

**WE'RE
WITH
YOU.**

**TUFTS HEALTH PLAN
SPIRIT PLAN - LIMITED NETWORK**



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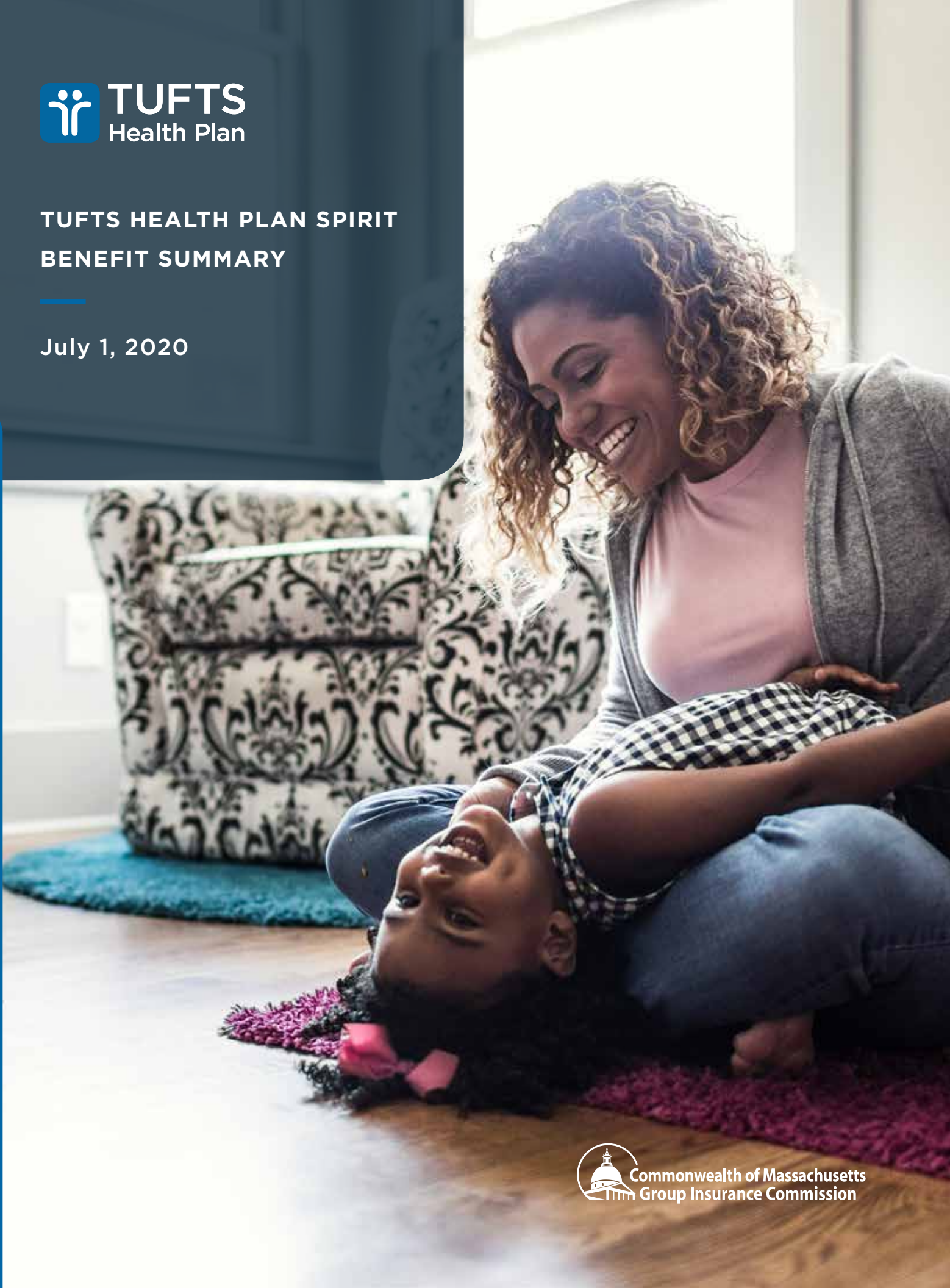
www.tuftshealthplan.com/gic

800.870.9488



TUFTS HEALTH PLAN SPIRIT BENEFIT SUMMARY

July 1, 2020



Commonwealth of Massachusetts
Group Insurance Commission

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
- 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 **\$400 per individual/\$800 per family** for applicable covered services in the Tufts Health Plan Spirit network. This does not apply to in-network behavioral health services.

It is very important to check the updated tier assignments for all of your providers, as tier assignments may have changed. Go to tuftshealthplan.com/gic, your secure online member account to check your provider's tier or to search for a provider.

Specialists and network hospital systems are tiered based on participation in the GIC's Centered Care program and the group's total cost for 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.

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 \$45 on each office visit and \$225 on network hospital admissions.

Tier 1:

- Specialists—\$30
- Hospitals—\$275

Tier 2:

- Specialists—\$60
- Hospitals—\$500

Tier 3:

- Specialists—\$75
- 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	\$400 individual; \$800 family
In-Network Out-of-Pocket Maximum	\$5,000 individual; \$10,000 family (Applies to medical, 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)—\$75 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)—\$75 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

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; then deductible applies
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
Telehealth	\$15 per visit
Inpatient Hospital Care and Surgery	In-Network ONLY
Day Surgery	Eye and GI procedures at a free-standing ambulatory surgery center: \$150 copay per visit, then deductible applies (Maximum of 4 copayments per member per plan year) All other procedures regardless of facility type: \$250 copay per visit, then deductible applies (Maximum of 4 copayments per member per plan year)
Inpatient Hospital Care	Tier 1—\$275, then deductible applies Tier 2—\$500, 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/\$75 per Specialist visit (Depending on physician copayment level)
Behavioral Health and Substance Use Disorder	In-Network ONLY
Outpatient Care	\$20 per visit for Individual & Family Therapy and Specialty Outpatient Services; \$15 per visit for Group Therapy & Medication Management
Inpatient Care	\$200 copay per calendar year quarter
Telehealth	\$15 per visit
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	Pharmacy coverage is administered by Express Scripts. For benefit information, call Express Scripts at 855.283.7679

*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.

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 account at tuftshealthplan.com/gic 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 members. **Please note: It is very important to check the tier assignments for all of your providers.**

Tier 1: hospitals with the lowest cost share — **\$275** copayment for each hospital admission⁺

Tier 2: hospitals with a higher cost share — **\$500** copayment for each hospital admission⁺

+ Limit of one inpatient care copayment per quarter

HOSPITAL	COPAYMENT
Anna Jaques Hospital	\$275
Athol Memorial Hospital	\$500
Baystate Franklin Medical Center	\$275
Baystate Medical Center	\$275
Baystate Noble Hospital	\$275
Baystate Wing Hospital	\$275
Berkshire Medical Center	\$275
Beth Israel Deaconess - Milton	\$275
Beth Israel Deaconess Hospital - Needham	\$275
Beth Israel Deaconess - Plymouth	\$275
Beth Israel Deaconess Medical Center	\$275
Boston Medical Center	\$275
Cambridge Health Alliance	\$275
Cape Cod Hospital	\$275
Fairview Hospital	\$275
Falmouth Hospital	\$275
Harrington Memorial Hospital	\$500
Heywood Hospital	\$500
Holyoke Medical Center	\$500
Lahey Hospital and Medical Center	\$275
Lawrence General Hospital	\$275
Lowell General Hospital	\$275
Melrose Wakefield Healthcare Lawrence Memorial Hospital	\$275
Melrose Wakefield Healthcare Melrose Wakefield Hospital	\$275
Mercy Medical Center	\$275
MetroWest Medical Center	\$275
Milford Regional Medical Center	\$500
Mount Auburn Hospital	\$275
New England Baptist Hospital	\$275
Northeast Hospital Corporation (Addison Gilbert Hospital)	\$275
Northeast Hospital Corporation (Beverly Hospital)	\$275
Saint Vincent Hospital	\$275
Signature Healthcare Brockton Hospital	\$500
South Shore Hospital	\$275

[continued >](#)

Please note that the status and copayment levels of our network of providers are effective as of July 1, 2020. For the most up-to-date status, please contact Member Services at 800.870.9488, or log in to tuftshealthplan.com/gic.

NOTE: All adult and pediatric transplants are covered with a \$275 copayment when authorized at a Transplant Center of Excellence.

Copayments For Inpatient Hospital Admissions continued

Tier 1: hospitals with the lowest cost share — **\$275** copayment for each hospital admission⁺

Tier 2: hospitals with a higher cost share — **\$500** copayment for each hospital admission⁺

+ Limit of one inpatient care copayment per quarter

HOSPITAL	COPAYMENT
Southcoast Hospitals Group - Tobey Hospital	\$275
Southcoast Hospitals Group - Charlton Memorial Hospital	\$275
Southcoast Hospitals Group - St. Luke's Hospital	\$275
Steward Carney Hospital	\$275
Steward Good Samaritan Medical Center	\$275
Steward Holy Family Hospital	\$275
Steward Holy Family Hospital at Merrimack Valley	\$275
Steward Morton Hospital and Medical Center	\$275
Steward Nashoba Valley Medical Center	\$275
Steward Norwood Hospital	\$275
Steward Saint Anne's Hospital	\$275
Steward St. Elizabeth's Medical Center	\$275
Tufts Medical Center	\$275
Winchester Hospital	\$275

Please note that the status and copayment levels of our network of providers are effective as of July 1, 2020. For the most up-to-date status, please contact Member Services at 800.870.9488, or log in to tuftshealthplan.com/gic.

NOTE: All adult and pediatric transplants are covered with a \$275 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

tuftshealthplan.com/gic | 800.870.9488





Tufts Health Plan Spirit: **CENTERED CARE**

A Better Way For You to
Get the Care You Need




Tufts Health Plan's Centered Care program for GIC members helps you get quality care that is centered around you.



With Centered Care, you benefit from greater coordination among all of your doctors, with a primary care provider (PCP) as your first point of care. Working together, your PCP and other practitioners can review your medical records electronically, understand your health history, and make care recommendations.

A Centered Care doctor's office can treat you for everything from minor scrapes and sore throats to chronic conditions and serious illnesses. Most have 24/7 telephone medical advice, evening appointment hours, and weekend and holiday urgent care for when you have an urgent, but not life-threatening illness or medical need. Each doctor's office is also affiliated with preferred hospitals in your community.

To make it easier for you to find a Centered Care provider, the GIC provider directory identifies Centered Care providers with a  symbol.

The following medical groups are designated as Centered Care Organizations for members of Tufts Health Plan Spirit. They offer a range of services and specialties:

- Baycare Health Partners
- Beth Israel Deaconess Care Organization
- Boston Medical Center
- Lahey Health*
- Lawrence General Independent Practice Association
- Lowell General Physician Hospital Organization
- Mount Auburn Cambridge Independent Practice Association
- New England Quality Care Alliance**
- Southcoast Hospitals Group

- South Shore Medical Center
- South Shore PHO
- Steward Health Care Network***

*Lahey Clinical Performance Network includes Northeast Physician Hospital Organization.

**New England Quality Care Alliance includes Highland Healthcare Associates and Hallmark Health PHO.

***Steward Health Care Network includes Central Massachusetts Independent Physician Association.

Who are PCPs and What Do They Do?

PCPs typically are internal medicine and/or family medicine physicians, but may specialize in pediatrics, osteopathy, or obstetrics/gynecology or may also be nurse practitioners and physician assistants.

Although members of Tufts Health Plan Spirit are not required to choose a PCP, PCPs play a critical role in the success of Centered Care. A PCP will provide most of your routine care and can refer you to other practitioners when needed. A PCP can also keep records of the care you've received and advocate for you and your health.

How Do I Let Tufts Health Plan Know About My PCP?

Designating a PCP lets that provider know that you are their patient and they are responsible for making sure you get the best care.

Letting us know your PCP choice is easy. You can either:

- Log in to your secure online account at mytuftshealthplan.com and click on "Change Primary Care Provider" or
- Call Member Services at 800.870.9488

See Tier 1 Providers to Save

Specialists and network hospital systems are tiered based on participation in the Centered Care program for GIC members and the group's total cost for GIC members. Tier 1 providers always have the lowest copayment: \$30 for specialists, and \$275 for inpatient care. Tier 2 providers have a higher copayment (\$60 for specialists, and \$500 for inpatient care), while Tier 3 providers have the highest copayment (\$75 for specialists; N/A for inpatient care).

It is very important to check the updated tier assignments for all of your providers. To find a provider's tier, visit tuftshealthplan.com/gic. In the "Explore Your Plan Options" section, under "Tufts Health Plan Spirit," click on "Find a Provider." Or, if you need help, you can always call Member Services at 800.870.9488.

If you see a Tier 2 or Tier 3 provider, you may want to consider changing to a Tier 1 provider— you could save up to \$45 on each office visit and \$225 on inpatient admissions.

The choice is up to you. With health care costs continuing to rise, it's good to know that your health plan gives you options to save with lower-tiered providers.



BEHAVIORAL HEALTH BENEFITS



As a Tufts Health Plan member, you have access to coverage for a wide variety of behavioral health services. This guide will help you understand your benefits and give you instruction on how to access the providers and services that meet your needs.

What Behavioral Health Provider is Right for Me?

There are many types of behavioral health professionals. To find the provider that's right for you, consult with your primary care physician (PCP) or find an in-network behavioral health provider by visiting tuftshealthplan.com/gic and logging in to your secure online member account.

- Spirit members **must use an in-network provider**
- Navigator members may see either an in-network or an out-of-network provider. However, in order to access outpatient behavioral health services from an in-network provider at the in-network, authorized level of benefits, you must notify Tufts Health Plan within 30 days of your visit with a network provider. You can do so by calling 800.870.9488 Monday-Friday 8am-6pm.

What do Behavioral Health Services Cost?

Behavioral Health and Substance Use Disorder: Copays and Deductibles

	NAVIGATOR	SPIRIT
Outpatient Care	In-Network: \$10 per visit for Individual & Family Therapy, Specialty Outpatient Services, Group Therapy & Medication Management	In-Network: \$20 per visit for Individual & Family Therapy and Specialty Outpatient Services \$15 per visit for Group Therapy & Medication Management
	Out-of-Network: Deductible and coinsurance	NA
Inpatient Care	In-Network: \$200 copay, per calendar year quarter	
	Out-of-Network: Deductible and coinsurance	NA
Telehealth	\$10 per visit	\$15 per visit

Out-of-Network Costs

Navigator members have the option of receiving inpatient behavioral health services from out-of-network facilities. If you choose to receive services at an out-of-network facility, you will be covered at the unauthorized level of benefits and will be responsible for paying a deductible and coinsurance for these services. Choosing an out-of network facility will cost you more money out of your own pocket.

EMERGENCY AND INPATIENT ACCESS FOR BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER SERVICES

Tufts Health Plan contracts with selected hospitals to provide emergency, inpatient, and partial hospitalization for behavioral health and substance use disorder care.

To receive care, you can contact a Tufts Health Plan contracted behavioral health facility in your plan's network. Or, call us at **800.870.9488** and choose the option for behavioral health and we can help you find one. If you are experiencing an emergency situation, go to the nearest emergency room for an evaluation.

Boston Medical Center Substance Use Disorder (SUD) Program

If you or a family member is struggling with substance use disorder, we can help. Tufts Health Plan's collaboration with Boston Medical Center's Substance Use Disorder Program includes a holistic approach to providing care, incorporating physical, emotional and psychological support through specialized programs at their Grayken Center for Addiction.

65%

PATIENTS IN TREATMENT FOR 10 OR MORE MONTHS

91%

NO LONGER USING 12 MONTHS AFTER COMPLETION
OF INTENSIVE OUTPATIENT PROGRAM

- Community based program
- Holistic approach with nurse and physician visits integrated into medical care
- Specialized programs for teens, young adults, pregnant women

**To contact Boston Medical Center's Grayken Center for Addiction,
please call 617.414.6926**





Let's Take On Type 2 Diabetes

Onduo was created for one person. You.



Live Confidently

Get recipes, workout tips, and insights from nutritionists and certified diabetes educators.



Live Freely

Take the guesswork out of diabetes with your new diabetes tools and the Onduo app.



Live Well

Get the support you need, when you need it. We listen and we're one message away.

Brought to you by:



TUFTS
Health Plan



Commonwealth of Massachusetts
Group Insurance Commission

Join Onduo at no extra cost as part of your healthcare plan!

Start here: tuftshealthplan.com/gic

Get the **Onduo app** and access to advanced diabetes tools, experts, and care services:

- A blood glucose meter and unlimited test strips
- Personal health coaching from experts
- Virtual doctor visits (if you need them)
- Healthy recipes, simple workout tips and more — at your fingertips.

BONUS:

Get a continuous glucose monitoring (CGM) system if you're eligible.

A CGM is a small sensor worn on the body that captures glucose readings every 5 minutes — no finger sticks required.*

INCENTIVE PROGRAM:

Earn up to **\$150** following submission of your A1C and 3 months continued participation in the program.

*Dexcom® If your glucose readings do not match symptoms or expectations, use a blood glucose meter to make diabetes treatment decisions.



DIGITAL TOOLS

Speed, Simplicity
and Savings



Member Portal + Mobile App

Access ALL your health plan information. Register on our secure member portal at mytuftshealthplan.com and download our free “Tufts Health Plan” mobile app from the App Store or Google Play.



Quick and Easy

Health care at your fingertips



Telehealth

NEW! Available worldwide¹

Talk to doctors by web, phone or mobile app 24/7 to get quality everyday care, behavioral health or dermatology services in less than 15 minutes. Register at tuftshealthplan.com/teladoc.

LEARN MORE

Visit tuftshealthplan.com/GIC



Treatment Cost Estimator + Provider Search

Shop for health care just like you do for anything else. Compare the cost of services, facilities and doctors. Make the choice that's right for you.



MyWire

Save money, maximize your benefits and stay connected via your personalized communications channel. Text “THP” to 73529 to get secure text messages and important reminders.



¹ Cost for Teladoc visits:

Navigator: \$15 - General Medicine and Dermatology. \$10 - Behavioral Health
Spirit: \$15 - General Medicine, Dermatology and Behavioral Health





GIC FREESTANDING AMBULATORY SURGICAL CENTERS (ASC)



Save on Care

Save money on eye or gastrointestinal procedures by going to one of these ASC facilities for care instead of the hospital. Please talk to your health care provider to discuss your treatment options and what would work best for you.

\$
150

**COPAYMENT FOR SERVICES
PROVIDED AT AN ASC**

vs

\$\$\$
250

**COPAYMENT FOR SERVICES
PROVIDED IN A HOSPITAL SETTING**

MASSACHUSETTS	ADDRESS	CITY	ZIP
BERKSHIRE COSMETIC & RECONSTRUCTIVE SURGERY CENTER INC.	426 SOUTH ST	PITTSFIELD	01201
BERKSHIRE ENDOSCOPY CENTER LLC	53 EAGLE STREET 3RD FL	PITTSFIELD	01202
BOSTON ENDOSCOPY CENTER, LLC	175 WORCESTER ST	WELLESLEY HILLS	02481
BOSTON EYE SURGERY & LASER CTR	50 STANIFORD ST, LOBBY LEVEL	BOSTON	02114
BOSTON EYE SURGERY & LASER CTR	52 SECOND AVE, STE 2500	WALTHAM	02451
BOSTON OUT-PATIENT SURGICAL SUITES	840 WINTER ST	WALTHAM	02451
BOSTON SURGERY CENTER LLC	85 FIRST AVE	WALTHAM	02451
BOSTON UNIVERSITY EYE ASSOC, INC	90 NEW STATE HWY RT 44	RAYNHAM	02767
CANDESCENT EYE HEALTH SURGICEN	51 STATE RD	NORTH DARTMOUTH	02747
CAPE AND ISLANDS ENDOSCOPY CTR	700 ATTUCKS LN, STE 1B	HYANNIS	02601
CAPE COD ASC LLC	280 HERITAGE PARK, RT. 130	SANDWICH	02563
CAPE COD EYE SURGERY AND LASER	282 RTE 130	SANDWICH	02563
CAPE COD SURGERY CENTER	160 FALMOUTH RD, DBA CAPE COD SURGERY CENTER	MASHPEE	02649
CATARACT & LASER CENTER ASSO.	1 BERKSHIRE SQ, STE 110	ADAMS	01220

MASSACHUSETTS	ADDRESS	CITY	ZIP
CATARACT & LASER CENTER NORTH	349 NORTH MAIN ST	ANDOVER	01810
CATARACT & LASER CENTER WEST	171 INTERSTATE DR	WEST SPRINGFIELD	01089
CATARACT & LASER CENTER, INC.	333 ELM STREET	DEDHAM	02026
CATARACT & LASER CTR CENTRAL	95 MECHANIC ST	GARDNER	01440
CENTRAL MASS AMBULATORY ENDOSCOPY	105 ERDMAN WAY	LEOMINSTER	01453
CHARLES RIVER ENDOSCOPY LLC	571 UNION AVE, 2ND FL	FRAMINGHAM	01702
COMMONWEALTH ENDOSCOPY CENTER	120 WEST CENTER ST, DBA/COMMONWEALTH ENDOSCOPY CTR	WEST BRIDGEWATER	02379
DHA ENDOSCOPY LLC	91 MONTVALE AVE	STONEHAM	02180
EAST BAY SURGERY CENTER LLC	440 SWANSEA MALL DR	SWANSEA	02777
EAST POND ENTERPRISES INC	40 INDUSTRIAL PARK RD	PLYMOUTH	02360
EASTERN MASS SURGERY CTR LLC	100 MORSE ST	NORWOOD	02062
FOUR WOMEN HEALTH SERVICES, LLC	150 EMORY ST	ATTLEBORO	02703
GREATER NEW BEDFORD SURGICENTR	51 STATE ROAD	NORTH DARTMOUTH	02747
HYDE PARK PAIN MANAGEMENT	188 PROVIDENCE ST	HYDE PARK	02136
MIDDLESEX DIGESTIVE HEALTH	45A DISCOVERY WAY, DBA MIDDLESEX DIGESTIVE HEALTH	ACTON	01720
NEW ENGLAND AMBULATORY SURG CTR	799 CONCORD AVE	CAMBRIDGE	02138
NEW ENGLAND EYE SURGICAL CENTER	696 MAIN ST	SOUTH WEYMOUTH	02190
NEW ENGLAND PAIN ASSOCIATES	100 MARTIN LUTHER KING JR BLVD, 2ND FL	WORCESTER	01608
NEW ENGLAND PAIN CARE, INC.	10 CENTENNIAL DRIVE	PEABODY	01960
NEW ENGLAND SCOPE	630 PLANTATION ST, DBA THE ENDOSCOPY CENTER	WORCESTER	01605
NEW ENGLAND SURGERY CENTER	900 CUMMINGS CENTER, STE 122U	BEVERLY	01915
NORTH SHORE CATARACT & LASER	91 MONTVALE AVE	STONEHAM	02180
NORTHEAST AMBULATORY CENTER	3 WOODLAND RD, STE 321	STONEHAM	02180
NORTHEAST ENDOSCOPY CENTER LLC	59 COMPOSITE WAY	LOWELL	01852
ORTHOPEDIC CARE SURGERY CENTER	15 ROCHE BROS WAY, STE 210	NORTH EASTON	02356
ORTHOPEDIC SURGICAL CTR OF THE	1 ORTHOPEDIC DR, NORTH SHORE LLC	PEABODY	01960
PEABODY SURGERY CENTER, LLC	7 FIRST AVE	PEABODY	01960
PIONEER VALLEY SURGICENTER LLC	3550 MAIN ST, STE 103	SPRINGFIELD	01107
PLYMOUTH LASER & SURGICAL	146 INDUSTRIAL PARK RD, DBA PLYMOUTH LASER & SURGICAL	PLYMOUTH	02360
SAME DAY SURGICLINIC	272 STANLEY ST, DBA SAME DAY SURGICLINIC	FALL RIVER	02720
SEE NEW ENGLAND	385 GROVE ST, DBA SEE NEW ENGLAND	WORCESTER	01605
SOUTH SHORE ENDOSCOPY CENTER	659 WASHINGTON ST	BRAINTREE	02184

MASSACHUSETTS	ADDRESS	CITY	ZIP
SOUTH SHORE ENDOSCOPY CENTER	659 WASHINGTON ST STE 2	BRAINTREE	02184
SPINE INSTITUTE OF NEW ENGLAND	55 SAINT GEORGE RD, DBA SPINE INSTITUTE OF NE	SPRINGFIELD	01104
SURGERY CENTER OF WALTHAM	130 SECOND AVE, DBA SURGERY CENTER OF WALTHAM	WALTHAM	02451
SURGISITE BOSTON	1440 MAIN ST, DBA SURGISITE BOSTON	WALTHAM	02451
THE CATARACT SURG CTR OF MILFORD	145 WEST ST	MILFORD	01757
THE ENDOSCOPY CENTER OF SE MA	ONE PEARL ST, STE 1800	BROCKTON	02301
THE SURGERY CENTER OF SHREWSBURY	151 MAIN ST, DBA THE SURGERY CENTER OF SHRE	SHREWSBURY	01545
VALLEY MEDICAL GRP AMBULATORY	31 HALL RD, DBA VALLEY MEDICAL GRP AMBULAT	AMHERST	01002
WESTSUBURBAN EYE SURGERY	321 BILLERICA RD, STE 1	CHELMSFORD	01824
WEYMOUTH ENDOSCOPY LLC	1085 MAIN ST	SOUTH WEYMOUTH	02190
WORCESTER SURGICAL CENTER	300 GROVE ST, DBA WORCESTER SURGICAL CENTER	WORCESTER	01605
MAINE	ADDRESS	CITY	ZIP
CENTRAL MAINE ORTHOPAEDICS	690 MINOT AVE, DBA CENTRAL MAINE ORTHOPAEDICS	AUBURN	04210
OA CENTERS FOR ORTHOPAEDICS	33 SEWALL ST, DBA OA CENTER FOR ORTHOPAEDICS	PORTLAND	04104
NEW HAMPSHIRE	ADDRESS	CITY	ZIP
BARRINGTON SURGICAL CARE LLC	944 CALEF HWY	BARRINGTON	03825
BEDFORD AMBULATORY SURG CTR	11 WASHINGTON PLACE	BEDFORD	03110
CAPITAL ORTHOPAEDIC SURGERY CTR	264 PLEASANT ST	CONCORD	03301
CENTERS FOR PAIN SOLUTIONS	280 MAIN ST	NASHUA	03060
CONCORD AMBULATORY SURGERY CENTER	60 COMMERCIAL ST, STE 301	CONCORD	03301
CONCORD ENDOSCOPY CENTER, LLC	60 COMMERCIAL ST, STE 404	CONCORD	03301
CONCORD EYE SURGERY LLC	246 PLEASANT ST STE 105B, MEMORIAL BUILDING	CONCORD	03301
DARTMOUTH-HITCHCOCK CLINIC	ONE MEDICAL CENTER DR	LEBANON	03756
DARTMOUTH-HITCHCOCK CLINIC	100 HITCHCOCK WAY	MANCHESTER	03104
ELLIOT ONE-DAY SURGERY CENTER	185 QUEEN CITY AVE	MANCHESTER	03101
HILLSIDE SURGERY CENTER	14 MAPLE ST STE 200, DBA HILLSIDE SURGERY CENTER	GILFORD	03246
MINIMALLY INVASIVE SURGERY CTR	4 HAWTHORNE DR	BEDFORD	03110
NASHUA AMBULATORY SURGICAL CTR	15 RIVERSIDE ST	NASHUA	03062

NEW HAMPSHIRE	ADDRESS	CITY	ZIP
NASHUA EYE SURGERY CENTER	5 COLISEUM DR	NASHUA	03063
NH EYE SURGICENTER	105 RIVERWAY PL, DBA NH EYE SURGICENTER	BEDFORD	03110
ORCHARD SURGICAL CENTER LLC	16 KEEWAYDIN DR	SALEM	03079
ORTHOPEDIC SURGERY CENTER DERRY	14 TSIENNETO RD, DBA ORTHOPEDIC SURGERY CENTER	DERRY	03038
PMC SURGICAL CENTER LLC	1 MOUND CT	MERRIMACK	03054
PMC SURGICAL CENTER LLC	7 WORKS WAY	SOMERSWORTH	03878
PMC SURGICAL CENTER, LLC	7 WORKS WAY	SOMERSWORTH	03878
RYE SURGICAL CENTER, LLC	270 LAFAYETTE RD	RYE	03870
SKYHAVEN SURGERY CENTER LLC	13 HEALTHCARE DR	ROCHESTER	03867
THE SURGERY CENTER OF GREATER NASHUA	10 PROSPECT ST	NASHUA	03060
WENTWORTH SURGERY CENTER, LLC	6 WORKS WAY	SOMERSWORTH	03878
RHODE ISLAND	ADDRESS	CITY	ZIP
BAYSIDE ENDOSCOPY CENTER LLC	33 STANIFORD ST, 1ST FL	PROVIDENCE	02905
BROWN MEDICINE	62-68 AMARAL ST	EAST PROVIDENCE	02915
COLLYER STREET OPERATORY	195 COLLYER ST, DBA COLLYER STREET OPERATORY	PROVIDENCE	02904
DUDLEY STREET OPERATORY	2 DUDLEY ST, STE 200	PROVIDENCE	02905
EAST BAY ENDOSCOPY CENTER LLC	109 CLOCK TOWER SQUARE	PORTSMOUTH	02871
EAST GREENWICH ENDOSCOPY CENTER	1407 SOUTH COUNTY TRAIL, BLDG 4 STE 411	EAST GREENWICH	02818
ENT CENTER OF RHODE ISLAND	55 LAMBERT LIND HWY	WARWICK	02886
NEW ENGLAND PAIN ASSOCIATES	25 JOHN A CUMMINGS WAY	WOONSOCKET	02895
OCEAN STATE ENDOSCOPY CENTER	148 WEST RIVER ST STE 3, DBA OCEAN STATE ENDOSCOPY CENT	PROVIDENCE	02904
PROSPECT BLACKSTONE VALLEY SURGERY	1526 ATWOOD AVE, STE 300	JOHNSTON	02919
PROVIDENCE INTERVENTIONAL ASSO	100 HIGHLAND AVE	PROVIDENCE	02906
ST JAMES SURGERY CENTER	444 QUAKER LANE	WARWICK	02886
UNIVERSITY ORTHOPEDICS EAST BA	1 KETTLE POINT AVE STE 200	EAST PROVIDENCE	02914
UROLOGICAL SPECIALISTS OF NE	207 QUAKER LN, 1ST FL	WEST WARWICK	02893
WEST RIVER ENDOSCOPY	44 WEST RIVER ST 1ST FL, DBA WEST RIVER ENDOSCOPY	PROVIDENCE	02904
WOMEN'S MEDICAL CENTER OF RI	215 TOLL GATE RD STE 106	WARWICK	02886





GETTING HIP OR KNEE SURGERY?

**YOU CAN
SAVE MONEY!**



Get the treatment you need at
New England Baptist Hospital, a leader in joint
replacement surgery, and save money on your care!



Your \$275 inpatient co-payment may be waived* if you
have your surgery at **New England Baptist Hospital.**

*any deductible (if applicable), still applies and you must meet NEBH clinical criteria

For more information: tuftshealthplan.com/gic | 800.870.9488





EYE CARE BENEFITS

Access to 61,000
Eye Care Providers



Coverage Through the EyeMed Vision Care Network

Tufts Health Plan offers coverage for routine eye exams and other vision services through the EyeMed Vision Care network.



You're Covered

Coverage through our EyeMed
Vision Care Providers

LENSCRAFTERSSM



— EST. 1961 —
PEARLE  VISIONSM

Access Routine Eye and Vision Care Services

1. Use mytuftshealthplan.com or our mobile app and click on "Doctor Search" to find an eye care provider in the EyeMed network. (Or to check if your eye doctor is in the network).
2. Visit a provider in the EyeMed network to receive the highest level of coverage for routine eye exams.

Discounts on Glasses and Contacts

When you use eye care providers in the EyeMed network:

- **Save 35%** on the price of frames and get discount prices on lenses when you buy a pair of glasses.¹
- **Save 20%** on the price of nonprescription sunglasses.
- **Save 5%-15%** on the price of LASIK and PRK laser vision correction. For a location near you and approval for the discount, please call 877.5LASER6.
- Order contact lenses for less than the retail price and have them shipped to your home or office. Visit contactsdirect.com, lenscrafterscontacts.com or targetoptical.com to purchase contact lenses online.²

¹ Discounts may not apply to some frames. Prices may vary by retail store.

² The cost of a contact lens evaluation and fitting is not covered by your eye care benefit, so you will need to pay for these services.



Commonwealth of Massachusetts
Group Insurance Commission

What Is Typically Covered?

Routine eye exams may include some or all of the following services:

- A review of the history of your eyes and vision, along with a general health history
- A discussion of any vision problems
- An exam of the inside and outside of your eyes and of the areas around your eyes
- A measure of the pressure in your eyes
- Dilation to make your pupils larger so that your eye care provider can see and check the entire inside of your eye
- A measure of how well you see close up and at a distance
- A test of your vision to see if you need prescription glasses and whether or not you can use contact lenses
- A treatment plan, follow-up eye exams, and eye health advice

Eye Care Providers

- **Optician:** An eye care provider who reads vision prescriptions and helps you choose the glasses, contact lenses, and other eye aids that are right for you
- **Optometrist (O.D.):** A licensed eye care provider who performs eye exams and other eye care services, and prescribes glasses, contacts, and other vision aids
- **Ophthalmologist (M.D.):** An eye doctor who performs eye exams, treats eye disease, conducts surgery, and prescribes glasses, contacts, and other vision aids

FOR MORE INFORMATION

Visit tuftshealthplan.com/EyeMed
or call **866.504.5908**

Important: Providers within the EyeMed network are able to meet your routine eye care and certain medical optometry needs. However, if you need to see an ophthalmologist to treat or monitor an eye disease or condition, be sure to confirm that the ophthalmologist is in the Tufts Health Plan network. If your plan requires a referral for specialty care, you will need to get one from your Primary Care Provider.





MEMBER DISCOUNTS AND PERKS

Save on Wellness Products
and Services



Commonwealth of Massachusetts
Group Insurance Commission

Discounts and Perks Help You Save and Stay Healthy

Tufts Health Plan wants to help you reach your wellness goals with discounts on nutrition, mind and body, fitness, and other services related to good health.¹

New Discount for 2020

Ompractice

Tufts Health Plan commercial members² can access Ompractice virtual yoga and meditation at a discounted rate. Using two-way video via laptop or phone, Ompractice allows members to participate in live yoga and meditation classes with instruction and direction from a teacher, bringing the support, personal interaction and accountability of a studio session wherever you are.

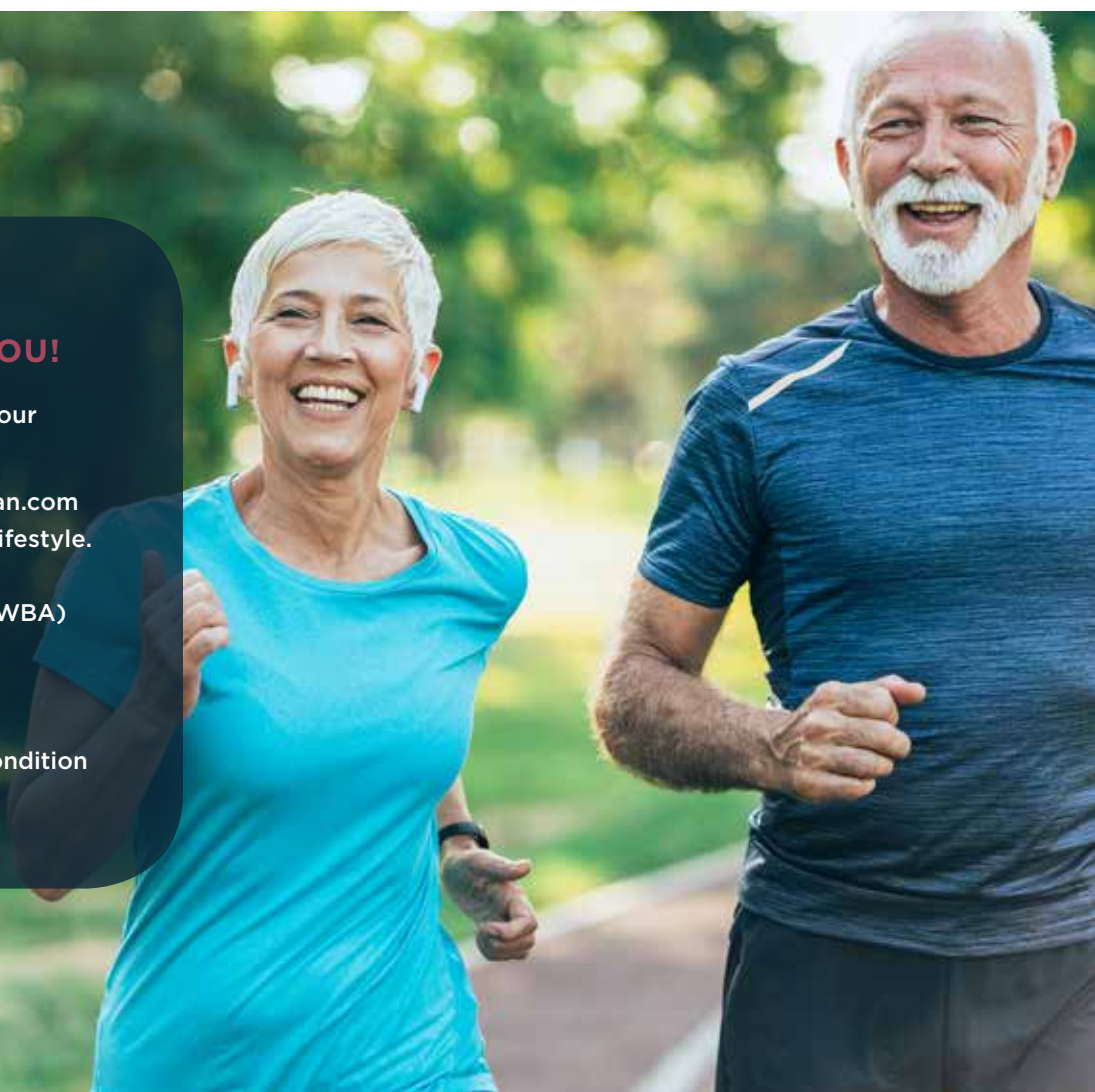
Learn more: ompractice.com/tuftshealthplan.

UNLOCK A HEALTHIER YOU!

Change your life for the better with our member health portal.

Register or login at mytuftshealthplan.com and click on Start Living a Healthy Lifestyle.

1. Take your Wellbeing Assessment (WBA)
2. Enroll in wellness coaching
3. Take advantage of Nurse24SM
4. Get support for a chronic health condition



¹This information has been provided by the vendors and has not been independently confirmed by Tufts Health Plan. Check with your health care provider regarding any health or medical condition before beginning any new treatment, exercise, or nutrition regimen. Discounts are subject to change at any time.

²Excluding Tufts Health Direct members.

Fitness and Exercise

Get discounts at over 14,000 health and fitness facilities across the U.S. through the International Fitness Club Network. Tufts Health Plan members can even try before you join with a FREE one-week trial membership at any facility you like.⁵ Members can learn more at preventure.com/ifcn-tufts with password "Fit4You".

Fitness Together

Fitness Together pairs you with a personal trainer in a private setting and a workout plan tailored to you!⁶

- New members pay no fitness evaluation fee.
- New members get 10% off the purchase price of any personal training package.
- Existing members get 10% off the purchase price of personal training packages of 36 sessions or greater. To get the discount, show your Tufts Health Plan Member ID card when joining any participating Fitness Together location.

Rather Work Out at Home?

- Save 10-40% on a wide array of fitness products

Rather Race to Get Your Workout?

- Save up to 15% off registrations to a variety of races

Other Discounts Include:

- Save up to 25% off online workout subscriptions
- Save 10% off home swim lessons and life guard services
- Save up to 90% off magazine subscriptions

Weight Management

DASH for Health™

Visit tuftshealthplan.dashforhealth.com and enter coupon code: "thp" to eat healthier, exercise better and lose weight. This online program is designed to give you the support you need, from recipes and meal plans to self-tracking tools.

Sign up for the DASH for Health program for \$34.50 for a 6-month subscription (50% off the regular subscription rate).

The Dinner Daily

Save 25% on any Dinner Daily subscription, visit thedinnerdaily.com/thp and use code "THP25" to sign up. The Dinner Daily provides members with customized meal plans that fit members' dietary restrictions and a shopping list that maximizes local store savings specials.

⁵ Specialty clubs and studios, such as martial arts, yoga, spin and personal training centers may offer different "trial" offers. Please inquire with the owner or membership department at these centers to verify offer.

⁶ At participating facilities only. Discounts cannot be combined with any other promotion offered by the fitness location or trainer.

⁷ First 4 weeks only. Avg. weight loss in study was 11.6 lbs for those who completed the program. Valid for 3-month trial membership. Weekly full menu avg. \$156 (before discount) and any shipping costs not included. Discount split over 12 consecutive weeks with full menu purchase. Valid at participating centers and Jenny Craig Anywhere. New members only. No cash value. Not valid with any other offers or discounts. One offer per person. Restrictions apply.

⁸ 50% off enrollment and/or membership fees for eligible premium programs. Weekly full menu avg. \$156 (before any discount) and any shipping cost are not included. No cash value. Not valid with any other offer or discounts. Valid at participating locations and Jenny Craig Anywhere. New members only. Restrictions apply.



Jenny Craig®

Lose up to 16 lbs in just 4 weeks⁷ with Rapid Results™ by Jenny Craig.

Enjoy our special offers:

- Free 3-month program⁸ - Food not included and \$120 in Food Savings (purchase required) OR
- Save 50% off our premium programs - Food cost separate.

Get Started Today

- Visit jennycraig.com/THP OR
- Call 877-536-6970 to schedule an appointment for a FREE consultation.

Mind and Body

Brain Fitness

Save 17% on the price of a subscription to BrainHQ™, an online cognitive training program. Stay sharp and visit brainhq.com/thp.

Cambridge Health Alliance Center for Mindfulness and Compassion Discount

Save 15% on Mindfulness and Self-Compassion courses, which can reduce stress and improve your overall wellbeing. Visit chacmc.org/courses and use access code "THP15" when you register.

Discounts on ChooseHealthy.com

Free shipping and up to 40% discount on wellness products on the site, ChooseHealthy.com. For details on how to get this discount, call Customer Relations or visit choosehealthy.com/public.

Massage Therapy and Acupuncture

Reconnect your body, mind, and spirit with massage therapy or acupuncture. **Massage therapy:** save 25% off the provider's usual fee, or pay \$15 per 15 minutes of massage therapy, whichever is less. **Acupuncture:** save 25% off the provider's usual fee. For a list of providers near you, call ChooseHealthy customer service at 1-877-335-2746.

Meditation 101 Audio Series

The Meditation 101 Series is designed for those who are new to meditation. Meditation 101 consists of 10 short audio lessons that provide you with everything you need to know to begin meditating. To access this free tool, visit app.wellable.co/meditation101, and enter the access code "THP".

Mindfulness and Stress Management

Save 15% on the cost of tuition for the 8-week Stress Reduction Program at UMass Medical School's Center for Mindfulness in Medicine, Health Care, and Society. For more information, call the Center at 508-856-2656, or visit The Center for Mindfulness website for Tufts Health Plan members. To receive the discount, just show your Tufts Health Plan Member ID card.

More Savings

Eye Glasses, Contacts + Corrective Vision Discounts

Save up to 35% on the price of frames, lenses and sunglasses when you see an EyeMed network provider. EyeMed Vision Care also offers a replacement contact lens program, and 5-15% off the cost of LASIK and PRK laser vision correction. Learn more at tuftshealthplan.com/eyemed.

Home Instead Senior Care®

Get a one-time \$100 credit toward charges for nonmedical support services at participating offices. Home Instead Senior Care enables seniors to live safely and comfortably wherever they call home. You can also receive a free home safety inspection once you have contracted for services with Home Instead Senior Care.

For more information, please contact Home Instead at homeinstead.com or by phone at 1-888-484-5759. To get the discount, just show your Tufts Health Plan Member ID card.

The Original Healing Threads™

Save 20% on patient apparel, the alternative to the standard patient wear/hospital gown. To receive your 20% member discount, enter "THP" in the "Enter Promotional Code" box located in the Shopping Bag section during check out.

LEARN MORE:

tuftshealthplan.com/Discounts-Perks

800.462.0224





FITNESS REWARDS

Stay in Shape and Save



To encourage you to get fit and stay healthy, Tufts Health Plan offers a number of ways for you to save on fitness center fees both in and outside of our fitness center network.

\$150 Fitness Center Rebate

We'll give you a rebate of up to \$150 on your fitness center membership and certain group exercise classes. It's simple! Once you've been a member of Tufts Health Plan for at least four months, you're eligible for the rebate.

The fitness center must offer cardio and strength-training machines and other programs for improved physical fitness. The rebate does not include martial arts centers, gymnastics centers, country clubs, aerobics-only or pool-only centers, sports teams and leagues, social clubs and tennis clubs, personal trainers, sports coaches, or the purchase of personal or at-home exercise machines.

You are also eligible for a rebate on the cost of certain group exercise classes. Classes held in a residential setting or dance classes are not included. Group exercise classes include, but are not limited to: yoga, pilates, Zumba, and kickboxing.

The rebate applies one time per family, one time per year. The rebate is paid to the Tufts Health Plan subscriber after you pay your fitness center fees. Submit the Fitness Rebate Form, along with proof of fitness center membership and payment, and Tufts Health Plan will pay up to \$150 of your fees for the year. Reimbursements are typically processed within 4 to 6 weeks of receipt.

To learn more about Tufts Health Plan fitness discounts, go to tuftshealthplan.com/gic or call a member representative at 800.870.9488.





TUFTS HEALTH PLAN SPIRIT

Provider Access Area



The Tufts Health Plan Spirit provider access area includes the majority of Massachusetts, including certain towns in Berkshire and Hampshire counties—areas in which contracted primary care providers (PCPs) are located and that are a reasonable distance from contracted specialists who provide the most-often-used services, such as surgeons and OB/GYNs. Tufts Health Plan Spirit is not available in Dukes and Nantucket counties.

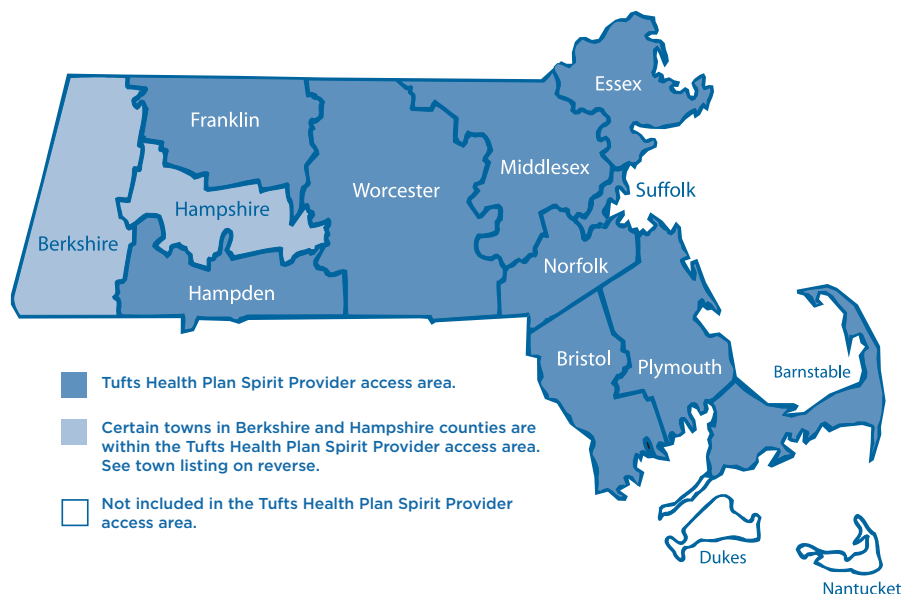
To enroll in Tufts Health Plan Spirit, you must live in one of the following counties: Barnstable, Bristol, Essex, Franklin, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, or Worcester, or in certain towns in Berkshire and Hampshire counties.

Log in at tuftshealthplan.com/gic and start using your secure online account to manage your healthcare.

The Tufts Health Plan Spirit provider access area differs from the Tufts Health Plan Navigator Provider access area.

Our network has more than 23,000 providers including access to 6,200 behavioral health providers and 48 hospitals. Visit tuftshealthplan.com/gic for a current list of Tufts Health Plan Spirit providers.

Limited Network: The Tufts Health Plan Spirit plan has a provider access area that is smaller than the Navigator by Tufts Health Plan provider access area. Spirit members only have access to benefits from providers in the Spirit network.



Commonwealth of Massachusetts
Group Insurance Commission

Cities and Towns in the Tufts Health Plan Spirit Provider Access

ABINGTON	CONWAY	HAVERHILL	MONROE BRIDGE	RAYNHAM	TYNGSBORO
ACCORD	DANVERS	HAYDENVILLE	MONSON	RAYNHAM CENTER	TYRINGHAM
ACTON	DARTMOUTH	HEATH	MONTAGUE	READING	UPTON
ACUSHNET	DEDHAM	HINGHAM	MONTEREY	READVILLE	UXBRIDGE
ADAMS	DEERFIELD	HINSDALE	MONUMENT BEACH	REHOBOTH	VILLAGE OF NAGOG
AGAWAM	DENNIS	HOLBROOK	NAHANT	REVERE	WOODS
ALLSTON	DENNIS PORT	HOLDEN	NATICK	RICHMOND	WABAN
AMESBURY	DEVENS	HOLLAND	NEEDHAM	ROCHDALE	
AMHERST	DIGHTON	HOLLISTON	NEEDHAM HEIGHTS	ROCHESTER	
ANDOVER	DOUGLAS	HOLYOKE	NEW BEDFORD	ROCKLAND	WAKEFIELD
ARLINGTON	DOVER	HOPEDALE	NEW BRAINTREE	ROCKPORT	WALES
ARLINGTON HEIGHTS	DRACUT	HOPKINTON	NEW SALEM	ROSLINDALE	WALPOLE
ASHBURNHAM	DRURY	HOUSATONIC	NEW TOWN	ROWE	WALTHAM
ASHBY	DUDLEY	HUBBARDSTON	NEWBURY	ROWLEY	WARE
ASHFIELD	DUNSTABLE	HUDSON	NEWBURYPORT	ROYALSTON	WAREHAM
ASHLAND	DUXBURY	HULL	NEWTON	RUSSELL	WARREN
ASHLEY FALLS	EAST BOSTON	HUMAROCK	NEWTON CENTER	RUTLAND	WARWICK
ASSONET	EAST BRIDGEWATER	HUNTINGTON	NEWTON HIGHLANDS	SAGAMORE	WATERTOWN
ATHOL	EAST BROOKFIELD	HYANNIS	NEWTON LOWER	SAGAMORE BEACH	WAVERLEY
ATTLEBORO	EAST DENNIS	HYANNIS PORT	FALLS	SALEM	WAYLAND
ATTLEBORO FALLS	EAST FALMOUTH	HYDE PARK	NEWTON UPPER	SALISBURY	WEBSTER
AUBURN	EAST FREETOWN	INDIAN ORCHARD	FALLS	SANDISFIELD	WELLESLEY
AUBURNDALE	EAST LONGMEADOW	IPSWICH	NEWTONVILLE	SANDWICH	WELLESLEY HILLS
AVON	EAST ORLEANS	JAMAICA PLAIN	NONANTUM	SAUGUS	WELLFLEET
AYER	EAST OTIS	JEFFERSON	NORFOLK	SAVOY	WENDELL
BABSON PARK	EAST PRINCETON	KINGSTON	NORTH AMHERST	SCITUATE	WENDELL DEPOT
BALDWINVILLE	EAST SANDWICH	LAKE PLEASANT	NORTH ANDOVER	SEEKONK	WENHAM
BARRE	EAST TAUNTON	LAKEVILLE	NORTH ATTLEBORO	SHARON	WEST BARNSTABLE
BECKET	EAST TEMPLETON	LANCASTER	NORTH BILLERICA	SHEFFIELD	WEST BOXFORD
BEDFORD	EAST WALPOLE	LANESBORO	NORTH BROOKFIELD	SHELburne FALLS	WEST BOYLSTON
BELCHERTOWN	EAST WAREHAM	LAWRENCE	NORTH CARVER	SHELDONVILLE	WEST BRIDGEWATER
BELLINGHAM	EAST WEYMOUTH	LEE	NORTH CHATHAM	SHERBORN	WEST BROOKFIELD
BELMONT	EASTHAM	LEEDS	NORTH CHELMSFORD	SHIRLEY	WEST CHATHAM
BERKLEY	EASTHAMPTON	LEICESTER	NORTH DARTMOUTH	SHREWSBURY	WEST CHESTERFIELD
BERLIN	EASTON	LENNOX	NORTH DIGHTON	SHUTESBURY	WEST DENNIS
BERNARDSTON	ELMWOOD	LENNOX DALE	NORTH EASTHAM	SILVER BEACH	WEST FALMOUTH
BEVERLY	ERVING	LEOMINSTER	NORTH EASTON	SOMERSET	WEST GROTON
BILLERICA	ESSEX	LEVERETT	NORTH EGREMONT	SOMERVILLE	WEST HARWICH
BLACKSTONE	EVERETT	LEXINGTON	NORTH FALMOUTH	SOUTH BARRE	WEST HATFIELD
BLANDFORD	FAIRHAVEN	LINCOLN	NORTH GRAFTON	SOUTH CARVER	WEST HYANNISPORT
BOLTON	FALL RIVER	LINWOOD	NORTH HATFIELD	SOUTH CHATHAM	WEST MEDFORD
BONDSDVILLE	FALMOUTH	LITTLETON	NORTH MARSHFIELD	SOUTH DARTMOUTH	WEST MILLBURY
BOSTON	FAYVILLE	LONGMEADOW	NORTH OXFORD	SOUTH DEERFIELD	WEST NEWBURY
BOXBOROUGH	FEEDING HILLS	LOWELL	NORTH PEMBROKE	SOUTH DENNIS	WEST NEWTON
BOXFORD	FISKDALE	LUDLOW	NORTH READING	SOUTH EASTON	WEST ROXBURY
BOYLSTON	FITCHBURG	LUNENBURG	NORTH SCITUATE	SOUTH GRAFTON	WEST SPRINGFIELD
BRAINTREE	FLORENCE	LYNN	NORTH UXBRIDGE	SOUTH HAMILTON	WEST STOCKBRIDGE
BRANT ROCK	FORESTDALE	LYNNFIELD	NORTH WALTHAM	SOUTH HARWICH	WEST TOWNSEND
BRIDGEWATER	FOXBORO	MALDEN	NORTH WEYMOUTH	SOUTH LANCASTER	WEST WAREHAM
BRIGHTON	FRAMINGHAM	MANCHAUG	NORTHAMPTON	SOUTH LEE	WEST WARREN
BRIMFIELD	FRANKLIN	MANCHESTER	NORTHBOROUGH	SOUTH ORLEANS	WEST YARMOUTH
BROCKTON	GARDNER	MANOMET	NORTHBRIDGE	SOUTH WALPOLE	WESTBOROUGH
BROOKFIELD	GEORGETOWN	MANSFIELD	NORTHFIELD	SOUTH WEYMOUTH	WESTFIELD
BROOKLINE	GILBERTVILLE	MARBLEHEAD	NORTON	SOUTH YARMOUTH	WESTFORD
BROOKLINE VILLAGE	GILL	MARION	NORWELL	SOUTHBOROUGH	WESTMINSTER
BRYANTVILLE	GLENDALE	MARLBOROUGH	NORWOOD	SOUTHBRIDGE	WESTON
BUCKLAND	GLOUCESTER	MARSHFIELD	NUTTING LAKE	SOUTHFIELD	WESTPORT
BURLINGTON	GOSHEN	MARSHFIELD HILLS	OAKHAM	SOUTHWICK	WESTPORT POINT
BYFIELD	GRAFTON	MARSTONS MILLS	OCEAN BLUFF	SPENCER	WESTWOOD
CAMBRIDGE	GRANBY	MASHPEE	ONSET	SPRINGFIELD	WEYMOUTH
CANTON	GRANVILLE	MATTAPAN	ORANGE	STERLING	WHATELY
CARLISLE	GREAT BARRINGTON	MATTAPOISETT	ORLEANS	STILL RIVER	WHEELWRIGHT
CARVER	GREEN HARBOR	MAYNARD	OSTERVILLE	STONEHAM	WHITE HORSE BEACH
CHARLEMONT	GREENBUSH	MEDFIELD	OTIS	STOUGHTON	WHITINSVILLE
CHARLESTOWN	GREENFIELD	MEDFORD	OXFORD	STOW	WHITMAN
CHARLTON	GROTON	MEDWAY	PALMER	STURBRIDGE	WILBRAHAM
CHARLTON CITY	GROVELAND	MELROSE	PAXTON	SUDBURY	WILLIAMSBURG
CHARLTON DEPOT	HADLEY	MENDON	PEABODY	SUNDERLAND	WILMINGTON
CHARTLEY	HALIFAX	MERRIMAC	PEMBROKE	SUTTON	WINCHENDON
CHELMSFORD	HAMILTON	METHUEN	PEPPERELL	SWAMPSCOTT	WINCHENDON
CHELSEA	HAMPDEN	MIDDLEBORO	PETERSHAM	SWANSEA	SPRINGS
CERRY VALLEY	HANOVER	MIDDLEFIELD	PINEHURST	TAUNTON	WINCHESTER
CHESTER	HANSCOM AFB	MIDDLETON	PITTSFIELD	TEMPLETON	WINDSOR
CHESTERFIELD	HANSON	MILFORD	PLAINFIELD	TEWKSBURY	WINTHROP
CHESTNUT HILL	HARDWICK	MILLBURY	PLAINVILLE	THORNDIKE	WOBURN
CHICOPEE	HARVARD	MILL RIVER	PLYMOUTH	THREE RIVERS	WOODS HOLE
CLINTON	HARWICH	MILLERS FALLS	PLYMPTON	TOPSFIELD	WOODVILLE
COHASSET	HARWICH PORT	MILLIS	POCASSET	TOWNSEND	WORCESTER
COLRAIN	HATFIELD	MILLVILLE	PRIDES CROSSING	TRURO	WORONOCO
CONCORD	HATHORNE	MILTON	PRINCETON	TURNERS FALLS	WRENTHAM
		MILTON VILLAGE	PROVINCETOWN		YARMOUTH PORT
		MINOT	QUINCY		
		MONPONSETT	RANDOLPH		



SPIRIT PLAN - LIMITED NETWORK



Commonwealth of Massachusetts
Group Insurance Commission

Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.



Tufts Health Plan is committed to safeguarding the privacy of our members' protected health information ("PHI"). PHI is information which:

- ▶ identifies you (or can reasonably be used to identify you); and
- ▶ relates to your physical or mental health or condition, the provision of health care to you or the payment for that care.

We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. This Notice of Privacy Practices describes how we may collect, use and disclose your PHI, and your rights concerning your PHI. This Notice applies to all members of Tufts Health Plan's insured health benefit plans, (including: HMO plans; Tufts Health Plan Medicare Preferred plans; and insured POS and PPO plans. It also applies to all members of health plans insured by Tufts Insurance Company (a Tufts Health Plan affiliate)). It does not apply to products offered by Tufts Health Public Plans. Unless your employer has notified you otherwise, this Notice of Privacy Practices also applies to all members of self-insured group health plans that are administered by a Tufts Health Plan entity.

How We Obtain PHI

As a managed care plan, we engage in routine activities that result in our being given PHI from sources other than you. For example, health care providers—such as physicians and hospitals—submit claim forms containing PHI to enable us to pay them for the covered health care services they have provided to you.

How We Use and Disclose Your PHI

We use and disclose PHI in a number of ways to carry out our responsibilities as a managed care plan. The following describes the types of uses and disclosures of PHI that federal law permits us to make without your specific authorization:

- ▶ **Treatment:** We may use and disclose your PHI to health care providers to help them treat you. For example, our care managers may disclose PHI to a home health care agency to make sure you get the services you need after discharge from a hospital.
- ▶ **Payment Purposes:** We use and disclose your PHI for payment purposes, such as paying doctors and hospitals for covered services. Payment purposes also include activities such as: determining eligibility for benefits; reviewing services for medical necessity; performing utilization review; obtaining premiums; coordinating benefits; subrogation; and collection activities.
- ▶ **Health Care Operations:** We use and disclose your PHI for health care operations. For example, this includes: population-based activities relating

to improving health or reducing health care costs; coordinating/managing care; assessing and improving the quality of health care services; reviewing the qualifications and performance of providers; reviewing health plan performance; conducting medical reviews; and resolving grievances. It also includes business activities such as: underwriting; rating; placing or replacing coverage; determining coverage policies; business planning; obtaining reinsurance; arranging for legal and auditing services (including fraud and abuse detection programs); and obtaining accreditations and licenses. We do not use or disclose PHI that is genetic information for underwriting purposes.

- ▶ **Health and Wellness Information:** We may use or disclose your PHI so that you may be contacted with information about: appointment reminders; treatment alternatives; therapies; health care providers; settings of care; or other health-related benefits, services and products that may be of interest to you. For example, you may receive information about smoking cessation programs, or weight management programs, or we might send a mailing to subscribers approaching Medicare eligible age with materials describing our senior products and an application form.
- ▶ **Organizations That Assist Us:** In connection with treatment, payment and health care operations, we may share your PHI with our affiliates and third party "business associates" that perform activities for us or on our behalf, for example, our pharmacy benefit manager. We will obtain assurances from our business associates that they will appropriately safeguard your information.
- ▶ **Plan Sponsors:** If you are enrolled in Tufts Health Plan through your current or former place of work, you are enrolled in a group health plan. We may disclose PHI to the group health plan's plan sponsor—usually your employer—for plan administration purposes. A plan sponsor of an insured health benefit plan must certify that it will protect the PHI in accordance with law.
- ▶ **Public Health and Safety; Health Oversight:** We may disclose your PHI: to a public health authority for public health activities, such as responding to public health investigations; when authorized by law, to appropriate authorities, if we reasonably believe you are a victim of abuse, neglect or domestic violence; when we believe in good faith that it is necessary to prevent or lessen a serious and imminent threat to your or others' health or safety; or to health oversight agencies for certain activities such as: audits; disciplinary actions; and licensure activity.
- ▶ **Legal Process; Law Enforcement; Specialized Government Activities:** We may disclose your PHI: in the course of legal proceedings; in certain cases, in response to a subpoena, discovery request or other lawful process; to law enforcement officials for such purposes as responding to a warrant or subpoena;

or for specialized governmental activities such as national security.

- ▶ **Research; Death; Organ Donation:** We may disclose your PHI to researchers, provided that certain established measures are taken to protect your privacy. We may disclose PHI, in certain instances, to coroners, medical examiners and in connection with organ donation.
- ▶ **Workers Compensation:** We may disclose your PHI when authorized by workers' compensation laws.
- ▶ **Family and Friends:** We may disclose PHI to a family member, relative or friend—or anyone else you identify—as follows: (i) when you are present prior to the use or disclosure and you agree; or (ii) when you are not present (or you are incapacitated or in an emergency situation) if, in the exercise of our professional judgment and in our experience with common practice, we determine that the disclosure is in your best interests. In these cases we will only disclose the PHI that is directly relevant to the person's involvement in your health care or payment related to your health care.
- ▶ **Personal Representatives:** Unless prohibited by law, we may disclose your PHI to your personal representative, if any. A personal representative is a person who has legal authority to act on your behalf regarding your health care or health care benefits. For example, an individual named in a durable power of attorney or a parent or guardian of an unemancipated minor are personal representatives.
- ▶ **Communications:** We will communicate information containing PHI to the address or telephone number we have on record for the subscriber of your health benefits plan. Also, we may mail information containing your PHI to the subscriber. For example, communication regarding member requests for reimbursement may be addressed to the subscriber. We will not make separate mailings for enrolled dependents at different addresses, unless we are requested to do so and agree to the request. See below "Right to Receive Confidential Communications" for more information on how to make such a request.
- ▶ **Required by Law:** We may use or disclose your PHI when we are required to do so by law. For example, we must disclose your PHI to the U.S. Department of Health and Human Services upon request if they wish to determine whether we are in compliance with federal privacy laws.

If one of the above reasons does not apply, we will not use or disclose your PHI without your written permission ("authorization"). You may give us written authorization to use or disclose your PHI to anyone for any purpose. You may later change your mind and revoke your authorization in writing. However, your written revocation will not affect actions we've

already taken in reliance on your authorization. Where state or other federal laws offer you greater privacy protections, we will follow those more stringent requirements. For example, under certain circumstances, records that contain information about: alcohol abuse treatment; drug abuse prevention or treatment; AIDS-related testing or treatment; or certain privileged communications, may not be disclosed without your written authorization. In addition, when applicable we must have your written authorization before using or disclosing medical or treatment information for a member appeal. See below "Who to Contact for Questions or Complaints" if you would like more information.

How We Protect PHI Within Our Organization

Tufts Health Plan protects oral, written and electronic PHI throughout our organization. We do not sell PHI to anyone. We have many internal policies and procedures designed to control and protect the internal security of your PHI. These policies and procedures address, for example, use of PHI by our employees. In addition, we train all employees about these policies and procedures. Our policies and procedures are evaluated and updated for compliance with applicable laws.

Your Individual Rights

The following is a summary of your rights with respect to your PHI:

- ▶ **Right of Access to PHI:** You have the right to inspect and get a copy of most PHI Tufts Health Plan has about you, or a summary explanation of PHI if agreed to in advance by you. Requests must be made in writing and reasonably describe the information you would like to inspect or copy. If your PHI is maintained electronically, you will also have the right to request a copy in electronic format. We have the right to charge a reasonable cost-based fee for paper or electronic copies as established by state or federal law. Under certain circumstances, we may deny your request. If we do so, we will send you a written notice of denial describing the basis of our denial. You may request that we send a copy of your PHI directly to another person that you designate. Your request must be in writing, signed by you, and clearly identify the person and the address where the PHI should be sent.
- ▶ **Right to Request Restrictions:** You have the right to ask that we restrict uses or disclosures of your PHI to carry out treatment, payment and health care operations; and disclosures to family members or friends. We will consider the request. However, we are not required to agree to it and, in certain cases, federal law does not permit a restriction. Requests may be made verbally or in writing to Tufts Health Plan.

► **Right to Receive Confidential Communications:**

You have the right to ask us to send communications of your PHI to you at an address of your choice or that we communicate with you in a certain way. For example, you may ask us to mail your information to an address other than the subscriber's address. We will accommodate your request if: you state that disclosure of your PHI through our usual means could endanger you; your request is reasonable; it specifies the alternative means or location; and it contains information as to how payment, if any, will be handled. Requests may be made verbally or in writing to Tufts Health Plan.

► **Right to Amend PHI:** You have the right to have us amend most PHI we have about you. We may deny your request under certain circumstances. If we deny your request, we will send you a written notice of denial. This notice will describe the reason for our denial and your right to submit a written statement disagreeing with the denial. Requests must be in writing to Tufts Health Plan and must include a reason to support the requested amendment.

► **Right to Receive an Accounting of Disclosures:**

You have the right to a written accounting of the disclosures of your PHI that we made in the last six years prior to the date you request the accounting. However, except as otherwise provided by law, this right does not apply to: (i) disclosures we made for treatment, payment or health care operations; (ii) disclosures made to you or people you have designated; (iii) disclosures you or your personal representative have authorized; (iv) disclosures made before April 14, 2003; and (v) certain other disclosures, such as disclosures for national security purposes. If you request an accounting more than once in a 12-month period, we may charge you a reasonable fee. All requests for an accounting of disclosures must be made in writing to Tufts Health Plan.

► **Right to authorize other use and disclosure:** You have the right to authorize any use or disclosure of PHI that is not specified within this notice. For example, we would need your written authorization to use or disclose your PHI for marketing, for most uses or disclosures of psychotherapy notes, or if we intended to sell your PHI. You may revoke an authorization, at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

► **Right to receive a privacy breach notice:** You have the right to receive written notification if we discover a breach of your unsecured PHI, and determine through a risk assessment that notification is required.

► **Right to this Notice:** You have a right to receive a paper copy of this Notice from us upon request.

► **How to Exercise Your Rights:** To exercise any of the individual rights described above or for more information, please call a member services coordinator at 1-800-462-0224 (TDD: 1-800-815-8580) or write to:

Compliance Department
Tufts Health Plan
705 Mount Auburn Street
Watertown, MA 02472-1508

Effective Date of Notice

This Notice takes effect October 1, 2015. We must follow the privacy practices described in this Notice while it is in effect. This Notice will remain in effect until we change it. This Notice replaces any other information you have previously received from us with respect to privacy of your medical information.

Changes to this Notice of Privacy Practices

We may change the terms of this Notice at any time in the future and make the new Notice effective for all PHI that we maintain—whether created or received before or after the effective date of the new Notice. Whenever we make an important change, we will publish the updated Notice on our Web site at www.tuftshealthplan.com. In addition, we will use one of our periodic mailings to inform subscribers about the updated Notice.

Who to Contact For Questions or Complaints

If you would like more information or a paper copy of this Notice, please contact a member services representative at the number listed above. You can also download a copy from our Web site at www.tuftshealthplan.com. If you believe your privacy rights may have been violated, you have a right to complain to Tufts Health Plan by calling the Privacy Officer at 1-800-208-9549 or writing to:

Privacy Officer
Compliance Department
Tufts Health Plan
705 Mount Auburn Street
Watertown, MA 02472-1508

You also have a right to complain to the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint.

Tufts Associated Health Maintenance Organization, Inc., Total Health Plan, Inc., Tufts Benefit Administrators, Inc. and Tufts Insurance Company do business as Tufts Health Plan. Tufts Health Plan is a registered trademark of Tufts Associated Health Maintenance Organization, Inc.

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DISCRIMINATION IS AGAINST THE LAW



Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Tufts Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Tufts Health Plan at 800.462.0224.

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Tufts Health Plan, Attention:

Civil Rights Coordinator Legal Dept.

705 Mount Auburn St. Watertown, MA 02472

Phone: 888.880.8699 ext. 48000, [TTY number — 800.439.2370 or 711]

Fax: 617.972.9048

Email: OCRCoordinator@tufts-health.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building Washington, D.C. 20201

800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

tuftshealthplan.com | 800.462.0224

For no cost translation in English, call the number on your ID card.

Arabic للحصول على خدمة الترجمة المجانية باللغة العربية، يرجى الاتصال على الرقم المدون على بطاقة الهوية الخاصة بك.

Chinese 若需免費的中文版本，請撥打 ID 卡上的電話號碼。

French Pour demander une traduction gratuite en français, composez le numéro indiqué sur votre carte d'identité.

German Um eine kostenlose deutsche Übersetzung zu erhalten, rufen Sie bitte die Telefonnummer auf Ihrer Ausweiskarte an.

Greek Για δωρεάν μετάφραση στα Ελληνικά, καλέστε τον αριθμό που αναγράφεται στην αναγνωριστική κάρτας σας.

Haitian Creole Pou jwenn tradiksyon gratis nan lang Kreyòl Ayisyen, rele nimewo ki sou kat ID ou.

Italian Per la traduzione in italiano senza costi aggiuntivi, è possibile chiamare il numero indicato sulla tessera identificativa.

Japanese 日本語の無料翻訳については ID カードに書いてある番号に電話してください。

Khmer (Cambodian) សម្រាប់សេវាកម្មប្រដោយឥតគិតថ្លៃជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

Korean 한국어로 무료 통역을 원하시면, ID 카드에 있는 번호로 연락하십시오.

Laotian ສຳລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.

Navajo Doo bááh ilíní da Diné k'ehjí álnéehgo, hodiilnih béésh bee haní'é bee nées ho'dílzingo nantinígíí bikáá'.

Persian برای ترجمه رایگا فارسی به شماره تلفن مندرج در کارت شناسائی تان زنگ بزنید.

Polish Aby uzyskać bezpłatne tłumaczenie w języku polskim, należy zadzwonić na numer znajdujący się na Pana/i dowodzie tożsamości.

Portuguese Para tradução grátis para português, ligue para o número no seu cartão de identificação.

Russian Для получения услуг бесплатного перевода на русский язык позвоните по номеру, указанному на идентификационной карточке.

Spanish Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.

Tagalog Para sa walang bayad na pagsasalin sa Tagalog, tawagan ang numero na nasa inyong ID card.

Vietnamese Để có bản dịch tiếng Việt không phải trả phí, gọi theo số trên thẻ căn cước của bạn.





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