

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

**Description**

Navigator by Tufts Health Plan is a Preferred Provider Organization (PPO) plan. Members do not need to designate a primary care physician (PCP) or obtain referrals for covered services.

Members will receive authorized benefits when receiving services from a Tufts Health Plan contracting provider only. If a non-contracting provider renders services, Members will receive unauthorized benefits. Authorized and unauthorized copayments, deductibles and/or coinsurance responsibilities vary by employer group.

A unique component of Navigator by Tufts Health Plan is that hospitals are grouped into inpatient copayment levels based on their quality-cost score in three categories of care: pediatric, obstetric, and adult medical/surgical care. Most Massachusetts acute care contracting hospitals are grouped into copayment/coinsurance levels. The hospitals are measured for the quality of care they provide and the cost at which they provide it.

To help provide a fair comparison across the network, scores are adjusted for the relative severity of patients treated by each hospital and are evaluated annually.

Tiering methodology includes a three-tier plan design for obstetrics and adult medical/surgical care. Inpatient pediatric services will be grouped into two tiers with varying copayment amounts. The copayment amounts for these services also vary by employer group

There are some hospitals and services that are covered, but are not grouped into copayment/coinsurance levels.

These include:

- Hospitalizations at New England Baptist Hospital, Massachusetts Eye and Ear Infirmary, and the Dana Farber Cancer Institute are covered with the standard copayment/coinsurance.
- Hospitalizations at facilities with fewer than 100 admissions for pediatrics or obstetrics are covered at the standard copayment/coinsurance.
- Hospitalizations at authorized facilities outside of Massachusetts for adults and children are covered at the standard copayment/coinsurance.
- Hospitalizations for covered newborns who stay in the hospital beyond their mother’s discharge date are covered with no additional copayment.
- Covered transplants at network Centers of Excellence are covered at the lowest copayment/coinsurance level.
- Inpatient care services such as: rehabilitation services, extended care and skilled nursing services at a skilled nursing facility, a rehabilitation hospital, and chronic care facility are not subject to copayment levels.

Effective July 1, 2006, some employer groups have elected lower office visit copayments when members seek services from certain surgical specialist whose primary hospital affiliation is with an adult medical/surgical facility grouped at the lower copayment, deductible and/or coinsurance.

The surgical specialists include general, hand, orthopedic, neurology, thoracic, general vascular, plastic & reconstructive, colon & rectal and urology. All other surgical specialists, who do not fall within both components of the specified criteria, will take the take the higher copayment.

## Coverage

Members are not required to designate a PCP and can choose to see any in network provider for care at the in network level of benefits. Members are required to pay any applicable copayment for services. If a Member chooses to see a provider that is outside of the Tufts Health Plan network, the Member will be responsible for a deductible and coinsurance. Authorized and unauthorized copayments, deductibles and/or coinsurance responsibilities vary by employer group.

## Authorization

[Preregistration](#) is required for all inpatient services require 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 Plans authorization and notification requirements, reference the [Authorization and Notification Payment Policy](#).

## Mental Health/Substance Abuse

PPO Members covered by Tufts Health Plan do not require any authorization for outpatient MH/SA 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.

The Members benefits will vary dependent on the Member's employer group plan design.