

Point-of-Service (POS) Option

Highlights	
PCP required ¹	X
Referral required ¹	X
Copayments/coinsurance	✓
Out-of-network coverage	✓
Deductible	✓
Tiered plan	X
Authorized benefits	✓
Unauthorized benefits ²	✓

¹PCP and referral are required for authorized benefits.

²Unauthorized 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

The POS plan offers two benefit levels, and covers appropriate, medically necessary covered services at the authorized and unauthorized level of benefits, minus the applicable cost share. Members are not required to select a PCP. For most covered services, members pay only a copayment at the authorized level of benefits. Members can also elect to obtain covered services outside the Tufts Health Plan network; however, unauthorized services will be subject to deductible and coinsurance, as detailed in the benefit plan document.

Referral Request

Specialty care services at the authorized level of benefits require a PCP referral. In most cases, the member will be directed to a Tufts Health Plan contracting specialist within their PCP's hospital affiliation. PCPs can submit an electronic or written referral for specialty care services, with the exception of emergency department services, annual eye exams and annual gynecological exams, which do not require a referral.