Tufts Health Plan Advantage PPO

Your Advantage PPO Plan

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

Because your plan is a PPO, you can choose any doctor and go to any hospital in the Tufts Health Plan provider network or outside of our network. Even though it's not required, we always recommend that you choose a PCP—a primary care provider—who will take care of the majority of your health care needs. If you need to see a specialist for a health problem, your PCP can recommend one for you, although you won't need a formal referral to see one. You can find a PCP by going to tuftshealthplan.com and clicking on Doctor Search.

As with any PPO plan, when you need health care services, you can choose to see a provider in the Tufts Health Plan network or outside the network. When you go to an in-network provider, your costs are generally less.

So far, this plan sounds about the same as a regular PPO, 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 receive—including office visits and hospital charges—out of your own pocket until you have met your yearly deductible. You will have to pay a deductible for any provider you see for health services, whether they are part of the Tufts Health Plan network or are outside of the network.

Once you meet your plan's deductible, the plan starts paying for covered services. But if you go to a doctor who is outside of the Tufts Health Plan network, you will also have to pay something called coinsurance—a percentage of the full charge of the service. You will have to pay coinsurance every time you receive services outside the Tufts Health Plan network, up to your out-of-pocket maximum. Your out-of-pocket maximum is the most money you will have to pay out of your own pocket for covered health expenses in any one-year period. Once you've met your out-of-pocket maximum, Tufts Health Plan will pay your covered services in full.

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, if you go out of network for routine services, you will have to pay coinsurance but the deductible will still be waived for preventive services. You can find out the amount of your plan's deductible and what services require 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

In-Network	You Pay
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 charged to your deductible, and you will not have to pay anything out of your pocket (except an office visit copay if your plan has one).

Out-of-Network	You Pay
Routine checkup	deductible, then coinsurance
Blood test (routine, as part of checkup)	deductible, then coinsurance
Mammogram (routine annual check)	deductible, then coinsurance

Example 2

In-Network	You Pay
Office visit (you have symptoms of strep throat)	Copayment
Diagnostic test for strep throat	Cost of diagnostic test(s)

Out-of-network services would be charged the same. In addition to meeting the deductible, you would also have to pay coinsurance for these services, up to your annual out-of-pocket maximum.

When you see a doctor because you are sick or have symptoms that you want to have checked out, these services will be charged 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 yearly deductible has been met, but the out-of-pocket maximum for out-of-network services has not been met:

Example 3

In-Network	You Pay
Routine checkup	$0
Blood test (routine, as part of checkup)	$0
Mammogram (routine annual check)	$0
Out-of-Network	**You Pay**
Routine checkup	Coinsurance
Blood test (routine, as part of checkup)	Coinsurance
Mammogram (routine annual check)	Coinsurance

Example 4

In-Network	You Pay
Office visit (you have symptoms of strep throat)	Copayment
Diagnostic test for strep throat	$0
Out-of-Network	**You Pay**
Office visit (you have symptoms of strep throat)	Coinsurance
Diagnostic test for strep throat	Coinsurance

For all out-of-network services, you must meet your deductible and your coinsurance responsibilities first, up to your total out-of-pocket maximum. Once you have reached your out-of-pocket maximum, Tufts Health Plan will pay for covered services in full.

With Advantage PPO, you have the freedom to see any doctor that you choose. But you will always save money by going to doctors and hospitals that are in the Tufts Health Plan provider network.