and quality of health care, whether or not you have selected a health care agent.

If You Have Completed a Form

If you have filled out a health care proxy or a durable power of attorney, be sure to give copies to:

- Your provider to put in your medical record
- Family members
- Your health care agent

Please do not send a copy to Tufts Health Plan.

If You Have Not Completed a Form

For more information, Massachusetts residents should contact:

Massachusetts Executive Office of Elder Affairs
John W. McCormack Building
1 Ashburton Place, Room 517
Boston, MA 02108
617-727-7750

New Hampshire and Rhode Island residents should contact the appropriate office:

New Hampshire Hospital Association
125 Airport Road
Concord, NH 03301
603-225-0900

Rhode Island Department of Health
Canon Building
3 Capitol Hill
Providence, RI 02908
401-222-2231

Living Wills

If you have not selected a health care agent, you can write down specific instructions about how you wish to be treated should you become unable to make your own health care decisions. This is sometimes called a “living will.” For legal advice about a living will, consult your attorney.

FOR ADDITIONAL INFORMATION,
PLEASE CALL
TUFTS HEALTH PLAN
MEMBER SERVICES DEPARTMENT
800-462-0224

TDD 800-868-5850 or 800-815-8580

FOR INFORMATION ABOUT
PHCS-PARTICIPATING HEALTH CARE PROVIDERS,
PLEASE CALL
PRIVATE HEALTHCARE SYSTEMS
800-789-2078

tuftshealthplan.com
www.phcs.com



**705 Mount Auburn Street
Watertown, MA 02472**

Administered by Tufts Benefit Administrators, Inc.

Effective Date 2-05
Issue Date 8-11

Please refer to your benefit document for a full description of your benefits, including limitations and exclusions. Tufts Health Plan may add to, change, or withdraw the services described in this handbook at any time.