

PCP Required	√	Referral Required	√
In-Network Coverage	√	Out-of-Network Coverage	
Copayments	√	Deductible/Coinsurance	√

Description

Advantage HMO (AHMO) is a front-end deductible option, which means that a deductible must be satisfied, for certain covered services, before the Plan’s benefits begin. This is what differentiates this plan from a standard HMO plan option such as Premium or Basic. However, preventive care services and emergency room visits are not subject to the deductible, and in most cases, only a copayment will apply.

Upon enrollment, AHMO Members must select a PCP from within the Tufts Health Plan network for medical management of care. Referrals are needed to authorize specialty care.

Coverage

The plan covers appropriately authorized, medically necessary services at 100% of the in-network level of benefits minus the applicable copayment or deductible. Copayments vary by employer design and can be verified by referencing one of our [electronic services](#) options.

Members are responsible for a copayment when obtaining authorized in-network preventive care services.

In general, for in-network services, AHMO covers many services either at 100% or with a copayment. However, certain services are subject to a deductible before benefits are payable. Unauthorized care is limited to emergency services only.

The PCP must authorize specialty care with either an electronic or written referral, with some exceptions, such as emergency department services, annual eye exam, and annual gynecological exam. In the rare instance that it is necessary for an AHMO Member to be treated by a provider outside of the Tufts Health Plan network, a paper referral form must be completed and signed by the PCP and the Physician Reviewer associated with the PCP’s Provider Organization.

Prior to submitting a referral request to a Physician Reviewer, the PCP should confirm that a specialist in the Tufts Health Plan network could not provide a comparable level of care. Referrals that require physician reviewer approval should be sent directly to the attention of the provider organization Physician Reviewer before being sent to Tufts Health Plan.

The Physician Reviewer is responsible for reviewing referrals issued to specialty care providers who are not affiliated with Tufts Health Plan or for out-of-area specialty care services. The Physician Reviewer will either approve and sign the referral form or offer an appropriate in-plan provider option.

The copayment and deductible are waived for authorized routine/preventive testing and lab work such as immunizations, mammograms, pap smears, prostate screenings, cholesterol tests, STD/HIV testing, and other routine/preventive testing.

[Preventive care services](#) that are subject to a copayment include annual and routine office visits, eye exams, OB/GYN exams, specialist consultations, and outpatient mental health and substance abuse. Preventive care is determined by the Massachusetts Health Quality Partners Preventive Care Guidelines. A complete list can be found on the [Preventive Health Guidelines](#) page of the Tufts Health Plan Web site.

A deductible is taken for inpatient hospital care and day surgery, as well as outpatient services such as diagnostic lab, x-ray, any treatments or procedures due to illness, home health care, and early intervention services. Once the plan deductible has been satisfied, then benefits are payable at 100%. There is no coinsurance associated with this Plan.

The Member's responsibility for covered services is determined through the submission and processing of a claim. The statement of account will display the Member's responsibility and the Member should then be billed appropriately. A copy of this statement will also be sent to the Member.

For information about Mental Health and Substance Abuse, reference the [Outpatient Mental Health and Substance Abuse Payment Policy](#) or the [Inpatient and Intermediate Mental Health and Substance Abuse Payment Policy](#).

Authorization

[Preregistration](#) is required for all inpatient admissions prior to rendering services.

[Prior authorization](#) by Tufts Health Plan's Precertification Department is required for certain procedures and services. For a complete description of Tufts Health Plan's authorization and notification requirements, reference the [Authorization and Notification Payment Policy](#).