

Description

As part of the Massachusetts health care reform initiative, Tufts Health Plan offers 10 new HMO plans for individuals and small employers. Reference the [HealthConnector Web site](#) for additional information.

These plans require that members receive all non-emergency covered services from providers who are contracted specifically for the Select plans and are part of the [Select Network](#).

Members of Select plans must choose a primary care provider participating in the Select Network and must be referred to a Select Network provider and/or hospital for specialty and other non-emergency medical care.

A [generic-focused formulary](#) applies for prescription drug coverage under all Select. All Select plans include mandatory mail order for most maintenance medications.

Coverage

The PCP must authorize specialty care with either an electronic or written referral to a Select Network provider and/or facility, with some exceptions.

If a member requires treatment by a provider outside of the Select Network, a paper referral form must be completed and signed by the PCP and authorized by the Physician Reviewer associated with the PCP's Provider Organization.

HMO Select Plans

Appropriately authorized medically necessary services are covered at 100% minus the applicable copayment. Copayments vary by plan design and can be verified by referencing one of our [electronic services](#) options. Coverage of unauthorized care is limited to emergency services only.

Advantage HMO Select Plans

Appropriately authorized medically necessary services are covered at 100% minus the applicable copayment or deductible. There is no coverage for unauthorized, non-emergency care.

- Advantage HMO Select members are responsible for a copayment when obtaining authorized preventive care services, including, but not limited to, annual and routine office visits, eye exams, OB/GYN exams, specialist consultations, and outpatient mental health and substance abuse. Copayments vary by plan design and can be verified by referencing one of our [electronic services](#) options.
- Certain services are subject to a deductible and/or coinsurance before benefits are payable. A deductible and/or coinsurance is taken for inpatient hospital care and day surgery, inpatient mental health and substance abuse services, and for outpatient services such as diagnostic lab, x-ray, any treatments or procedures due to illness, home health care, and early intervention services.
- The copayment and deductible are waived for authorized routine/preventive testing and lab work such as immunizations, mammograms, pap smears, prostate screenings, cholesterol tests, STD/HIV testing, and other routine/preventive testing.

Authorizations

[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 Payment Policy](#).