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.

Boston Plan Unit 108

Network Important Info

Tufts Health Plan Select Network

- PCP must provide or coordinate all care; prior authorization may be required
- Without PCP designation, coverage is limited to emergency care
- Network excludes Childrens, Partners, & certain other providers. To confirm that a provider is in-network, go to: tuftshealthplan.com/select

Network Important Info

MAP—behavioral health and alternative care

Davis Vision—routine eye care

Vision Care What I Pay

Routine Eye Care— every 24 months

What I Pay

Network

Non-network

Network Providers for Best Value; Premier or non-network allowed with significantly higher coinsurance

Delta Dental

What I Pay

Welldyne National Network

Generic

$1

Branding

$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

Vision Care What I Pay

Routine Eye Care—routine eye care

What I Pay

Network

Non-network

Routine Eye Care—every 24 months

Davis Vision: $0

Call for details

Tufts Health Plan Select

Not covered

PCP referral required

PCP must provide or coordinate all care; prior authorization may be required

Without PCP designation, coverage is limited to emergency care

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Network Important Info

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Davis Vision—routine eye care

Network providers for best value; non-network reimbursement minimal

Welldyne National Network

Generic

$1

Branding

$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

Vision Care What I Pay

Routine Eye Care—
diabetic care; eye disease or injury

What I Pay

Network

Non-network

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### 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

### Update 9/2019

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

<table>
<thead>
<tr>
<th>Emergency, Urgent Care, and Surgery</th>
<th>What I Pay</th>
<th>Network</th>
<th>Non-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent Care Center</td>
<td>$0</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td>Hospital Inpatient*</td>
<td>$100 (waived if admitted)</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td>Oral Surgery*</td>
<td>$0</td>
<td>Not covered</td>
<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outpatient and Home Services</th>
<th>What I Pay</th>
<th>Network</th>
<th>Non-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imaging &amp; Diagnostics</td>
<td>$0</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td>Laboratory</td>
<td>$0</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td>Therapies—phsysical, speech, occupational, respiratory</td>
<td>$0</td>
<td>Not covered</td>
<td></td>
</tr>
</tbody>
</table>

MEMBERS • MIEMBROS • 会員

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 muéstrasela 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。