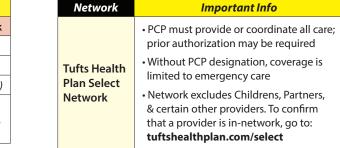
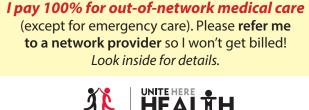
	Vision Care	What I Pay	
vision care	Network	Non-network	
	Routine Eye Care— every 24 months	Davis Vision: \$0	Call for details
	Medical Eye Care— diabetic care; eye disease or injury	Tufts Health Plan: \$0, PCP referral	Not covered

required

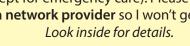
Prescription Drug	What I Pay Welldyne National Network	
(90-day supply)		
Generic	\$1	
Brand Name	\$8	
Specialty/Biosimilar	\$1 (generic)	25% (brand)
Verify drug coverage: http://drugs.hospitalityrx.org and select "Boston" plan; adhere to prior authorization, step therapy, and quantity limits when applicable		



Important Info Network MAP—behavioral health and MAP must coordinate all services alternative care Davis Vision— Network providers for best value; routine eye care non-network reimbursement minimal PPO for best value; Premier or Delta Dental non-network allowed with significantly higher coinsurance







INSTRUCTIONS FOR MY DOCTOR

YOUR FIRST POINT OF CONTACT

UNITE HERE HEALTH (844) 267-4325 Tufts Health Plan (800) 462-0224 **Hospitality Rx** (for providers) (844) 484-4726 Prescription Hotline (for members) (844) 267-4325 Modern Assistance Programs (800) 878-2004 **Davis Vision** (800) 999-5431 reterral required **Delta Dental** (800) 323-1743

Office Visits	What I Pay		
	Network	Non-net	
Designated Primary Care Provider (PCP)—must be on record with Tufts Health Plan	\$0	Not cov	
Specialist—PCP	\$0	Not cov	

etwork	
overed	
overed	

Emergency, Urgent	What I Pay	
Care, and Surgery	Network	Non-network
Urgent Care Center	\$0	Not covered
Emergency Room Visit	\$100 (waived	d if admitted)
Hospital Inpatient*	\$0	Not covered
Outpatient Surgery*	\$0	Not covered
Oral Surgery*	\$0	Not covered

Outpatient and	What I Pay	
Home Services	Network	Non-network
Imaging & Diagnostics	\$0	Not covered
Laboratory	\$0	Not covered
Durable Medical Equip.	\$0	Not covered
Therapies—physical, speech, occupational.	\$0	Not covered

MEMBERS·MIEMBROS· 會員

Don't overpay! Keep this guide with your medical ID card and show it to your doctor.

¡No paque de más! Guarde esta quía con su tarjeta de identificación médica y muéstresela a su médico.

別花多餘的錢! 將本指南與醫療身份證放在一

*Surgery with a network provider only covered at a network facility

not covered

起,出示給您的醫生。