

Designated Provider Organization (DPO)

Highlights		
	PPO	POS
PCP required	X	✓
Referral required	X	✓
Copayments/coinsurance	X	✓
Out-of-network coverage	✓	✓
Deductible	✓	✓
Tiered plan	✓	✓
Authorized benefits	✓	✓
Unauthorized benefits ¹	✓	✓

¹Unauthorized care is limited to emergency services only.

Note: This information is intended to provide an overview of the plan. Providers are reminded to check the member's ID card to verify the plan in which the member is enrolled. Services and subsequent payment are pursuant to the member's benefit plan document. Prior to initiating services, member eligibility and benefits should be verified by logging on to the secure Provider website.

Overview

Designated Provider Organization (DPO) plans are primarily offered to hospital employer groups (and their families) to encourage them to seek services from providers within that same hospital group, in exchange for lower or waived copays. The DPO plan is available as a Preferred Provider Organization (PPO) or Point of Service (POS) and is typically self-insured.

DPO plans are unique because Tufts Health Plan will work with provider organizations to create a low-cost tier, known as Tier 1, composed of the provider's own affiliated resources. Only provider organizations are able to offer their employees the DPO plan. If a member visits a Tier 2 or Tier 3 provider, the out-of-pocket cost will be higher.