Tufts Health Plan Advantage Saver

Your Advantage Saver Plan

Advantage HMO and PPO Saver plans are not exactly like the HMO and PPO plans you are used to.

Advantage Saver is a deductible plan designed to work with a Health Savings Account (HSA). We'll talk more about HSAs later.

For more information on how the deductible works, see Understanding Health Savings Accounts.

Advantage HMO Saver

Advantage HMO Saver 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 the majority of your health care needs. If you need to see a specialist for a health condition, your PCP will refer 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 and any referrals will be to Tufts Health Plan network specialists. 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 no matter where you receive treatment.

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 receive—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. Also, if you have a family plan, you will have to meet your entire family deductible before the plan will start paying for covered charges.

Let's say you have a family plan for you and your spouse, with a $1,000 individual deductible and a $2,000 family deductible. You may have received health care services that have added up to $1,000, but because you have a family plan, you will have to meet the family deductible of $2,000 before the plan will start paying for covered services. In other words, while you may have met the "individual deductible," you actually have to meet the higher "family deductible" amount.

Receiving regular health care is a very important part of taking care of yourself. That's why yearly checkups and the routine tests your doctor recommends **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 of how your plan works. (Examples 1 and 2 assume that you have not met your yearly deductible yet):

Example 1

	You Pay
Routine checkup	$0
Blood test (routine, as part of checkup)	$0
Mammogram (routine annual check)	$0

Your routine yearly checkup costs will be paid in full—these are not subject 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).

Example 2

	You Pay
Office visit (you have symptoms of strep throat)	Cost of medical exam
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 the cost of the visit (up to the total yearly deductible of your plan), along with any tests ordered to help diagnose, or identify, the illness. 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

	You Pay
Routine checkup	$0
Blood test (routine, as part of checkup)	$0
Mammogram (routine annual check)	$0

Example 4

	You Pay
Office visit (you have symptoms of strep throat)	$0
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.

With an Advantage HMO, you pay more of your costs up front. 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.

Advantage PPO Saver

Now we'll talk about Advantage PPO Saver. Advantage PPO Saver 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 condition, 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. 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 be responsible for this deductible whether you see a provider in the Tufts network or outside of the network. Also, if you have a family plan, you will have to meet your entire family deductible before the plan will start paying for covered charges.

Let's say you have a family plan for you and your spouse, with a $1,000 individual deductible and a $2,000 family deductible. You may have received health care services that have added up to $1,000, but because you have a family plan, you will have to meet the family deductible of $2,000 before the plan will start paying for covered services. In other words, while you may have met the "individual deductible," you actually have to meet the higher "family deductible" amount.

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.

The only exception to your deductible is preventive services, such as yearly checkups and the routine tests recommended by your doctor. These are covered in full and are therefore not subject to the plan's deductible. If you go out of network, you will still 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 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

In-Network	You Pay
Routine checkup	$0
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)	Cost of medical exam
Diagnostic test for strep throat	Cost of diagnostic test(s)

In the example above, 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 subject to your deductible. You will pay the cost of the visit (up to the total yearly deductible of your plan), along with any tests ordered to help diagnose, or identify, the illness. 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:

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 at 100 percent.

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 check up)	Coinsurance
Mammogram (routine annual check)	Coinsurance

Example 4

In-Network	You Pay
Office visit (you have symptoms of strep throat)	$0
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

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

About Health Savings Accounts

At the beginning of this article, we mentioned Health Savings Accounts, or HSAs. An HSA lets you put aside money specifically to pay for health care expenses—like your deductible, copayment and coinsurance costs. The money belongs to you, and the account works just like a bank account. Most accounts come with a debit card, so if you know you have enough in your HSA, you can have your doctor or pharmacist swipe your card and pay your bill right from your HSA account. You can also use your HSA to pay for health expenses for your covered dependents. For a full description of what expenses you can use your HSA for, go to IRS Publication 502, Section 213(d). Your employer may offer you an HSA as part of your benefits package, but if not, you can open your own HSA account at any bank you choose.