



BENEFIT SUMMARY

Navigator™ by Tufts Health Plan is a point of service (POS) plan that covers preventive and medically necessary health care services and supplies. These are services and supplies you need to help you stay healthy or get healthy when you're sick.

How this plan works:

- You can get covered health care services from any health care provider in or out of our network. Your costs are lower in-network.
- Use the “Authorized” level of benefits and visit Tier 1 or Tier 2 providers to lower your cost share.

To receive the highest (“Authorized”) level of benefits:

- Choose a primary care provider (PCP)
- Obtain care from your PCP
- Obtain referrals to see specialists when needed
- Use providers in the Navigator by Tufts Health Plan network

You will pay more when you use the “Unauthorized” level of benefits—that is, you have not chosen a PCP or obtained referrals to see specialists, or you are using out-of-network providers.

It is very important to check the updated tier assignments for all of your providers, as tier assignments may have changed. Go to tuftshealthplan.com/gic, your secure online member account to check your provider's tier or to search for a provider.

Primary Care Physicians (PCPs), specialists, and hospitals are placed in one of three tiers based on participation in the GIC's Centered Care program and the group's total cost for GIC members. All physicians and hospitals in the same provider system are placed in the same tier.

Member cost-sharing varies by tier, and **your copayments depend on the providers you choose**. If you regularly use Tier 2 or Tier 3 providers, you may want to consider changing to a Tier 1 provider—you could save up to \$45 on each office visit and \$1,225 on hospital admissions.

Tier 1:

- PCPs (including pediatricians and PCPs who are also specialists)—\$10
- Specialists—\$30
- Hospitals—\$275

Tier 2:

- PCPs—\$20
- Specialists—\$60
- Hospitals—\$500

Tier 3:

- PCPs—\$40
- Specialists—\$75
- Hospitals—\$1,500

To see the copays for each network hospital, check the Navigator Copayments for Inpatient Hospital Admissions list in this guide.

About This Plan's Deductibles

- Authorized annual deductible: Plan members must pay the authorized deductible of **\$500 per individual/\$1,000 per family** for applicable covered services in our network. This does not apply to in-network behavioral health services.
- Unauthorized annual deductible: Members using the unauthorized level of benefits must pay the unauthorized deductible of **\$500 per individual/\$1,000 per family**. This unauthorized deductible also applies to out-of-network behavioral health services.

Once you have paid the unauthorized deductible, Tufts Health Plan will pay 80% and you will pay 20% of the “reasonable charges.”* This continues until you reach the out-of-pocket maximum of \$5,000 per individual/\$10,000 per family. At this time, your services are covered in full (up to the reasonable charges) for the rest of the plan year.

*Reasonable charges are the customary rates that providers in a geographical area are paid for specific services.

Plan Deductibles and Out-of-Pocket Maximums

Authorized Deductible	\$500 individual; \$1,000 family
Authorized Out-of-Pocket Maximum	\$5,000 individual; \$10,000 family (Applies to medical, prescription drug and behavioral health services).
Unauthorized Deductible	\$500 individual; \$1,000 family (Includes mental health and substance use disorder services received from out-of-network providers).
Unauthorized Out-of-Pocket Maximum	\$5,000 individual; \$10,000 family (Includes costs of mental health and substance use disorder services received from out-of-network providers).

Outpatient Medical Care	Authorized	Unauthorized (After deductible)
Primary Care Provider office visits	<ul style="list-style-type: none"> ★ ★ ★ Tier 1—\$10 per visit ★ ★ Tier 2—\$20 per visit ★ Tier 3—\$40 per visit 	Plan covers 80%
Specialist office visits	<ul style="list-style-type: none"> ★ ★ ★ Tier 1—\$30 per visit ★ ★ Tier 2—\$60 per visit ★ Tier 3—\$75 per visit All other specialists: \$60 per visit 	Plan covers 80%
Routine Physical Exams (One physical per plan year for members 18 years and older)	Covered in full	Plan covers 80%
Minute Clinics and Freestanding Urgent Care Centers	\$20 per visit	Plan covers 80%
Well-Child Care (See your Member Handbook for a schedule of covered routine physicals for children up to 18 years of age.)	Covered in full	Plan covers 80%
OB/GYN Care	<ul style="list-style-type: none"> ★ ★ ★ Tier 1—\$30 per visit ★ ★ Tier 2—\$60 per visit ★ Tier 3—\$75 per visit 	Plan covers 80%
Maternity Care (Hospitalization covered under Inpatient Hospital Care benefit listed below)	Covered in full	Plan covers 80%
Mammograms, Pap Smears	Covered in full	Plan covers 80%
Diagnostic Imaging, Lab Tests	Covered in full after deductible	Plan covers 80%
Diagnostic Imaging - High-Tech Imaging (MRIs, CT/CAT scans, PET scans, and nuclear cardiology)	\$100 per day; then deductible applies	Plan covers 80%
Colonoscopy - Preventive	Covered in full	Plan covers 80%
Colonoscopy - All others	\$250 per visit; then deductible applies	Plan covers 80%
Speech Therapy	\$20 per visit	Plan covers 80%
Short-Term Physical and Occupational Therapy (Up to 30 visits per plan year for each type of therapy)	\$20 per visit	Plan covers 80%
Routine Eye Exams (One exam per 24 months; to be covered at the in-network level of benefits, you must get care from an EyeMed provider)	\$20 per visit	Plan covers 80%
Spinal Manipulation (Up to one evaluation and 20 visits per plan year)	\$20 per visit	Plan covers 80%
Telehealth through Teladoc®	\$15 per visit for medical and dermatology; \$10 per visit for behavioral health	Plan covers 80%
Telemedicine	<p>NEW! Effective July 1, 2021, the first three copays for outpatient Behavioral Health Telemedicine visits will be waived with an in-network provider. After the first three visits, an office visit copay will apply.</p> <p>For all other covered services: PCP or Specialist Copayment will apply</p> <p>Note: Teladoc is not included with this change</p>	Plan covers 80%

Inpatient Hospital Care & Surgery		Authorized	Unauthorized (After deductible)
Day Surgery	Eye and GI procedures at a free-standing ambulatory surgery center: \$150 copay per visit, then deductible applies (Maximum of 4 copayments per member per plan year) All other procedures regardless of facility type: \$250 copay per visit, then deductible applies (Maximum of 4 copayments per member per plan year)		Plan covers 80%
Inpatient Hospital Care*	Tier 1 - \$275 then deductible applies Tier 2 - \$500, then deductible applies Tier 3 - \$1,500, then deductible applies (Maximum of 1 copayment per member per plan year quarter)		Plan covers 80%
Skilled Nursing In Skilled Nursing Facility (Maximum allowance of 45 days per member per plan year, combined in- and out-of-network)	Plan covers 80% after deductible		Plan covers 80%
Emergency Care		Authorized (Covered in full after applicable copay)	Unauthorized (Covered in full after applicable copay)
In Emergency Room (Copay waived if admitted)	\$100 per visit, then authorized deductible applies		
In Provider's Office	\$10/\$20/\$40 per PCP visit; \$30/\$60/\$75 per Specialist visit (Depending on physician copayment level)		\$10/\$20/\$40 per PCP visit; \$30/\$60/\$75 per Specialist visit (Depending on physician copayment level)
Behavioral Health and Substance Use Disorder		In-Network	Out-of-Network
Outpatient Care (including Individual & Family Therapy, Specialty Outpatient Services, Group Therapy & Medication Management)	\$10 per visit		Deductible and coinsurance
Inpatient Care	\$200 copay, per calendar year quarter		Deductible and coinsurance
Telehealth through Teladoc®	\$10 per visit for behavioral health		Plan covers 80%
Telemedicine	NEW! Effective July 1, 2021, the first three copays for outpatient Behavioral Health Telemedicine visits will be waived with an in-network provider. After the first three visits, an office visit copay will apply. Note: Teladoc is not included with this change		Plan covers 80%
Other Services		Authorized	Unauthorized (After deductible)
Durable Medical Equipment	Covered in full after deductible		Plan covers 80%
Ambulance	Covered in full after deductible		Covered in full (After the authorized deductible)
Fitness Reimbursement	\$150 Reimbursement for Fitness Center fees per household**		
Pharmacy Coverage		Pharmacy coverage is administered by Express Scripts. For benefit information, call Express Scripts at 855.283.7679 or express-scripts.com/gicRx	

*Members may only be responsible for one copayment if readmitted within 30 days in the same plan year. Please call Member Services in this circumstance.

**Please see Fitness Flyer for details.

There are some services that the plan does not cover. These services include, but are not limited to: A service or supply not described as covered in your Member Handbook • Exams required by a third party, such as your employer, an insurance company, school or court • Cosmetic surgery or any other cosmetic procedure except certain reconstructive procedures • Experimental or investigational drugs, services and procedures • Eyeglasses • Blood, blood donor fees, blood storage fees, blood substitutes, blood banking, cord blood banking, or blood products, except as described in your Member Handbook • Drugs for use outside of hospital except as covered under Prescription Drug Coverage • Personal comfort items • Custodial care • A service furnished to someone other than the member • Routine foot care, except as described in your Member Handbook • Charges incurred for stays in a covered facility beyond the discharge hour
• Care for conditions that state or local law requires to be treated in a public facility • Medical or surgical procedures for reversal of voluntary sterilization
• Foot orthotics, except therapeutic/molded shoes for an individual with severe diabetic foot disease • Spinal manipulation for members age 12 and under.

This is only a summary of your benefits. Check your account at tuftshealthplan.com/gic for full benefit information. If you have additional questions, please contact Tufts Health Plan at 800.870.9488.

NAVIGATOR COPAYMENTS FOR INPATIENT HOSPITAL ADMISSIONS

Hospitals are grouped into three tiers based on participation in the GIC's Centered Care program and the group's total cost for GIC members. Please note: **It is very important to check the tier assignments for all your providers.**

Tier 1: hospitals with the lowest cost share — **\$275** copayment for each hospital admission*

Tier 2: hospitals with a mid-level cost share — **\$500** copayment for each hospital admission*

Tier 3: hospitals with the highest cost share — **\$1,500** copayment for each hospital admission*

* Limit of one inpatient care copayment per quarter

HOSPITAL	COPAYMENT
Alice Peck Day Hospital	\$500
Anna Jaques Hospital	\$275
Androscoggin Valley Hospital	\$500
Athol Memorial Hospital	\$1,500
Baystate Franklin Medical Center	\$275
Baystate Medical Center	\$275
Baystate Noble Hospital	\$275
Baystate Wing Hospital	\$275
Berkshire Medical Center	\$275
Beth Israel Deaconess - Milton Hospital	\$275
Beth Israel Deaconess Hospital - Needham	\$275
Beth Israel Deaconess - Plymouth	\$275
Beth Israel Deaconess Medical Center	\$275
Boston Children's Hospital	\$500
Boston Medical Center	\$275
Brattleboro Memorial Hospital	\$500
Brigham and Women's Hospital	\$1,500
Brigham & Women's Faulkner Hospital	\$1,500
Cambridge Health Alliance	\$275
Cape Cod Hospital	\$275
Catholic Medical Center	\$500
Cheshire Medical Center	\$500
Concord Hospital	\$500
Connecticut Children's Hospital	\$500
Cooley Dickinson Hospital	\$1,500
Cottage Hospital	\$500
Dana-Farber Cancer Institute*	N/A*
Elliot Hospital	\$500
Emerson Hospital	\$1,500
Exeter Hospital	\$500
Fairview Hospital	\$275
Falmouth Hospital	\$275
Franklin Regional Hospital	\$500

HOSPITAL	COPAYMENT
Frisbie Memorial Hospital	\$500
Harrington Memorial Hospital	\$1,500
Heywood Hospital	\$1,500
Holyoke Medical Center	\$1,500
Huggins Hospital	\$500
Kent Hospital	\$500
Lahey Hospital and Medical Center	\$500
Lakes Region General Hospital	\$500
Landmark Medical Center	\$500
Lawrence General Hospital	\$275
Littleton Regional Hospital	\$500
Lowell General Hospital	\$275
Maine Medical Center	\$500
Martha's Vineyard Hospital	\$1,500
Mary Hitchcock Memorial Hospital	\$500
Massachusetts Eye and Ear Infirmary	\$500
Massachusetts General Hospital	\$1,500
Melrose Wakefield Healthcare Lawrence Memorial Hospital	\$500
Melrose Wakefield Healthcare Melrose Wakefield Hospital	\$500
Memorial Hospital NH	\$500
Mercy Medical Center	\$275
MetroWest Medical Center	\$275
Milford Regional Medical Center	\$1,500
Miriam Hospital	\$500
Monadnock Community Hospital	\$500
Mount Ascutney Hospital	\$500
Mount Auburn Hospital	\$275
Nantucket Cottage Hospital	\$1,500
New England Baptist Hospital	\$275
New London Hospital	\$500
Newport Hospital	\$500
Newton-Wellesley Hospital	\$1,500
North Shore Medical Center (Union Hospital)	\$1,500

* Most inpatient services are provided at Brigham and Women's Hospital and are subject to a Tier 3 copay.

Please note that the status and copayment levels of our network of providers are effective as of July 1, 2021. For the most up-to-date status, please contact Member Services at 800.870.9488, or log in to tuftshealthplan.com/gic.

NOTE: All adult and pediatric transplants are covered with a \$275 copayment when authorized at a Transplant Center of Excellence.

NAVIGATOR COPAYMENTS FOR INPATIENT HOSPITAL ADMISSIONS

continued

Tier 1: hospitals with the lowest cost share — **\$275** copayment for each hospital admission*

Tier 2: hospitals with a mid-level cost share — **\$500** copayment for each hospital admission*

Tier 3: hospitals with the highest cost share — **\$1,500** copayment for each hospital admission*

* Limit of one inpatient care copayment per quarter

HOSPITAL	COPAYMENT
North Shore Medical Center (Salem Hospital)	\$1,500
Northeast Hospital Corporation (Addison Gilbert Hospital)	\$500
Northeast Hospital Corporation (Beverly Hospital)	\$500
Our Lady of Fatima Hospital	\$500
Parkland Medical Center	\$500
Portsmouth Regional Hospital	\$500
Rhode Island Hospital	\$500
Roger Williams Hospital	\$500
Saint Vincent Hospital	\$275
Signature Healthcare Brockton Hospital	\$1,500
South County Hospital	\$500
South Shore Hospital	\$500
Southcoast Hospitals Group - Charlton Memorial Hospital	\$275
Southcoast Hospital Group - St. Luke's Hospital	\$275
Southcoast Hospitals Group - Tobey Hospital	\$275
Southern Maine Medical Center	\$500
Southern New Hampshire Regional Medical Center	\$500
Southwestern Vermont Medical Center	\$500
Speare Memorial Hospital	\$500
Springfield Hospital	\$500

HOSPITAL	COPAYMENT
St. Joseph Hospital (New Hampshire)	\$500
Steward Carney Hospital	\$275
Steward Good Samaritan Medical Center	\$275
Steward Holy Family Hospital	\$275
Steward Holy Family Hospital at Merrimack Valley	\$275
Steward Nashoba Valley Medical Center	\$275
Steward Morton Hospital and Medical Center	\$275
Steward Norwood Hospital	\$275
Steward Saint Anne's Hospital	\$275
Steward St. Elizabeth's Medical Center	\$275
Sturdy Memorial Hospital	\$500
Tufts Medical Center	\$500
UMass Memorial HealthAlliance - Clinton Hospital	\$1,500
UMass Memorial - Marlborough Hospital	\$1,500
UMass Memorial Medical Center	\$1,500
Upper Connecticut Valley Hospital	\$500
Valley Regional Hospital	\$500
Weeks Medical Center	\$500
Wentworth-Douglass Hospital	\$500
Westerly Hospital	\$500
Winchester Hospital	\$500
Women and Infants Hospital of Rhode Island	\$500
York Hospital	\$500

Please note that the status and copayment levels of our network of providers are effective as of July 1, 2021. For the most up-to-date information, please log in to tuftshealthplan.com/gic or contact Member Services at 800.870.9488.

NOTE: All adult and pediatric transplants are covered with a \$275 copayment when authorized at a Transplant Center of Excellence.