

Benefit Summary



Tufts Health Plan Spirit is an exclusive provider organization (EPO) 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 to help you get healthy when you're sick.

Tufts Health Plan Spirit offers the same benefits as the Navigator plan, with several important differences:

- A lower premium than Navigator
- A network with fewer participating health care providers and hospitals.
- In-network coverage only—there are NO out-of-network benefits, except as described below under “How this plan works.”

How this plan works:

- You don't need referrals to see specialists.
- There is no coverage for services outside of the Tufts Health Plan Spirit network, unless you have a medical emergency, or you need urgent care outside of the Spirit service area. Otherwise, only health care services obtained within the Tufts Health Plan Spirit network are covered.
- You pay lower copayments for office visits to specialists and for inpatient hospital care when you use Tier 1 providers in the Spirit network.

About this plan's deductible

Annual deductible: Plan members must pay an annual deductible of **\$400 per individual/\$800 per family** for applicable covered services in the Tufts Health Plan Spirit network. This does not apply to in-network behavioral health services.

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.

Specialists and network hospital systems are tiered based on participation in the GIC's Centered Care program and the group's total cost for members. All specialists and hospitals in the same provider system are placed in the same tier.

PCPs (including pediatricians and PCPs who are also specialists) are not tiered—you have a \$20 copayment for visits to all in-network PCPs.

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 \$225 on network hospital admissions.

Tier 1:

- Specialists—\$30
- Hospitals—\$275

Tier 2:

- Specialists—\$60
- Hospitals—\$500

Tier 3:

- Specialists—\$75
- Hospitals—N/A

To see the copayments that apply at each network hospital, check the Copayments for Inpatient Hospital Admissions list in this guide.

| Plan Deductible and Out-of-Pocket Maximum | |
|--|---|
| In-Network Deductible | \$400 individual; \$800 family |
| In-Network Out-of-Pocket Maximum | \$5,000 individual; \$10,000 family (Applies to medical, and behavioral health services) |
| Outpatient Medical Care | In-Network ONLY |
| Primary Care Provider office visits | \$20 per visit |
| Specialist office visits | ★★★ Tier 1 (lowest cost share)—\$30 per visit ★★ Tier 2 (mid-level cost share)—\$60 per visit ★ Tier 3 (highest cost share)—\$75 per visit All other specialists: \$60 per visit |
| Routine Physical Exams (One physical per plan year for members 18 years and older) | Covered in full |
| Minute Clinics and Freestanding Urgent Care Centers | \$20 per visit |
| 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 |
| OB/GYN Care | ★★★ (lowest cost share)—\$30 per visit ★★ Tier 2 (mid-level cost share)—\$60 per visit ★ Tier 3 (highest cost share)—\$75 per visit |
| Maternity Care (Hospitalization covered under Inpatient Hospital Care benefit listed below.) | Covered in full |
| Mammograms, Pap Smears | Covered in full |
| Diagnostic Imaging, Lab Tests | Covered in full after deductible |

| Outpatient Medical Care (continued) | In-Network ONLY |
|---|--|
| Diagnostic Imaging—High-Tech Imaging (MRIs, CT/CAT scans, PET scans, and nuclear cardiology) | \$100 per day; then deductible applies |
| Colonoscopy — Preventive | Covered in full |
| Colonoscopy — All others | \$250 per visit; then deductible applies |
| Speech Therapy | \$20 per visit |
| Short-Term Physical and Occupational Therapy (Up to 30 visits per plan year for each type of therapy) | \$20 per visit |
| Routine Eye Exams (one exam per 24 months; care must be from an EyeMed provider) | \$20 per visit |
| Spinal Manipulation (Up to one evaluation and 20 visits per plan year) | \$20 per visit |
| Telehealth through Teladoc | \$15 |
| Telemedicine | For Behavioral Health/substance use disorder: the first three telemedicine visits waived for in-network outpatient services, after the first three visits, an office visit copay will apply For all other covered services: PCP or Specialist Copayment will apply Note: Teladoc is not included with this change |
| Inpatient Hospital Care and Surgery | In-Network ONLY |
| 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) |
| Inpatient Hospital Care | Tier 1—\$275, then deductible applies Tier 2—\$500, then deductible applies (Maximum of 1 copayment per member per quarter) |
| Skilled Nursing in Skilled Nursing Facility (Maximum allowance of 45 days per member per plan year) | Plan covers 80% after deductible |
| Emergency Care | In-Network ONLY |
| In Emergency Room (Copay waived if admitted) | \$100 per visit, then deductible applies |
| In Provider's Office | \$20 per PCP visit \$30/\$60/\$75 per Specialist visit (Depending on physician copayment level) |
| Behavioral Health and Substance Use Disorder | In-Network ONLY |
| Outpatient Care | \$20 per visit for Individual & Family Therapy and Specialty Outpatient Services; \$15 per visit for Group Therapy & Medication Management |
| Inpatient Care | \$200 copay per calendar year quarter |
| Telehealth through Teladoc | \$15 per visit |
| Telemedicine | For Behavioral Health/substance use disorder: the first three telemedicine visits waived for in-network outpatient services, after the first three visits, an office visit copay will apply For all other covered services: PCP or Specialist Copayment will apply Note: Teladoc is not included with this change |
| Other Services | In-Network ONLY |
| Durable Medical Equipment | Covered in full after deductible |
| Ambulance | Covered in full after deductible |
| Fitness Reimbursement | \$150 reimbursement per household for gym membership fees** |
| Pharmacy Coverage | Pharmacy coverage is administered by Express Scripts. For benefit information, call Express Scripts at 855.283.7679 |

*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 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. Check your account at tufthealthplan.com/gic for full information.
If you have additional questions, please contact Tufts Health Plan at 800.870.9488.



Copayments For Inpatient Hospital Admissions

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

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

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

+ Limit of one inpatient care copayment per quarter

| Hospital | Copayment |
|---|-----------|
| Anna Jaques Hospital | \$275 |
| Athol Memorial Hospital | \$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 | \$275 |
| Beth Israel Deaconess Hospital - Needham | \$275 |
| Beth Israel Deaconess - Plymouth | \$275 |
| Beth Israel Deaconess Medical Center | \$275 |
| Boston Medical Center | \$275 |
| Cambridge Health Alliance | \$275 |
| Cape Cod Hospital | \$275 |
| Fairview Hospital | \$275 |
| Falmouth Hospital | \$275 |
| Heywood Hospital | \$500 |
| Holyoke Medical Center | \$500 |
| Lahey Hospital and Medical Center | \$275 |
| Lawrence General Hospital | \$275 |
| Lowell General Hospital | \$275 |
| Melrose Wakefield Healthcare Lawrence Memorial Hospital | \$275 |
| Melrose Wakefield Healthcare Melrose Wakefield Hospital | \$275 |
| Mercy Medical Center | \$275 |
| MetroWest Medical Center | \$275 |
| Milford Regional Medical Center | \$500 |
| Mount Auburn Hospital | \$275 |
| New England Baptist Hospital | \$275 |
| Northeast Hospital Corporation (Addison Gilbert Hospital) | \$275 |
| Northeast Hospital Corporation (Beverly Hospital) | \$275 |
| Saint Vincent Hospital | \$275 |
| Signature Healthcare Brockton Hospital | \$500 |
| South Shore Hospital | \$275 |

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Please note that the status and copayment levels of our network of providers are effective as of July 1, 2022. 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.

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 higher cost share — **\$500** copayment for each hospital admission*

+ Limit of one inpatient care copayment per quarter

| Hospital | Copayment |
|---|-----------|
| Southcoast Hospitals Group - Tobey Hospital | \$275 |
| Southcoast Hospitals Group - Charlton Memorial Hospital | \$275 |
| Southcoast Hospitals Group - St. Luke's Hospital | \$275 |
| Steward Carney Hospital | \$275 |
| Steward Good Samaritan Medical Center | \$275 |
| Steward Holy Family Hospital | \$275 |
| Steward Holy Family Hospital at Merrimack Valley | \$275 |
| Steward Morton Hospital and Medical Center | \$275 |
| Steward Nashoba Valley Medical Center | \$275 |
| Steward Norwood Hospital | \$275 |
| Steward Saint Anne's Hospital | \$275 |
| Steward St. Elizabeth's Medical Center | \$275 |
| Tufts Medical Center | \$275 |
| UMass Memorial - Harrington | \$500 |
| Winchester Hospital | \$275 |

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