

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



Description

Tufts Health Plan Spirit is a limited-network plan offered to Massachusetts Group Insurance Commission (GIC) members only. To enroll in this plan, members must reside in the Tufts Health Plan Spirit [service area](#).

Tufts Health Plan Spirit members must receive all non-emergency covered services from a provider who participates in the Tufts Health Plan Spirit network. Non-emergency services received from providers who do not participate in the Spirit network are not covered.

The plan design includes [two inpatient copayment levels](#) based on hospital value ratings of select quality and cost measures. Most Massachusetts acute care contracting 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.

Certain network specialists are grouped into [three office visit copayment levels](#) based on quality and/or cost-efficiency standards:

- Massachusetts specialists in the following 13 specialties are grouped into three tiers: cardiology, dermatology, endocrinology, gastroenterology, neurology, obstetrics/gynecology, orthopedics, ophthalmology, otolaryngology, pulmonology, rheumatology, general surgery, and urology.
- All other specialists (those who had insufficient information to be tiered, and doctors in specialties that were not tiered) are assigned to the middle copayment level.

Tufts Health Plan Spirit members are subject to an in-network deductible. That deductible will apply to some services that also require a copayment. Copayments do not apply to the deductible.

Providers are reminded to check the member’s eligibility and benefit information to determine the applicable member responsibility.

Coverage

Members are not required to designate a PCP or to obtain referrals for covered services, and can choose to see any Tufts Health Plan Spirit network provider for care. Members are required to pay any applicable copayment/deductible for services.

There is no coverage for non-emergency services received from a provider who does not participate in the Tufts Health Plan Spirit network. The member is responsible for payment for any non-emergency services received outside that network.

Authorization

Preregistration is required for all inpatient 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 Plans authorization requirements, reference the [Authorization Policy](#).