

PCP Required ¹	√	Referral Required ²	√
In-Network Coverage	√	Out-of-Network Coverage	√
Copayments	√	Deductible/Coinsurance	√

Description

Tufts Health Plan’s Advantage Saver plans require that a deductible for certain services be satisfied before the Plan pays in full for covered services. Some employer groups with Advantage Saver products will also offer a [Health Savings Account](#) (HSA) that can be used to pay for qualified medical expenses incurred by the account holder and his/her eligible dependents.

Advantage Saver plans include an out-of-pocket maximum that is determined by the employer group. Both medical and pharmacy services are applied to the deductible. This distinguishes Advantage Saver plans from other Tufts Health Plan Advantage plans having a deductible, such as Advantage HMO and Advantage PPO.

Advantage Saver Members who have a HSA may use HSA funds to cover any IRS 213(d) qualifying expense, including services not covered under the Member’s specific plan. Tufts Health Plan currently offers three Advantage Saver plans:

- Advantage HMO Saver
- Advantage EPO Saver
- Advantage PPO Saver

Advantage HMO Saver and **Advantage EPO Saver** Members must select a PCP from within the Tufts Health Plan network. Referrals are required to authorize specialty care.

Advantage PPO Saver Members are assigned to either the Tufts Health Plan provider network or to the Private Health Care System (PCHS) provider network, based on where the Member resides in the Tufts Health Plan network or whether the employer group offers both provider networks. Members are covered at the in-network level of benefits when receiving covered services from providers in their assigned network, and at the out-of-network level for covered services received from providers outside their assigned network.

Coverage

Advantage Saver plans cover medically necessary services according to the terms of the Member’s benefit document.

Note: Under Advantage Saver plans, all covered services, with the exception of certain [preventive care services](#), are subject to a deductible. All covered medical and pharmacy services are applied to a single deductible.

Advantage HMO Saver and **Advantage EPO Saver** Members are covered for authorized services only, with the exception of emergency services. Members pay a copayment for some covered services and are responsible for a deductible for other covered services.

¹ PCPs are required for Advantage HMO and EPO Saver Products
² Referrals are required for Advantage HMO and EPO Saver Products

Advantage PPO Saver Members are covered at the in-network or out-of-network level of benefits. In general, for in-network services Members pay a copayment for some services and a deductible for other covered services. For services received from a non-contracting provider, the Member is responsible for a deductible and coinsurance. Those amounts vary by employer group and can be verified by referencing one of our [electronic services](#) options.

Authorization

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

[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](#).