

Tufts Health Plan Advantage HMO

Your Advantage HMO Plan

Advantage HMO works very much like the HMO plans you may be familiar with.

First, you'll choose a PCP—a primary care provider—who will take care of most of your health care needs. If you need to see a specialist for a health problem, your PCP will refer, or send, you to one. You can find a PCP by going to tuftshealthplan.com and clicking on Doctor Search.

Because this is an HMO plan, your PCP must be part of the Tufts Health Plan network of doctors and other providers. Any specialist referrals your PCP makes will be to doctors and providers that are part of the Tufts Health Plan network. If you see a doctor outside of our network, Tufts Health Plan will not pay for those services. There is one exception, and that is when there's a medical emergency. If an emergency health situation arises, please call 911 or go to the nearest hospital for help. Your plan will always cover you for emergencies, regardless of where you are treated.

So far, this plan sounds about the same as a regular HMO, right? Here's the difference. Your plan has a deductible—an amount of money that you pay before your health plan will begin paying for your health care services. You will have to pay for any health services you get—including office visits and hospital charges—out of your own pocket until you have met your yearly deductible. Once you meet your plan's deductible, the plan starts paying for covered services.

Getting regular health care is a very important part of taking care of yourself. That's why yearly checkups and the routine tests your doctor orders as part of your checkup are covered in full right away. These preventive, or routine, services are not subject to the plan's deductible. Remember, you can find out the amount of your plan's deductible, and what services need a copayment, by checking your benefit summary.

Let's look at some examples. (Examples 1 and 2 assume that you have not met your yearly deductible yet):

Example 1

	<u>You Pay</u>
Routine checkup	\$0 (or a copayment)
Blood test (routine, as part of checkup)	\$0
Mammogram (routine annual check)	\$0

Your routine yearly checkup costs will be paid in full—these will not be subject to your deductible, and you will not have to pay anything out of your pocket (except an office visit copay if your plan requires one).

Example 2

	<u>You Pay</u>
Office visit (you have symptoms of strep throat)	Copayment
Diagnostic test for strep throat	Cost of diagnostic test(s)

When you see a doctor because you are sick or have symptoms that you want to have checked out, these services will be subject to your deductible. You will pay a copayment for the office visit along with any tests ordered to help diagnose, or identify the illness (up to the total yearly deductible of your plan). Costs of medical services vary greatly. We recommend that you use the treatment cost estimator, located in your online account at tuftshealthplan.com, for an idea of what you might have to pay.

Here are the same examples, with one difference. In examples 3 and 4, the annual deductible has been met:

Example 3

	<u>You Pay</u>
Routine checkup	\$0 (or a copayment)
Blood test (routine, as part of checkup)	\$0
Mammogram (routine annual check)	\$0

Example 4

	<u>You Pay</u>
Office visit (you have symptoms of strep throat)	\$0 (or a copayment)
Diagnostic test for strep throat	\$0
Prescription for allergy medicine	\$0

Once you meet your plan's deductible, the plan pays for covered services. This includes any office visits, hospital charges, diagnostic tests, and more.

So with Advantage HMO, you pay more of your costs upfront. But once the deductible is met, you will pay very little out of your own pocket. Tufts Health Plan will pay for the covered services in full.

For more information about how your plan works, please log in at tuftshealthplan.com for tools and tips that can help you make the most of your health plan.