2019 BEHAVIORAL HEALTH BENEFIT SUMMARY GRID:
TUFTS HEALTH DIRECT

Note: This benefit grid is only a summary. Refer to the *Tufts Health Direct* Member Handbook, Medical Necessity Guidelines, and Payment Policies for the most up-to-date benefit information.

ABBREVIATIONS
BH = Behavioral health
IN = In-network
OON = Out-of-network
PA = Prior authorization

BENEFIT YEAR*
Individual = January 1 – December 31
Small-group = 12 months from effective date
* In some cases, a benefit year will not be a full 12 months

Member cost sharing per admission or visit

Plan Level	*Direct Connector Care I*	*Direct Connector Care II*	*Direct Connector Care III*	*Direct Platinum*	*Direct Gold 1000*	*Direct Gold 2000*	*Direct Silver 2000* and *Direct Silver 2000 II*	*Direct Silver 2000 HSA*	*Direct Silver 2500 with Coinsurance*
Inpatient	$0	$50	$250	$500	Deductible, then $500	Deductible, then $750	Deductible, then $1,000	Deductible, then $500	Deductible, then 30%
Outpatient	$0	$10	$15	$20	$25	$30	$30	Deductible, then $25	$30

Plan Level	*Direct Bronze 2750*	*Direct Bronze 3500 with Coinsurance*	*Direct Catastrophic*
Inpatient	Deductible, then $750	Deductible, then 35%	Deductible, then no cost sharing
Outpatient	Deductible, then $25	$35	Deductible, then no cost sharing

Tufts Health Plan only covers services rendered by in-network providers.

Service	Coverage/Limits/Conditions	PA or notification required?
INPATIENT SERVICES – Related Inpatient Cost-Sharing May Apply		
Inpatient mental health services	Covered IN if medically necessary. Notification on 1st business day following admission.	Notification required
Inpatient substance use disorder services (Level IV)	Covered IN if medically necessary. Initial notification required within 48 hours of admission. Additional notification required if treatment exceeds 7 days.	Notification required
Observation/Holding beds	Covered IN if medically necessary	PA not required for urgent admission; notification required

Service	Coverage/Limits/Conditions	PA or notification required?
Administratively necessary days	Covered IN if necessary	PA required
24-HOUR DIVERSIONARY SERVICES – Related Inpatient or Outpatient Cost-Sharing May Apply		
Acute treatment services (ATS) for substance use disorders (Level III.7)	Covered IN if medically necessary. Initial notification required within 48 hours of admission. Additional notification required if treatment exceeds 7 days.	Notification required for days 1-14 PA required for days 15+
Community crisis stabilization (CCS)	Covered IN if medically necessary	PA not required for urgent admission from ED. Notification required. PA required for stepdown from inpatient facility.
Clinical support services (CSS) for substance use disorders (Level III.5)	Covered IN if medically necessary	No notification or PA required for days 1-10 Notification required for days 11-14 PA required for days 15+
Community-based acute treatment (CBAT) for children and adolescents	Covered IN if medically necessary	OON, IN: PA not required for urgent admission. Notification required on the first business day following admission PA required for stepdown from inpatient facility.
Dual diagnosis acute residential treatment (DDART)	Covered IN if medically necessary. Initial notification required within 48 hours of admission. Additional notification required if treatment exceeds 7 days.	Notification required for days 1-14 PA required for days 15+
Enhanced acute treatment services (EATS) for substance use disorders	Covered IN if medically necessary. Initial notification required within 48 hours of admission. Additional notification required if treatment exceeds 7 days.	Notification required for days 1-14 PA required for days 15+
Intensive community-based acute treatment (ICBAT) for children and adolescents	Covered IN if medically necessary	OON, IN: PA not required for urgent admission. Notification required on the first business day following admission PA required for stepdown from inpatient facility.
NON-24-HOUR DIVERSIONARY SERVICES – Related Inpatient or Outpatient Cost-Sharing May Apply		
Community support program (CSP)	Covered IN if medically necessary	PA required after 60 days or 240 units
Family stabilization team (FST)	Covered IN if medically necessary	PA required
Intensive outpatient treatment (IOP)	Covered IN if medically necessary	Notification required after 1st visit for

Service	Coverage/Limits/Conditions	PA or notification required?
		substance use treatment. PA required for subsequent visits. PA required for non-substance use treatment.
Partial hospitalization program (PHP)	Covered IN if medically necessary	Notification required after 1st visit for substance use treatment. PA required for subsequent visits. PA required for non-substance use treatment.
Psychiatric day treatment	Covered IN if medically necessary	Notification required after 1st visit for substance use treatment. PA required for subsequent visits. PA required for non-substance use treatment.
Structured outpatient addiction program (SOAP)	Covered IN if medically necessary	Notification required after 1st visit for substance use treatment. PA required for subsequent visits.
OUTPATIENT SERVICES – Related Outpatient Cost-Sharing May Apply		
Acupuncture detoxification treatment	Covered IN if medically necessary	Notification required after 1st visit. PA required for subsequent visits.
Applied behavioral analysis (ABA) for treatment of autism spectrum disorders (ASD)	Covered IN when rendered in the home, outpatient, or office setting by a qualified professional who is either a board certified behavior analyst (BCBA) or board certified assistant behavior analyst (BCaBA)	PA required
Autism treatment	Covered IN. Includes medically necessary assessments, evaluations (including neuropsychological evaluations), genetic testing, and treatment by licensed physicians, psychologists, and habilitative, rehabilitative, pharmacy, ABA, and other autism service providers.	PA required
Case/Family consultation	Covered IN if medically necessary. Does not count toward 12 BH outpatient visits.	None
Couples/Family therapy/Counseling	Covered IN if medically necessary	No notification or PA for first 12 Outpatient Individual or Couples/Family treatment visits. PA required for visits 13+ of non-substance use treatment.

Service	Coverage/Limits/Conditions	PA or notification required?
		Notification required for substance use treatment visits 13+.
Diagnostic evaluation	Covered IN if medically necessary	No notification or PA when part of first 12 Outpatient Individual or Couples/Family treatment visits.
Dialectical behavioral therapy (DBT)	Covered IN if medically necessary	PA required
Group therapy/counseling	Covered IN if medically necessary	None
Individual therapy/counseling	Covered IN if medically necessary	No notification or PA for first 12 Outpatient Individual or Couples/Family treatment visits. PA required for visits 13+ of non-substance use treatment. Notification required for substance use treatment visits 13+.
Medication management	Covered IN if medically necessary. Does not count toward 12 BH outpatient visits.	None
Methadone maintenance	Covered IN if medically necessary. Does not count toward 12 BH outpatient visits. No cost sharing (co-payment, co-insurance, deductible)	None
Psychological/Neuropsychological testing	Covered IN if medically necessary	PA required
INTENSIVE HOME – OR COMMUNITY – BASED SERVICES FOR YOUTH **		
In-home behavioral services (IHBS)	Covered if medically necessary	IN and OON
In-home therapy (IHT)	Covered if medically necessary	IN and OON
Intensive care coordination (ICC)	Covered if medically necessary	IN and OON
EMERGENCY SERVICES **		
Youth mobile crisis intervention	Covered if medically necessary	OON
OTHER BEHAVIORAL HEALTH SERVICES – Related Inpatient or Outpatient Cost-Sharing May Apply		
Electroconvulsive therapy (ECT)	Covered IN if medically necessary	None
Specialing	Covered IN if medically necessary	PA required
Transcranial Magnetic Stimulation (TMS)	Covered IN if medically necessary	PA required

**Benefits are available for members upon renewal as of 7/1/19