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.

Better! | UNITE HERE HEALTH

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*	MAP must coordinate all services
Davis Vision—*routine eye care*	Network providers for best value; OON reimbursement minimal
Delta Dental	PPO for best value; Premier or OON allowed with significantly higher coinsurance

YOUR FIRST POINT OF CONTACT

UNITE HERE HEALTH	**(844) 267-4325**
Tufts Health Plan	**(800) 462-0224**
Modern Assistance Programs	**(800) 878-2004**
Davis Vision	**(800) 999-5431**
Delta Dental	**(800) 323-1743**

Effective 7/2017

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

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—*physical, speech, occupational, respiratory*	$0	Not covered

Vision Care	What I Pay	
	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 required	Not covered