

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

**Description**

The POS plan offers two levels of benefits. Members may choose a Primary Care Physician (PCP) within the Tufts Health Plan network and, for most covered services, pay only a copayment. Members can also obtain covered services outside of the Tufts Health Plan network using their unauthorized level of benefits and are then responsible for a deductible and coinsurance.

**Coverage**

The plan covers appropriate, medically necessary covered services at the authorized and unauthorized level of benefits minus the applicable copayment, deductible and/or coinsurance. In addition, if a Member obtains unauthorized services, the Member pays any excess above the reasonable charge. Copayments, deductibles, and coinsurance vary by plan design and can be verified by referencing our various [electronic services](#) options.

If the Member is utilizing the authorized level of their benefits, the PCP must authorize specialty care services with either an electronic or written referral, with some exceptions, such as emergency department services, annual eye exam, and annual gynecological exam. In most cases the Member will be directed to Tufts Health Plan contracted specialists within their PCP’s hospital affiliation.

In the rare instance that it is necessary for a POS Member to be treated by a provider outside of the Tufts Health Plan network and the Member would like to use their authorized benefits, a paper referral form must be completed and signed by the PCP and the Physician Reviewer associated with the PCP’s Provider Organization.

Prior to submitting a referral request to a Physician Reviewer, the PCP should confirm that a specialist in the Tufts Health Plan network could not provide a comparable level of care. Referrals that require Physician Reviewer approval should be sent directly to the attention of the Provider Organization Physician Reviewer before being sent to Tufts Health Plan.

The Physician Reviewer is responsible for reviewing referrals issued to specialty care providers who are not affiliated with Tufts Health Plan or for out-of-area specialty care services. The Physician Reviewer will either approve and sign the referral form or offer an appropriate in-plan provider option.

**Authorization**

[Preregistration](#) is required for all inpatient admissions 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](#).

## Mental Health and Substance Abuse

Some POS employer groups have elected to “carve out” mental health/substance abuse inpatient and outpatient benefits from their plan and contract with a separately funded and administered managed mental health plan. Tufts Health Plan is not responsible for the reimbursement and administration of such “carve out” plans.

### **Inpatient**

In the event that mental health/substance abuse benefits are not carved out and Tufts Health Plan administers the benefits, POS Members are encouraged to receive inpatient mental health/substance abuse services through any designated facility (DF) in the Tufts Health Plan network. DFs provide care at the authorized level of benefits.

Designated facilities have contracts with Tufts Health Plan to provide emergency, inpatient intermediate, and partial hospitalization for MH/SA care. Reference the Mental Health section of our Web site for the complete list of the [designated facilities \(DFs\)](#).

However, Members can choose to use the unauthorized portion of their benefits by seeking services at a non-DF hospital, if their plan allows this option.

For information about Mental Health and Substance Abuse, reference the [Inpatient Mental Health and Substance Abuse Payment Policy](#).