

Copayments For Inpatient Hospital Admissions continued

Tier 1: hospitals with the lowest cost share — **\$300** copayment for each hospital admission⁺

Tier 2: hospitals with a higher cost share — **\$700** copayment for each hospital admission⁺

+ Limit of one inpatient care copayment per quarter

HOSPITAL	COPAYMENT
Southcoast Hospitals Group - Tobey Hospital	\$300
Southcoast Hospitals Group - Charlton Memorial Hospital	\$300
Southcoast Hospitals Group - St. Luke's Hospital	\$300
Steward Carney Hospital	\$300
Steward Good Samaritan Medical Center	\$300
Steward Holy Family Hospital	\$300
Steward Holy Family Hospital at Merrimack Valley	\$300
Steward Morton Hospital and Medical Center	\$300
Steward Nashoba Valley Medical Center	\$300
Steward Norwood Hospital	\$300
Steward Saint Anne's Hospital	\$300
Steward St. Elizabeth's Medical Center	\$300
Tufts Medical Center	\$300
Winchester Hospital	\$300

Please note that the status and copayment levels of our network of providers are effective as of July 1, 2017. For the most up-to-date status, please contact Member Services at 800-870-9488, or visit tuftshealthplan.com/gic.

NOTE: All adult and pediatric transplants are covered with a \$300 copayment when authorized at a Transplant Center of Excellence.



Administered by Tufts Benefit Administrators, Inc., a Tufts Health Plan company

705 Mount Auburn Street | Watertown, MA 02472
Member Services 800-870-9488 | tuftshealthplan.com/gic

Tufts Health Plan Spirit Benefit Summary

July 1, 2017



Benefit Summary

Tufts Health Plan Spirit is an exclusive provider organization (EPO) plan that covers preventive and medically necessary health care services and supplies. These are services and supplies you need to help you stay healthy or to help you get healthy when you're sick.

Tufts Health Plan Spirit offers the same benefits as the Navigator plan, with several important differences:

- A lower premium than Navigator—your monthly premium cost will be 20% lower.
- A network with fewer participating health care providers and hospitals.
- In-network coverage only—there are NO out-of-network benefits, except as described below under “How this plan works.”

How this plan works:

- You don't need referrals to see specialists.
- There is no coverage for services outside of the Tufts Health Plan Spirit network, unless you have a medical emergency, or you need urgent care outside of the Spirit service area. Otherwise, only health care services obtained within the Tufts Health Plan Spirit network are covered.
- You pay lower copayments for office visits to specialists and for inpatient hospital care when you use Tier 1 providers in the Spirit network.

About This Plan's Deductible

Annual deductible: Plan members must pay an annual deductible of **\$500 per individual/\$1,000 per family** for applicable covered services in the Tufts Health Plan Spirit network. This does not apply to in-network behavioral health services covered by Beacon Health Options.

Pharmacy deductible: Effective July 1, 2017, you must meet an annual deductible for prescription drugs of **\$100 per individual/\$200 per family**. Prescription drug copayments only apply after you have met the pharmacy deductible.

New Tier Design as of July 1, 2017!

Your plan has a new tier design as of July 1, 2017. **It is very important to check the updated tier assignments for all of your providers, as many tier assignments have changed.**

Specialists were previously tiered based on their individual quality and efficiency. However, as of July 1, 2017, provider systems – including specialists and hospitals – will be tiered based on participation in the GIC's Centered Care program and the group's total cost for GIC members. All specialists and hospitals in the same provider system are placed in the same tier.

PCPs (including pediatricians and PCPs who are also specialists) are not tiered—you have a \$20 copayment for visits to all in-network PCPs.

As with the old tiering system, member cost-sharing varies by tier, and **your copayments depend on the providers you choose**. If you regularly use Tier 2 or Tier 3 providers, you may want to consider changing to a Tier 1 provider—you could save up to \$60 on each office visit and \$400 on network hospital admissions.

Tier 1:

- Specialists—\$30
- Hospitals—\$300

Tier 2:

- Specialists—\$60
- Hospitals—\$700

Tier 3:

- Specialists—\$90
- Hospitals—N/A

To see the copayments that apply at each network hospital, check the Copayments for Inpatient Hospital Admissions list in this brochure.

Plan Deductible and Out-of-Pocket Maximum	
In-Network Deductible*	\$500 individual; \$1,000 family
In-Network Out-of-Pocket Maximum	\$5,000 individual; \$10,000 family (Applies to medical, prescription drug and behavioral health services)
Outpatient Medical Care	In-Network ONLY
Primary Care Provider office visits	\$20 per visit
Specialist office visits	★ ★ ★ Tier 1 (lowest cost share)—\$30 per visit ★ ★ Tier 2 (mid-level cost share)—\$60 per visit ★ Tier 3 (highest cost share)—\$90 per visit All other specialists: \$60 per visit
Routine Physical Exams (One physical per plan year for members 18 years and older)	Covered in full
Minute Clinics and Freestanding Urgent Care Centers	\$20 per visit
Well-Child Care (See your Member Handbook for a schedule of covered routine physicals for children up to 18 years of age.)	Covered in full
OB/GYN Care	★ ★ ★ (lowest cost share)—\$30 per visit ★ ★ Tier 2 (mid-level cost share)—\$60 per visit ★ Tier 3 (highest cost share)—\$90 per visit
Maternity Care (Hospitalization covered under Inpatient Hospital Care benefit listed below.)	Covered in full
Mammograms, Pap Smears	Covered in full
Diagnostic Imaging, Lab Tests	Covered in full after deductible

*The deductible transitioned to a fiscal year basis beginning on January 1, 2016; see the GIC's Benefit Decision Guide for details.

Outpatient Medical Care (continued)		In-Network ONLY	
Diagnostic Imaging—High-Tech Imaging (MRIs, CT/CAT scans, PET scans, and nuclear cardiology)		\$100 per day; then deductible applies	
Colonoscopy — Preventive		Covered in full	
Colonoscopy — All others		\$250 per visit	
Speech Therapy		\$20 per visit	
Short-Term Physical and Occupational Therapy (Up to 30 visits per plan year for each type of therapy)		\$20 per visit	
Routine Eye Exams (one exam per 24 months; care must be from an EyeMed provider)		\$20 per visit	
Spinal Manipulation (Up to one evaluation and 20 visits per plan year)		\$20 per visit	
Inpatient Hospital Care and Surgery		In-Network ONLY	
Day Surgery		\$250, then deductible applies (Maximum of 4 copayments per member per plan year)	
Inpatient Hospital Care**		Tier 1—\$300, then deductible applies Tier 2—\$700, then deductible applies (Maximum of 1 copayment per member per quarter)	
Skilled Nursing in Skilled Nursing Facility (Maximum allowance of 45 days per member per plan year)		Plan covers 80% after deductible	
Emergency Care			
In Emergency Room (Copay waived if admitted)		\$100 per visit, then deductible applies	
In Provider’s Office		\$20 per PCP visit \$30/\$60/\$90 per Specialist visit (Depending on physician copayment level)	
Behavioral Health and Substance Abuse Disorder		In-Network ONLY	
Outpatient Care		These services are administered by Beacon Health Options. For benefit information, contact Beacon at 855-750-8980 (TTY 866-727-9441). Or visit beaconhealthoptions.com/gic for more information.	
Inpatient Care			
Other Services		In-Network ONLY	
Durable Medical Equipment		Covered in full after deductible	
Ambulance		Covered in full after deductible	
Fitness Reimbursement		\$150 reimbursement per household for gym membership fees***	
Pharmacy Coverage****		For up to a 30-day supply at a participating Retail Pharmacy	Up to 90-day Supply of Maintenance Medications through Mail Order Service or a CVS Pharmacy
Tier 1 Copayment		\$10 after pharmacy deductible	\$25 after pharmacy deductible
Tier 2 Copayment		\$30 after pharmacy deductible	\$75 after pharmacy deductible
Tier 3 Copayment		\$65 after pharmacy deductible	\$165 after pharmacy deductible
Annual Pharmacy Deductible		\$100 for an individual/\$200 for a family	\$100 for an individual/\$200 for a family

**Members may only be responsible for one copayment if readmitted within 30 days in the same plan year. Please call Member Services in this circumstance.

***Please see Fitness Flyer for details.

****When filling a prescription for a brand-name drug that has a generic equivalent, the member will be responsible for the copayment applicable to the generic plus the cost difference between the generic and the brand name, even when the prescribing physician indicates no substitutions.

There are some services that the plan does not cover. These include but are not limited to: A service or supply not described as covered in your Member Handbook • Exams required by a third party such as your employer, an insurance company, school, or court • Cosmetic surgery or any other cosmetic procedure except certain reconstructive procedures • Experimental or investigational drugs, services, and procedures • Eyeglasses • Blood, blood donor fees, blood storage fees, blood substitutes, blood banking, cord blood banking, or blood products, except as described in your Member Handbook • Drugs for use outside of hospital except as covered under Prescription Drug Coverage • Personal comfort items • Custodial care • A service furnished to someone other than the member • Routine foot care, except as described in your Member Handbook • Charges incurred for stays in a covered facility beyond the discharge hour • Care for conditions that state or local law requires to be treated in a public facility • Medical or surgical procedures for reversal of voluntary sterilization • Foot orthotics, except therapeutic/molded shoes for an individual with severe diabetic foot disease • Spinal manipulation for members age 12 and under

This is only a summary. Check your Member Handbook for full information.
If you have additional questions, please contact Tufts Health Plan at 800-870-9488.

Copayments For Inpatient Hospital Admissions

As of July 1, 2017, hospitals are grouped into two tiers based on participation in the GIC's Centered Care program and the group's total cost for GIC members. **Please note: It is very important to check the updated tier assignments for all of your providers, as many tier assignments have changed.**

Tier 1: hospitals with the lowest cost share — **\$300** copayment for each hospital admission⁺

Tier 2: hospitals with a higher cost share — **\$700** copayment for each hospital admission⁺

+ Limit of one inpatient care copayment per quarter

HOSPITAL	COPAYMENT
Anna Jaques Hospital	\$300
Athol Memorial Hospital	\$700
Baystate Franklin Medical Center	\$300
Baystate Medical Center	\$300
Baystate Noble Hospital	\$300
Baystate Wing Hospital	\$300
Berkshire Medical Center	\$300
Beth Israel Deaconess - Milton	\$300
Beth Israel Deaconess Hospital - Needham	\$300
Beth Israel Deaconess - Plymouth	\$300
Beth Israel Deaconess Medical Center	\$300
Boston Medical Center	\$700
Cambridge Health Alliance	\$300
Cape Cod Hospital	\$300
Fairview Hospital	\$300
Falmouth Hospital	\$300
Hallmark Lawrence Memorial Hospital	\$300
Hallmark Melrose-Wakefield Hospital	\$300
Harrington Memorial Hospital	\$700
Heywood Hospital	\$700
Holyoke Medical Center	\$700
Lahey Hospital and Medical Center	\$300
Lawrence General Hospital	\$300
Lowell General Hospital	\$300
Massachusetts Eye and Ear Infirmary	\$300
Mercy Medical Center	\$700
MetroWest Medical Center	\$300
Milford Regional Medical Center	\$700
Mount Auburn Hospital	\$300
New England Baptist Hospital	\$300
Northeast Hospital Corporation (Addison Gilbert Hospital)	\$300
Northeast Hospital Corporation (Beverly Hospital)	\$300
Saint Vincent Hospital	\$300
Signature Healthcare Brockton Hospital	\$700
South Shore Hospital	\$700

Please note that the status and copayment levels of our network of providers are effective as of July 1, 2017. For the most up-to-date status, please contact Member Services at 800-870-9488, or visit tuftshealthplan.com/gic.

NOTE: All adult and pediatric transplants are covered with a \$300 copayment when authorized at a Transplant Center of Excellence.