





Products Overview and Member ID Card Guide

Commercial Plans



Product	PCP/ Referrals Required	Description	Network Coverage	Coverage	Member Cost Share
<p>Commercial Three-Tier* Plan Option</p> <p>Provider tier updates occur January 1.</p>	<p>Yes- for HMO and EPO members</p> <p>Yes- for POS members using their authorized level of benefits.</p>	<p>Hospitals, PCPs and specialists are grouped into three tiers at the provider organization level.</p> <p>Member's cost share is based on the tier of the provider from whom he or she receives care.</p> <p>Click here and select "Your Choice 3-Tier" to search for your practice or facility and determine your tier.</p>	<p>Tufts Health Plan network</p>	<p>Appropriately authorized in-plan medically necessary services are covered at 100% minus the applicable copayment or coinsurance. For the HMO and EPO plan designs, there is no coverage for unauthorized non-emergency care.</p> <p>For information about access of continuation of care under the Continuity of Care regulations (211 CMR 153.00), refer to the medical necessity guidelines for Continuity of Care Review for Massachusetts members of tiered or limited plans.</p>	<p>POS Your Choice members can choose to use the unauthorized level of benefits by receiving specialty care outside of the Tufts Health Plan network without a referral, and are then responsible for deductible and coinsurance.</p> <p>Copayment, deductible and coinsurance responsibilities vary by plan design and can be verified by logging in to the eligibility/benefits function on the secure Provider website.</p>
<p>Your Choice Two-Tier* Plan Option</p> <p>Provider tier updates occur January 1.</p>	<p>Yes,-for HMO and EPO members</p> <p>Yes- for POS members, using their authorized level of benefits.</p>	<p>Hospitals, PCPs and specialists are grouped into two tiers. This grouping is at the provider organization level.</p> <p>Member's cost share is based on the tier of the provider from whom he or she receives care.</p> <p>Click here and select "Your Choice 2-Tier" to search for your practice or facility and determine your tier.</p>	<p>Tufts Health Plan network</p>	<p>Appropriately authorized in-plan medically necessary covered services are covered at 100% minus the applicable copayment or coinsurance. For the HMO and EPO plan designs, there is no coverage for unauthorized non-emergency care.</p> <p>For information about access of continuation of care under the Continuity of Care regulations (211 CMR 153.00), refer to the medical necessity guidelines for Continuity of Care Review for Massachusetts members of tiered or limited plans.</p>	<p>POS Your Choice members can choose to use the unauthorized level of their benefits by seeking specialty care outside of the Tufts Health Plan network without a referral, and are then responsible for deductible and coinsurance.</p> <p>Copayment, deductible and coinsurance responsibilities vary by plan design and can be verified by logging in to the eligibility/benefits function on the secure Provider website.</p>

Note: Copayments may vary according to plan design.



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<p>Navigator by Tufts Health Plan™</p>  <p>ABC Corporation Rudy Broome ID#: 889123456 01 Cov: \$10 ER: \$100 SPLC: \$20 Prevention: \$0 Additional copayments may apply Prescriptions, Mental Health: (800) 338-3826 www.tuftshealthplan.com</p> <p>Provider tier updates occur January 1.</p>	No	<p><u>In-network hospitals</u> are grouped into inpatient tiers (copayment levels) in three categories of care: pediatric, obstetric and adult medical/surgical care.</p> <p>Click here to search for your facility and determine your tier.</p>	Members have both in-network and out-of-network coverage	Appropriate medically necessary services are covered at the in-network or out-of-network level of benefits, subject to the applicable copayment, deductible, and/or coinsurance.	<p>Out-of-network level of benefits is subject to the applicable copayment, deductible, and/or coinsurance.</p> <p>Copayment, deductible and coinsurance responsibilities vary by plan design and can be verified by logging in to the eligibility/benefits function on the secure Provider website.</p>
<p>Navigator by Tufts Health Plan for GIC</p>  <p>MEMBER: B. TEST ID#: 99999002 01 Group#: 13356000 Specialist Copayments: PCP Office Visit: \$20 Tier 1: \$30 Tier 3: \$90 Emergency Room: \$100 Tier 2: \$60 All Other: \$60 Additional copayments, deductibles & coinsurance may apply. For the Enrollee Assistance Program or Mental Health or Substance Abuse Treatment, please call: Beacon Health Options at (855) 750-8980 Member Services: (800) 875-9488 Nurse Line: (866) 201-7012 tuftshealthplan.com/gic CVS CAREMARK RxID: 004336 RxPCN: ADV RxGROUP: RXCHP</p> <p>Provider tier updates occur July 1.</p>	Yes	<p><u>In-network hospitals</u> are grouped into inpatient tiers (copayment levels) in three categories of care: pediatric, obstetric and adult medical/surgical care.</p> <p><u>Specialists</u> are grouped into three office visit tiers (copayment levels).</p> <p>Click here to search for your practice or facility and determine your tier.</p>	Members have both in-network and out-of-network coverage	<p>Appropriate medically necessary services are covered at the in-network or out-of-network level of benefits, subject to the applicable copayment, deductible, and/or coinsurance.</p> <p>Mental health coverage is carved out to United Behavioral Health.</p>	<p>Out-of-network level of benefits is subject to the applicable copayment, deductible, and/or coinsurance.</p> <p>Copayment, deductible and coinsurance responsibilities vary by plan design and can be verified by logging in to the eligibility/benefits function on the secure Provider website.</p>



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<p>Tufts Health Plan Spirit</p>  <p>Provider tier updates occur July 1.</p>	No	<p>Tufts Health Plan Spirit is a tiered limited-network PPO product.</p> <p>Members must receive services rendered by providers who are contracted for and participate in the Tufts Health Plan Spirit network.</p> <p><u>In-network hospitals</u> are grouped into inpatient tiers (copayment levels) in three categories of care: pediatric, obstetric and adult medical/surgical care.</p> <p><u>Specialists</u> are grouped into three office visit tiers (copayment levels).</p> <p>Click here to search for your practice or facility and determine your tier.</p>	<p><u>Tufts Health Plan Spirit network</u> – a limited network</p> <p>Click here to determine your participation in this product.</p>	<p>All non-emergency covered services from providers who are contracted for and participate in the Tufts Health Plan Spirit Network are covered.</p> <p>Non-emergent services outside of the Tufts Health Plan Spirit Network are not covered.</p> <p>Mental health coverage is carved out to United Behavioral Health.</p>	<p>Copayment, deductible and coinsurance responsibilities vary by plan design and can be verified by logging in to the eligibility/benefits function on the secure Provider website.</p>
<p>Steward Employee Choice EPO Plan</p> 	Yes	<p>Members 19 and over select a PCP in Tier 1.</p> <p>Members under 19 select a PCP in either Tier 1 or Tier 2.</p> <p>Please note that the Steward Health Care level of benefits (Tier 1) will apply to all services for members under age 19 when using a Tufts Health Plan provider.</p>	<p><u>Steward Employee Choice network</u></p> <p>Refer to tuftshealthplan.com/steward to determine your participation in this product.</p>	<p>Tier 1: Most services are covered in full. Inpatient services are covered in full if admission is through the Emergency Department.</p> <p>Tier 2: Coverage for services provided by non-Steward provider requires a Steward Care Coordination Team referral review.</p>	<p>Copayment, deductible and coinsurance responsibilities vary by plan design and can be verified by logging in to the eligibility/benefits function on the secure Provider website.</p> <p>Tier 2: 50% coinsurance for services rendered outside the Steward Employee Choice network with a Steward Referral Form</p>



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<p>Steward Employee Choice DPO/POS Plan</p>  <p>The ID card for the Steward Employee Choice DPO/POS Plan. It includes the member's name, William Mitchell, and ID# 888123456-01. It lists the Steward level of benefits (Tier 1) and a table of copayments for various services. The table shows: Tier 1: Office Visit (\$10), ER (\$100), Inpatient (\$250), Outpatient (\$100); Tier 2: Office Visit (\$25), ER (\$100), Inpatient (20%), Outpatient (20%); Tier 3: Office Visit (N/A), ER (\$100), Inpatient (30%), Outpatient (30%). It also includes contact information for MedImpact Health Care Systems and Brighton Marine Pharmacy.</p>	<p>Yes- for authorized level of benefits only.</p>	<p>This plan covers preventive and medically necessary health care services and supplies.</p> <p>Members must choose a PCP in either Tier 1 or Tier 2.</p> <p>Members may choose four levels of coverage.</p> <p>Note that the Steward Health Care level of benefits (Tier 1) will apply to all services for members under age 19 when using a Tufts Health Plan provider.</p>	<p>Tier 1 - Steward Employee Choice network</p> <p>Tier 2 - Tufts Health Plan network and Steward Preferred hospitals.</p> <p>Tier 3 - Steward non-preferred hospitals</p>	<p>There are four levels of coverage:</p> <p>Tier 1 - Services covered in full or with a copayment</p> <p>Tier 2 - Services covered, subject to \$25 office visit copayment, individual deductible and coinsurance</p> <p>Tier 3 - Inpatient and outpatient services are subject to deductible and coinsurance.</p> <p>Tier 4 - Unauthorized benefits (applies when covered health care services are not authorized by a PCP)</p>	<p>Services in Tiers 2-4 are subject to deductible and coinsurance.</p> <p>Refer to tuftshealthplan.com/steward for provider tier information.</p>
<p>Steward Community Choice Plan</p>  <p>The ID card for the Steward Community Choice Plan. It includes the member's name, MEMBER02 B. TEST, and ID# 999999015 01. It lists copayments: Preventive: \$0, Office Visit: \$20. It also includes logos for Tufts Health Plan, Steward Community Choice, CVS Caremark, and Cigna. Contact information for Member Services and Nurse Line is provided.</p>	<p>Yes</p>	<p>This plan covers preventive and medically necessary health care services and supplies.</p> <p>Members must choose a PCP and only see specialists who participate in the Steward Community Choice Network.</p>	<p>Steward Community Choice Network</p>	<p>Appropriately authorized in-plan medically necessary services are covered at 100% minus the applicable copayment or coinsurance. There is no coverage for unauthorized non-emergency care.</p>	<p>Copayment responsibilities vary by plan design and can be verified by logging in to the eligibility/benefits function on the secure Provider website.</p>


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<p>Tufts Health Plan Select Network</p>  <p>The image shows a Tufts Health Plan Select Network ID card. It includes the Tufts Health Plan logo, member information (GROUP NAME, MEMBER NAME, ID#, Group#), copayment details (Preventive \$0, OI \$20, ER \$100), and contact information for Member Services and Nurse Line. It also features logos for CVS CAREMARK and Signa.</p>	Yes	<p>This plan covers preventive and medically necessary health care services and supplies.</p> <p>Members must choose a PCP and only see specialists who participate in the Select Network.</p>	Tufts Health Plan Select Network	Appropriately authorized in-plan medically necessary services are covered at 100% minus the applicable copayment or coinsurance. There is no coverage for unauthorized non-emergency care.	Copayment responsibilities vary by plan design and can be verified by logging in to the eligibility/benefits function on the secure Provider website .
<p>Tufts Health Freedom Plan EPO</p>  <p>The image shows a Tufts Health Freedom Plan EPO ID card. It includes the Tufts Health logo, member information (CARD GROUP NAME HERE, MEMBER U. TEST, ID#, Group#), copayment details for Office Visit and Specialist (Tier 1 and Tier 2), and contact information for Member Services and Nurse Line. It also features logos for CVS CAREMARK and Signa.</p>	Yes	<p>This plan covers preventive and medically necessary health care services and supplies.</p> <p>Members must choose a PCP in either Tier 1 or Tier 2.</p>	<p>Tier 1 – Granite Health Care network</p> <p>Tier 2 – Tufts Health Plan network</p>	<p><u>Tier 1</u> - Services covered in full or with the lowest copayment</p> <p><u>Tier 2</u> - Services covered, subject to a higher copayment</p>	<p>Preventive services are covered in full</p> <p>Tier 1 – PCP office visits are subject to a \$20 copayment, Specialist visits are subject to a \$35 copayment</p> <p>Tier 2 – PCP office visits are subject to a \$35 copayment, Specialist visits are subject to a \$45 copayment</p>




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<p>Tufts Health Freedom Plan PPO</p>  <p>The image shows a Tufts Health Freedom Plan PPO ID card. It includes the member name 'MEMBER U. TEST', ID#, Group#, and copayment amounts for ER, Office Visit, and Specialist. It also lists member services, CVS Caremark, and the plan name 'Granite Premier Choice PPO Commercial Plans'.</p>	No	This plan covers preventive and medically necessary health care services and supplies.	<p>Tier 1 – Granite Health Care network</p> <p>Tier 2 – Tufts Health Plan network</p>	<p>Tier 1 - Services covered in full or with a copayment</p> <p>Tier 2 - Services covered, subject to a higher copayment</p>	<p>Preventive services are covered in full</p> <p>Tier 1 – PCP office visits are subject to a \$20 copayment, Specialist visits are subject to a \$35 copayment</p> <p>Tier 2 – PCP office visits are subject to a \$35 copayment, Specialist visits are subject to a \$45 copayment</p>
<p>Lifespan Premier Choice HMO</p>  <p>The image shows a Tufts Health Plan Lifespan Premier Choice HMO ID card. It includes the member name 'MEMBER02 B. TEST', ID#, Group#, and copayment amounts for ER, Office Visit, and Specialist. It also lists member services, CVS Caremark, and the plan name 'Lifespan Premier Choice HMO Commercial Plans'.</p>	Yes	This plan covers preventive and medically necessary health care services and supplies.	<p>Tier 1 – All providers in the Lifespan health system</p> <p>Tier 2 – Any THP Provider (MA, NH, RI not in the Lifespan network)</p> <p>There is no coverage for services outside of Tier 1 and tier 2</p>	<p>There are 2 levels of coverage:</p> <p>Tier 1 – Most services at any Lifespan Provider</p> <p>Maternity Services: -Women & Infants of RI -Any THP Provider (MA, NH, RI)</p> <p>Behavioral Health: -Any Lifespan Provider -Any THP Provider</p> <p>Ancillary Providers: -Any Lifespan Provider -Any THP Provider</p> <p>Designated Urgent Care Centers: -As designated</p> <p>Emergency Services: -Any emergency service provider</p> <p>Tier 2 – Any THP Provider (MA, NH, RI not in the Lifespan network)</p>	<p>Copayment responsibilities vary by plan design and can be verified by logging in to the eligibility/benefits function on the secure provider website.</p>



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<p>Lifespan Premier Choice PPO</p>  <p>The image shows a TUFTS Health Plan ID card for Lifespan Premier Choice PPO. It includes the member's name (MEMBER02 B. TEST), ID#, and Group#. It also lists copayment amounts for ER, Office Visit, and Specialist visits across two tiers. The card features logos for RI, CVS Caremark, and Optima.</p>	<p>No</p>	<p>This plan covers preventive and medically necessary health care services and supplies.</p>	<p>Tier 1 – All providers in the Lifespan health system</p> <p>Tier 2 – Any THP Provider (MA, NH, RI not in the Lifespan network)</p>	<p>There are 2 levels of coverage:</p> <p>Tier 1 – Most services at any Lifespan Provider</p> <p>Maternity Services: -Women & Infants of RI -Any THP Provider (MA, NH, RI)</p> <p>Behavioral Health: -Any Lifespan Provider -Any THP Provider</p> <p>Ancillary Providers: -Any Lifespan Provider -Any THP Provider</p> <p>Designated Urgent Care Centers: -As designated</p> <p>Emergency Services: -Any emergency service provider</p> <p>Tier 2 – Any THP Provider (MA, NH, RI not in the Lifespan network)</p>	<p>Copayment responsibilities vary by plan design and can be verified by logging in to the eligibility/benefits function on the secure provider website.</p>



Senior Plans

Product	PCP/ Referrals Required	Description	Network Coverage	Coverage	Member Cost Share
<p>Tufts Medicare Preferred HMO</p>  <p>The image shows a Tufts Medicare Preferred HMO ID card. It includes the Tufts Health Plan logo, the plan name, and various identification numbers: PCP (FIRSTNAME LA STNAME, MD), RxBin (004338), RxPCN (MEDDADV), RxGRP (RX8657), Issuer (80840), ID (S12345678), and Name (FIRSTNAME M. LA STNAME). It also lists copays for PCP, Spec, and ER visits, and mentions Medicare Rx Prescription Drug Coverage.</p>	Yes	Member must choose a PCP that participates in the Tufts Medicare Preferred HMO Network. Individual and Employer Group plan designs are offered.	Tufts Medicare Preferred HMO Network. Click here to determine your participation in this product.	Members are covered for preventive services at no cost. Other cost shares vary based on plan level and service type. Depending on plan type, members may also receive coverage for Part D drugs. Members also receive coverage for services not covered by Original Medicare, such as annual physicals, routine eye exams, routine eyewear, and more.	Cost share responsibilities vary by plan design and can be verified by logging in to the eligibility/benefits function on the secure Provider website.
<p>Tufts Medicare Preferred Supplement Plan</p>  <p>The image shows a Tufts Medicare Preferred Supplement Plan ID card. It includes the Tufts Health Plan logo, the plan name, and the ID (S12345678) and Name (FIRSTNAME LA STNAME). A note states: 'The Medicare Supplement Plan allows you to be covered for services from any provider who accepts Medicare.' It also shows a photo of medical professionals.</p>	No	This plan is secondary to Original Medicare. It covers what Original Medicare covers and may also cover Part A and Part B deductibles and coinsurances depending on the plan elected by the member. Individual and Employer Group plan designs are offered.	Any provider who accepts Original Medicare. Members do not need to use THP network providers and do not need to seek referrals.	Members are covered for Medicare covered services and some services that are not covered by Original Medicare, such as worldwide emergency and urgent care as well as an annual Fitness/Nutrition Allowance reimbursement. Additional coverage for services not covered by Original Medicare varies by plan. Plan does not provide coverage for Part D prescription drugs.	Cost share responsibilities vary by plan design, but may include Part A and Part B deductibles, coinsurance, or copayments. Cost share responsibilities can be verified by logging in to the eligibility/benefits function on the secure Provider website.
<p>Tufts Medicare Preferred Prescription Drug Plan</p>  <p>The image shows a Tufts Medicare Preferred Prescription Drug Plan ID card. It includes the Tufts Health Plan logo, the plan name, and various identification numbers: RxBin (004338), RxPCN (MEDDADV), RxGRP (RX8658), Issuer (80840), ID (S12345678), and Name (FIRSTNAME LA STNAME). It also mentions Medicare Rx Prescription Drug Coverage.</p>	No	This plan is for Part D prescription drug coverage only. Plan designs are only available to Employer Groups.	Any participating PCS pharmacy	Members are covered for Part D prescription drugs listed on the formulary. Drugs in the formulary are covered as Tier 1, Tier 2, or Tier 3. Some drugs include restrictions such as prior authorization, step therapy, or quantity limits.	Cost share responsibilities depend on plan type, tier of drug, quantity filled, and whether it is received through retail or mail order. Cost share responsibilities can be verified by logging in to the eligibility/benefits function on the secure Provider website.




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<p>Tufts Health Plan Senior Care Options HMO</p>  <p>The image shows a Tufts Health Plan ID card for Senior Care Options (HMO SNP). It includes the Tufts logo, plan name, PCP information, copays for PCP, Spec, and ER, Medicare Rx information, and a yellow bar at the bottom for the ID number and name.</p>	Yes	<p>This plan is for members who are eligible for Medicare and MassHealth Standard (Medicaid) and are age 65+.</p> <p>Each member is assigned a Care Manager who helps coordinate the members care along with the PCP and specialists.</p>	<p>Tufts Health Plan SCO Network</p> <p>Click here to determine your participation in this product.</p>	<p>Coverage includes services covered by MassHealth Standard (Medicaid) and Medicare.</p> <p>Members will have no out-of-pocket expenses for covered services and for prescription drugs in our formulary or select over-the-counter drugs prescribed by the member's doctor.</p> <p>Members also receive coverage for services not covered by Original Medicare, such as annual physicals, routine eye exams, routine eyewear, and more.</p>	<p>Members have no cost shares for covered services and for prescription drugs in our formulary or select over-the-counter drugs prescribed by the member's doctor.</p> <p>Coverage can be verified by logging in to the eligibility/benefits function on the secure Provider website.</p>
<p>Tufts Health Plan Senior Care Options</p>  <p>The image shows a Tufts Health Plan ID card for Senior Care Options. It includes the Tufts logo, plan name, PCP information, copays for PCP, Spec, and ER, and a yellow bar at the bottom for the ID number and name.</p>	Yes	<p>This plan is for members who are eligible for MassHealth Standard (Medicaid) only and are age 65+.</p> <p>Each member is assigned a Care Manager who helps coordinate the members care along with the PCP and specialists.</p>	<p>Tufts Health Plan SCO Network</p> <p>Click here to determine your participation in this product.</p>	<p>Coverage includes all services covered by MassHealth Standard (Medicaid) and Medicare.</p> <p>Members will have no out-of-pocket expenses for covered services and for prescription drugs in our formulary or select over-the-counter drugs prescribed by the member's doctor.</p> <p>Members also receive coverage for services not covered by Original Medicare, such as annual physicals, routine eye exams, routine eyewear, and more.</p>	<p>Members have no cost shares for covered services and for prescription drugs in our formulary or select over-the-counter drugs prescribed by the member's doctor.</p> <p>Coverage can be verified by logging in to the eligibility/benefits function on the secure Provider website.</p>







Tufts Health Public Plans

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<p>Tufts Health Direct</p>  <p>The image shows a Tufts Health Direct ID card. It includes the Tufts Health Plan logo, member information (Member ID #, Name: SUSAN A. SAMPLE, Cost sharing: OV: \$XX/\$XX, Preventive: \$0, ER: \$XXX, RX: \$XX.XX/\$X.XX/\$X.XX, RX mail: \$XX/\$X.XX/\$XX.XX), plan level (CONNECTORCARE PLAN TYPE II), and contact information (CVS/caremark customer service: 800.577.5339, Member services: 888.257.1985 (TTY: 711), tuftshealthplan.com).</p>	<p>Varies See ID card</p>	<p>A focused-network plan for individuals and small groups.</p> <p>This is a qualified health plan (QHP) governed by the Health Connector and the Massachusetts Division of Insurance (DOI)</p> <p>Includes coverage as a State-Wrap ConnectorCare plan.</p>	<p>Tufts Health Public Plans – Tufts Health Direct Network</p> <p>Click here to determine your participation in this product.</p>	<p>Includes 11 plan levels for 2018:</p> <ul style="list-style-type: none"> Direct ConnectorCare Plan Type I Direct ConnectorCare Plan Type II Direct ConnectorCare Plan Type III Direct Platinum Direct Gold 750 with Co-insurance Direct Gold 1000 Direct Silver 2000 Direct Silver 2500 with Co-insurance Direct Bronze 2500 Direct Bronze 3500 with Co-insurance Direct Catastrophic 	<p>Copayment responsibilities vary by plan design and can be verified by logging in to the eligibility/benefits function on Tufts Health Provider Connect.</p>
<p>Tufts Health RITogether</p>  <p>The image shows a Tufts Health RITogether ID card. It includes the Tufts Health Plan logo, member information (Member ID #, Rhode Island Health ID #, Name: Rita Williams, Plan Type: Rite Care), PCP referral required status, PCP information (Name, Address, City, State, Phone), and contact information (CVS/caremark customer service: 877.663.8174, Member services: 888.257.1985 (TTY: 711), tuftshealthplan.com).</p>	<p>Varies See ID card</p>	<p>A Rhode Island Medicaid plan.</p> <p>Governed by the Rhode Island Executive Office of Health and Human Services (EOHHS).</p>	<p>Tufts Health Public Plans – Tufts Health RITogether Network</p> <p>Click here to determine your participation in this product.</p>		<p>No member cost share for medical services.</p> <p>Copayments on Pharmacy vary by plan design and can be verified by logging in to the eligibility/benefits function on Tufts Health Provider Connect.</p>

Tufts Health Public Plans

<p>Tufts Health Together</p>  <p>The image shows a Tufts Health Together ID card. It features the Tufts Health Plan logo at the top left. Below the logo, it says "Tufts Health Together A MassHealth Plan". The card displays member information: "Member ID #: NXXXXXXXXXX", "MassHealth ID #: NXXXXXXXXXXXX", "Member: SUSAN A SAMPLE", and "Plan type: MassHealth XXXXXXX". At the bottom, it provides contact information: "CVS/Carmark customer service: 877.683.6874", "Member services: 888.257.1985 (TTY: 711)", and the website "tuftshealthplan.com/together".</p>	<p>Varies See ID card</p>	<p>A MassHealth plan for individuals under 65.</p> <p>Governed by MassHealth in the Executive Office of Health and Human Services (EOHHS).</p>	<p>Tufts Health Public Plans – Tufts Health Together Network</p> <p>Click here to determine your participation in this product.</p>	<p>Includes four plan levels:</p> <ul style="list-style-type: none"> Standard CommonHealth Family Assistance Care Plus 	<p>No member cost share for medical services.</p> <p>Copayments on Pharmacy vary by plan design and can be verified by logging in to the eligibility/benefits function on Tufts Health Provider Connect.</p>
<p>Tufts Health Together with Atrius Health</p>  <p>The image shows a Tufts Health Together with Atrius Health ID card. It features the Tufts Health Plan logo and the Atrius Health logo at the top left. Below the logos, it says "Tufts Health Together with Atrius Health A MassHealth Plan". The card displays member information: "Member ID #: NXXXXXXXXXX", "MassHealth ID #: NXXXXXXXXXXXX", "Member: SUSAN A SAMPLE", and "Plan type: MassHealth XXXXXXX". At the bottom, it provides contact information: "CVS/Carmark customer service: 877.683.6874", "Member services: 888.257.1985 (TTY: 711)", and the website "TuftsHealthTogether.com/AtriusHealth".</p>	<p>Varies See ID card</p>	<p>A MassHealth plan for individuals under 65.</p> <p>Governed by MassHealth in the Executive Office of Health and Human Services (EOHHS).</p>	<p>Tufts Health Public Plans – Tufts Health Together with Atrius Health Network</p> <p>Click here to determine your participation in this product.</p>		<p>No member cost share for medical services.</p> <p>Copayments on Pharmacy vary by plan design and can be verified by logging in to the eligibility/benefits function on Tufts Health Provider Connect.</p>
<p>Tufts Health Together with BIDCO</p>  <p>The image shows a Tufts Health Together with BIDCO ID card. It features the Tufts Health Plan logo and the Beth Israel Deaconess Care Organization logo at the top left. Below the logos, it says "Tufts Health Together with BIDCO A MassHealth Plan". The card displays member information: "Member ID #: NXXXXXXXXXX", "MassHealth ID #: NXXXXXXXXXXXX", "Member: SUSAN A SAMPLE", and "Plan type: MassHealth XXXXXXX". At the bottom, it provides contact information: "CVS/Carmark customer service: 877.683.6874", "Member services: 888.257.1985 (TTY: 711)", and the website "TuftsHealthTogether.com/BIDCO".</p>	<p>Varies See ID card</p>	<p>A MassHealth plan for individuals under 65.</p> <p>Governed by MassHealth in the Executive Office of Health and Human Services (EOHHS).</p>	<p>Tufts Health Public Plans – Tufts Health Together with BIDCO Network</p> <p>Click here to determine your participation in this product.</p>		<p>No member cost share for medical services.</p> <p>Copayments on Pharmacy vary by plan design and can be verified by logging in to the eligibility/benefits function on Tufts Health Provider Connect.</p>

Tufts Health Public Plans

Product	PCP/ Referrals Required	Description	Network Coverage	Coverage	Member Cost Share
<p>Tufts Health Together with Boston Children's ACO</p>   <p>Tufts Health Together with Boston Children's ACO A MassHealth Plan</p> <p>Member ID #: NXXXXXXXXXX MassHealth ID #: NXXXXXXXXXXXXXX Member: SUSAN A. SAMPLE Plan type: MassHealth XXXXXXXX</p> <p>CVS/caremark customer service: 8776814174 Member services: RXBIN: 004336 RXPCN: ADV 888.257.1985 (TTY: 711) RXGRP: RX0143 TuftsHealthTogether.com/BCACO</p>	<p>Varies See ID card</p>	<p>A MassHealth plan for individuals under 65.</p> <p>Governed by MassHealth in the Executive Office of Health and Human Services (EOHHS).</p>	<p>Tufts Health Public Plans – Tufts Health Together with Boston Children's ACO Network</p> <p>Click here to determine your participation in this product.</p>		<p>No member cost share for medical services.</p> <p>Copayments on Pharmacy vary by plan design and can be verified by logging in to the eligibility/benefits function on Tufts Health Provider Connect.</p>
<p>Tufts Health Together with CHA</p>   <p>Tufts Health Together with CHA A MassHealth Plan</p> <p>Member ID #: NXXXXXXXXXX MassHealth ID #: NXXXXXXXXXXXXXX Member: SUSAN A. SAMPLE Plan type: MassHealth XXXXXXXX</p> <p>CVS/caremark customer service: 8776814174 Member services: RXBIN: 004336 RXPCN: ADV 888.257.1985 (TTY: 711) RXGRP: RX0143 TuftsHealthTogether.com/CHA</p>	<p>Varies See ID card</p>	<p>A MassHealth plan for individuals under 65.</p> <p>Governed by MassHealth in the Executive Office of Health and Human Services (EOHHS).</p>	<p>Tufts Health Public Plans – Tufts Health Together with CHA Network</p> <p>Click here to determine your participation in this product.</p>		<p>No member cost share for medical services.</p> <p>Copayments on Pharmacy vary by plan design and can be verified by logging in to the eligibility/benefits function on Tufts Health Provider Connect.</p>
<p>Tufts Health Unify</p>  <p>Tufts Health Unify A Medicare-Medicaid Plan for Ages 21 - 64 Tufts Health Public Plans, Inc.</p>  <p>Member name: SUSAN A. SAMPLE Member ID: NXXXXXXXXXXXXXX Health plan: (00840) XXXX XXX XXX</p> <p>Care coordinator phone: 855.393.3154</p> <p>H7419 Plan Benefit Package #1</p> <p>RxBIN: 004336 RxPCN: MEDADV RxGRP: RX0519 RxID: NXXXXXXXXXXXXXX</p>	<p>Yes</p>	<p>A Medicare and Medicaid plan for individuals ages 21 to 64. Each member is assigned a Care Manager who helps coordinate the members care along with the PCP and specialists.</p> <p>Governed by MassHealth in the Executive Office of Health and Human Services (CMS).</p>	<p>Tufts Health Public Plans – Tufts Health Unify Network</p> <p>Click here to determine your participation in this product.</p>	<p>Appropriately authorized in-plan medically necessary services are covered at 100%.</p>	<p>All covered services are covered in full.</p>