

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

Description

The Tufts Health Plan Medicare Preferred HMO Plan is a managed care plan offered under the CMS Medicare Advantage program. Enrollees in Tufts Medicare Preferred HMO must meet certain eligibility requirements including enrollment in both parts A and B of Medicare coverage. All Members are required to choose a PCP participating in the Tufts Health Plan Medicare Preferred HMO network. Enrollees assign their Medicare benefits to Tufts Health Plan when they enroll. Tufts Health Plan Medicare Preferred HMO provides the standard Medicare coverage plus additional specific benefits.

Members are responsible for paying office visit copayments as applicable.

Providers should request that Tufts Health Plan Medicare Preferred HMO Members sign a CMS-approved, [Tufts Health Plan Medicare Preferred Notice of Financial Liability form](#) for services rendered without PCP authorization. Members will not be liable for payment for services, even when a referral is not on file, unless they are informed of the potential for liability before each service is rendered.

For questions regarding any Tufts Health Plan Medicare Preferred HMO Member, contact the Tufts Health Plan Medicare Preferred Customer Relations Department at 1-800-279-9022.

Coverage

The Plan covers appropriately authorized, medically necessary covered services at 100% less the applicable copayment. Refer to the Member's ID card for the specific copayment amount. There is no coverage for unauthorized, non-emergency or non-urgent care.

Members are required to know and understand their benefits.

Authorization

Tufts Health Plan Medicare Preferred HMO Members must obtain an electronic or written referral from their PCP for coverage of specialty care services. Tufts Health Plan Medicare Preferred HMO specialty providers must inform Members of their potential liability for payment for unauthorized services.

[Preregistration](#) is required for all ambulatory surgical day care services and inpatient admissions prior to rendering services.