

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

Description

The Advantage PPO (APPO) Plan is a Preferred Provider Organization (PPO) option that differs from the standard PPO plan option in how it covers in-network services.

Upon enrollment, APPO Members are assigned to either the Tufts Health Plan provider network or the Private Health Care System (PHCS) provider network, based on where the Member resides in the Tufts Health Plan service area or if the employer group offers both provider networks. The Tufts Health Plan network consists of Tufts Health Plan contracting providers only. In general, for in-network services, the APPO option requires Members to pay a copayment for some covered services and a deductible for other covered services.

Members enrolled in this network will receive authorized benefits when receiving services from a Tufts Health Plan contracting provider only. If a member receives services from a non-contracting provider, Members would be responsible for their deductible and coinsurance.

Authorized and unauthorized copayment, deductible, and/or coinsurance responsibilities vary by employer group.

Private Health Care Systems Network

The PHCS network is assigned to Members who live outside of the Tufts Health Plan service area. The network consists of non-contracting providers who have agreed to bill Tufts Health Plan instead of having the Member pay up-front for services

Members enrolled in the PHCS network will receive in-network benefits only when a PHCS network provider performs the service(s)

When a non-contracting PHCS provider performs the service(s), Members will receive out of network benefits. Copayment, deductible, and coinsurance responsibilities vary by employer group.

Note: Providers who are a part of both networks should follow the network policies of the Member's assigned network. Member ID cards indicate if a Member is assigned to the PHCS network.

Coverage

The plan covers medically necessary covered services at the in-network or out-of-network level of benefits, subject to the applicable copayment, deductible and/or coinsurance. Copayments, deductibles and/or coinsurance vary by plan design and can be verified by referencing one of our [electronic services](#) options.

[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.

Other types of in-network services, including diagnostic tests, are subject to the Member's deductible. Inpatient care and day surgery in the network are subject to the Member's deductible, however, the services may also require a copayment. All out of network care is subject to the Member's deductible and coinsurance. However, preventive care services and emergency room visits are not subject to the deductible, and in most cases, only a copayment will apply.

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

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 Plans authorization and notification requirements, reference the [Authorization and Notification Payment Policy](#).

Mental Health and Substance Abuse

Outpatient

APPO Members covered by Tufts Health Plan do not require any authorization for outpatient mental health/substance abuse services. Services will be covered up to the Member's benefit limit at the authorized level when a Tufts Health Plan contracting provider renders any related mental health services.