

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



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

Network	Important Info
<b>Tufts Health Plan Select Network</b>	<ul style="list-style-type: none"> <li>• PCP must provide or coordinate all care; prior authorization may be required</li> <li>• Without PCP designation, coverage is limited to emergency care</li> <li>• Network excludes Childrens, Partners, &amp; certain other providers. To confirm that a provider is in-network, go to: <b><a href="http://tuftshealthplan.com/select">tuftshealthplan.com/select</a></b></li> </ul>

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

## INSTRUCTIONS FOR MY DOCTOR

***I pay 100% for out-of-network medical care***  
(except for emergency care). Please **refer me  
to a network provider** so I won't get billed!  
*Look inside for details.*



## 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
Delta Dental	(800) 323-1743

Office Visits	What I Pay	
	Network	Non-network
Designated Primary Care Provider (PCP)— <i>must be on record with Tufts Health Plan</i>	\$0	Not covered
Specialist— <i>PCP referral required</i>	\$0	Not covered

Update 9/2019

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

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

Outpatient and Home Services	What I Pay	
	Network	Non-network
Imaging & Diagnostics	\$0	Not covered
Laboratory	\$0	Not covered
Durable Medical Equip.	\$0	Not covered
Therapies— <i>physical, speech, occupational, respiratory</i>	\$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 pague de más! Guarde esta guía 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起，出示給您的醫生。