

Preferred Provider Organization (PPO)

Highlights	
PCP required	X
Referral required	X
Copayments/coinsurance	✓
Out-of-network coverage	✓
Deductible	✓
Tiered plan	X
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

Members with PPO plans are not required to have a PCP or get referrals to receive authorized levels of benefits, but are required to stay in their network and receive covered medically necessary services.

Members also have the option to leave their network to receive unauthorized medically necessary services, but would be subject to their unauthorized deductible and coinsurance.

The member's primary network can be Tufts Health Plan, Cigna PPO or Private Health Care System (PHCS), depending on size and location of the member's employer group.