

Your Choice (HMO, EPO, PPO, POS)

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

¹For Your Choice HMO, unauthorized 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 Your Choice plan design allows employer groups to offer a variable cost-sharing structure for providers and facility services. Plan options are available as HMO, EPO, POS or PPO options. The HMO, EPO and POS Your Choice options require a member to choose a PCP.

Providers are grouped into three tiers based on cost and quality measures. This grouping is at the provider organization level. Member cost-sharing is based on the tier of the provider from whom they receive care.

3-Tier Plan Design

For members of employer groups electing the three-tier Your Choice benefit design, provider organizations will be placed in tiers as follows:

- Tier 1 includes the most cost-efficient, quality providers, and offers members the lowest cost-share. It includes access to a broad range of provider groups, community hospitals, and several tertiary hospitals.
- Tier 2 includes quality providers that are not as cost-efficient as Tier 1 and result in higher member cost-sharing.
- Tier 3 includes providers that either do not meet the quality threshold and/or do not meet the threshold for cost efficiency and result in the highest member cost-sharing.

Note: Independent (i.e., not affiliated with a provider organization) providers' tiers may vary. Tier designation can be verified by using Tufts Health Plan's [electronic services](#) options.

2-Tier Plan Design

For members of employer groups electing the two-tier Your Choice benefit design, provider organizations will be placed in tiers as follows:

- Tier 1 represents providers designated as Tier 1 or Tier 2 (the lowest and intermediate cost sharing levels, respectively) for the three-tier benefit design above, as well as contracting behavioral health providers, including provider organization-affiliated psychiatrists.
- Tier 2 represents providers designated as Tier 3 (the highest cost sharing level) for the three-tier design.

Some specialty services on the Your Choice plan design are not tiered. These include, but are not limited to:

- Chiropractic care
- Durable medical equipment providers
- Inpatient rehabilitation
- Skilled nursing facilities
- Routine eye care
- Emergency department services
- Behavioral health and substance use disorder services