

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

Description

Preferred Provider Organization (PPO) Members do not select a primary care physician (PCP); therefore there is no PCP gatekeeper for referral management. Upon enrollment, PPO 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 only Tufts Health Plan contracting providers. Members enrolled in this network will receive in-network benefits when obtaining services from a Tufts Health Plan contracting provider only. If a non-contracting provider renders services, Members will receive out of network benefits. Copayment, deductibles, and 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 level of benefits. Copayment, deductible, and/or coinsurance responsibilities vary by employer group.

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 appropriate, medically necessary covered services at the in-network or out-of-network level of benefits, subject to the applicable copayments, 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.

Authorization

PPO Members do not require referrals for specialty care services.

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

Mental Health and Substance Abuse

Outpatient

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 in-network level when a Tufts Health Plan contracting provider renders any related mental health services.