

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

Description

The Tufts Health Plan Medicare Preferred PPO Plan is a managed care plan offered under the CMS Medicare Advantage Program. Enrollees in Tufts Health Plan Medicare Preferred PPO must be entitled to Medicare Part A, enrolled in Medicare Part B, and must continue to pay Medicare premiums. Tufts Health Plan Medicare Preferred PPO provides the standard Medicare coverage plus additional specific benefits.

Members do not need to select a primary care physician (PCP) and do not need to obtain referrals. Tufts Medicare Preferred PPO Members have the freedom to receive services from any Medicare participating provider. They may choose either a contracting Tufts Health Plan Medicare Preferred PPO plan provider or an out-of-network Medicare participating provider.

Coverage

The plan covers appropriately authorized, medically necessary covered services at the in-network and out-of-network level of benefits, subject to the applicable copayment, deductible, and/or coinsurance.

Tufts Health Plan Medicare Preferred PPO has a network of Medicare participating contracting plan providers (e.g., physician, specialist, or hospital). If the Member chooses to receive covered services from a Medicare participating contracting plan provider, the Member's out of pocket costs are less than if the Member chooses to receive covered services from a Medicare out-of-network provider.

If a Member chooses to receive covered services from a Medicare out-of-network provider (e.g., physician, specialist, or hospital), the Member's out-of-pocket costs will be higher.

Authorization

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

Prior authorization is required for outpatient physical therapy after the initial evaluation.