







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 portal.</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 portal.</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 COP: \$10 ER: \$100 SPEC: \$20 Prevention: \$0 Additional copayments may apply Prescriptions: Metro Health: (800) 336-3826 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 portal.</p> |
| <p>Navigator by Tufts Health Plan for GIC</p>  <p>MEMBER02 B. TEST ID#: 999999002 01 Group#: 13355000 Specialist Copayments PCP Office Visit: \$20 Tier 1: \$20 Tier 3: \$90 Emergency Room: \$100 Tier 2: \$60 All Other: \$66 Additional copayments, deductibles & coinsurance may apply. For the Enrollee Assistance Program or Mental Health or Substance Abuse Treatment, please call: Deacon Health Options at (855) 750-6980 Member Services: (800) 875-9488 RxBin: 004336 Nurse Line: (888) 201-7912 RCPIN: ACV tuftshealthplan.com/gic CVS CAREMARK RxCROUP: RXTHP</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 portal.</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 portal.</p> |
| <p>Steward Community Choice Plan</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 Steward Community Choice Network.</p> | Steward Community Choice Network | <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 portal.</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, the text 'Select Network HMO Plan Commercial Plans tuftshhealthplan.com LIMITED NETWORK', and fields for 'GROUP NAME', 'MEMBER NAME', and 'ID#: 999999999 01 Group#: 99999000'. Copayment information is listed: Preventive: \$0, O.V. \$20, ER: \$100. Contact information for Member Services (800) 462-0224 and Nurse Line (800) 201-7919 is provided. Logos for CVS CAREMARK and Signa are also visible.</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 secure Provider portal . |
| <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 and the text 'Granite Premier Choice EPO Commercial Plans'. Fields include 'CARD GROUP NAME HERE', 'MEMBER U. TEST', and 'ID#: 999990099 01 Group#: 99999003'. Copayment information is listed: ER: \$150, Preventive: \$0, Office Visit (Tier 1: \$20, Tier 2: \$35), and Specialist (Tier 1: \$30, Tier 2: \$45). Contact information for Member Services (888) 501-6048 and Nurse Line (800) 201-7919 is provided. Logos for CVS CAREMARK and NH are also visible.</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 Rx information.</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 Rx information.</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 secure Provider portal.</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#, Group#, and copayment amounts for various services. It also features logos for CVS Caremark and RI Digital.</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 portal.</p> |


Senior Plans

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|---|-------------------------------|---|--|--|---|
| <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 text 'Tufts Medicare Preferred HMO', and fields for PCP (FIRSTNAME LA STNAME, MD), Copays (SXX, PCP OV, SXX, Spec OV, SXX, ER), MedicareRx (Prescription Drug Coverage), ID (S12345678), Issued (MM/DD/YYYY), and Name (FIRSTNAME M. LA STNAME). The card has a green footer.</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 secure Provider portal . |
| <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 text 'Tufts Medicare Preferred Supplement Plan', ID (S12345678), Issued (MM/DD/YYYY), and Name (FIRSTNAME LA STNAME). Below the name is a photo of five healthcare professionals. A text box states: 'The Medicare Supplement Plan allows you to be covered for services from any provider who accepts Medicare.' The card has a blue footer.</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 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 portal . |
| <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 text 'Tufts Medicare Preferred Prescription Drug Plan', MedicareRx (Prescription Drug Coverage), ID (S12345678), Issued (MM/DD/YYYY), and Name (FIRSTNAME LA STNAME). The card has a red footer.</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 portal . |


Senior Plans

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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 Health Plan logo, the member's PCP name (FIRSTNAME LASTNAME, MD), and copay amounts: \$0 for PCP visits, \$0 for specialty visits, and \$0 for emergency room visits. It also lists the Rx BIN (004336), PCN (MEDDADV), GRP (RX9657), and issuer (80840). The ID number is S12345678, issued on MM/DD/YYYY, and the name is FIRSTNAME LASTNAME.</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 portal.</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 Health Plan logo, the member's PCP name (FIRSTNAME LASTNAME, MD), and copay amounts: \$0 for PCP visits, \$0 for specialty visits, and \$0 for emergency room visits. It also lists the Rx BIN (004336), PCN (ADV), GRP (RXTHP), and issuer (80840). The ID number is S12345678, issued on MM/DD/YYYY, and the name is FIRSTNAME LASTNAME.</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 portal.</p> |


Tufts Health Public Plans

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|--|-------------------------------|--|---|--|---|
| <p>Tufts Health Direct</p>  | No | <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 13 plan levels for 2021:</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 Direct Gold 2000 Direct Silver 2000 Direct Silver 2000 II Direct Silver 2000 HSA Direct Silver 2500 with Coinsurance Direct Bronze 2700 Direct Bronze 3550 with Coinsurance Direct Catastrophic | <p>Copayment responsibilities vary by plan design and can be verified by logging in to the eligibility/benefits function on the secure Provider portal.</p> |


Tufts Health Public Plans

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|--|-------------------------------|--|---|----------|--|
| <p>Tufts Health RITogether</p>  | <p>Varies See ID card</p> | <p>A Rhode Island Medicaid plan. Governed by the Rhode Island Executive Office of Health and Human Services (EOHHS).</p> | <p><u>Tufts Health Public Plans – Tufts Health RITogether Network</u> Click here to determine your participation in this product.</p> | | <p>No member cost share for medical services. Copayments on Pharmacy vary by plan design and can be verified by logging in to the eligibility/benefits function on the secure Provider portal.</p> |


Tufts Health Public Plans

| Product | PCP/ Referrals Required | Description | Network Coverage | Coverage | Member Cost Share |
|---|-------------------------------|---|--|---|--|
| <p>Tufts Health Together</p>  | <p>Varies See ID card</p> | <p>A MassHealth plan for individuals under 65. Governed by MassHealth in the Executive Office of Health and Human Services (EOHHS).</p> | <p>Tufts Health Public Plans – Tufts Health Together Network Click here to determine your participation in this product.</p> | <p>Includes four plan levels: Standard CommonHealth Family Assistance Care Plus</p> | <p>No member cost share for medical services. Copayments on Pharmacy vary by plan design and can be verified by logging in to the eligibility/benefits function on the secure Provider portal.</p> |


Tufts Health Public Plans

| Product | PCP/ Referrals Required | Description | Network Coverage | Coverage | Member Cost Share |
|--|-------------------------------|--|--|----------|---|
| <p>Tufts Health Together with Atrius Health</p>  | <p>Varies See ID card</p> | <p>A MassHealth plan for individuals under 65. 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 Click here to determine your participation in this product.</p> | | <p>No member cost share for medical services. Copayments on Pharmacy vary by plan design and can be verified by logging in to the eligibility/benefits function on the secure Provider portal.</p> |


Tufts Health Public Plans

| Product | PCP/ Referrals Required | Description | Network Coverage | Coverage | Member Cost Share |
|--|-------------------------------|---|---|----------|--|
| <p>Tufts Health Together with BIDCO</p>  | <p>Varies See ID card</p> | <p>A MassHealth plan for individuals under 65. 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 Click here to determine your participation in this product.</p> | | <p>No member cost share for medical services. Copayments on Pharmacy vary by plan design and can be verified by logging in to the eligibility/benefits function on the secure Provider portal.</p> |





Tufts Health Public Plans

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|--|-------------------------------|--|--|----------|---|
| <p>Tufts Health Together with Boston Children's ACO</p>  | <p>Varies See ID card</p> | <p>A MassHealth plan for individuals under 65. 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 Click here to determine your participation in this product.</p> | | <p>No member cost share for medical services. Copayments on Pharmacy vary by plan design and can be verified by logging in to the eligibility/benefits function on the secure Provider portal.</p> |

Tufts Health Public Plans

| Product | PCP/ Referrals Required | Description | Network Coverage | Coverage | Member Cost Share |
|--|-------------------------------|---|---|----------|--|
| <p>Tufts Health Together with CHA</p>  | <p>Varies See ID card</p> | <p>A MassHealth plan for individuals under 65. 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 Click here to determine your participation in this product.</p> | | <p>No member cost share for medical services. Copayments on Pharmacy vary by plan design and can be verified by logging in to the eligibility/benefits function on the secure Provider portal.</p> |

Tufts Health Public Plans

| Product | PCP/ Referrals Required | Description | Network Coverage | Coverage | Member Cost Share |
|---|-------------------------------|---|---|--|---|
| <p>Tufts Health Unify</p> <div data-bbox="84 272 611 613">  <p>TUFTS Health Plan</p> <p><i>Tufts Health Unify</i> A Medicare-Medicaid Plan for Ages 21 - 64 Tufts Health Public Plans, Inc.</p> <p>Member name: TEST MEMBER001 Member ID: #####01</p> <p>Care coordinator phone: 855.393.3154</p> <p>MEMBER CANNOT BE CHARGED</p> <p>PCP/Specialist: \$0 ER: \$0 RX: \$0</p> <p>H7419 Plan Benefit Package #1</p>  <p>RxBIN: 004336 RxPCN: MEDDADV RxGRP: RX8519 RxID: #####01</p> </div> <div data-bbox="84 654 611 979">  <p>TUFTS Health Plan</p> <p><i>Tufts Health Unify</i> A Medicare-Medicaid Plan for Ages 21 - 64 Tufts Health Public Plans, Inc.</p> <p>Member name: TEST MEMBER002 Member ID: N#####01</p> <p>Care coordinator phone: 855.393.3154</p> <p>MEMBER CANNOT BE CHARGED</p> <p>PCP/Specialist: \$0 ER: \$0 RX: \$0</p> <p>H7419 Plan Benefit Package #1</p>  <p>RxBIN: 004336 RxPCN: MEDDADV RxGRP: RX8519 RxID: N#####01</p> </div> | Yes | <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><u>Tufts Health Public Plans – Tufts Health Unify Network</u></p> <p>Click here to determine your participation in this product.</p> | Appropriately authorized in-plan medically necessary services are covered at 100%. | All covered services are covered in full. |