

PCP Required	√	Referral Required	√
In-Network Coverage	√	Out-of-Network Coverage	
Copayments	√	Deductible/Coinsurance	

Description

The Exclusive Provider Option (EPO) plan is a self-insured option, which works like a fully insured HMO plan. Similar to HMO Members, EPO Members are required to select a primary care physician (PCP) from within the Tufts Health Plan network, who is responsible for managing or providing the Member's care. Copayments and all unauthorized or self-referred care are the responsibility of the Member.

Coverage

The plan covers appropriately authorized, medically necessary covered services at 100% minus the applicable copayment. Copayments vary by employer group plan design and can be verified by referencing one of our [electronic services](#) options. There is no coverage for unauthorized, non-emergency or non-urgent care.

The PCP must authorize specialty care with either an electronic or written referral, with some exceptions, For example, emergency department services, annual eye exam, and annual gynecological exam. In most cases the Member will be directed to a Tufts Health Plan contracted specialist within the Member's PCP's hospital affiliation.

In the rare instance that it is necessary for an EPO Member to be treated by a provider outside of the Tufts Health Plan network, a paper referral form must be completed and signed by the PCP and authorized by the Physician Reviewer associated with the PCP's Provider Organization.

Prior to submitting a referral request to a Physician Reviewer, the PCP should confirm that a specialist in the Tufts Health Plan network could not provide a comparable level of care. Referrals that require Physician Reviewer approval should be sent directly to the attention of the Provider Organization Physician Reviewer before being sent to Tufts Health Plan.

The Physician Reviewer is responsible for reviewing referrals issued to specialty care providers who are not affiliated with Tufts Health Plan or for out-of-area specialty care services. The Physician Reviewer will either approve and sign the referral form or offer an appropriate in-plan provider option.

Authorization

[Preregistration](#) is required for all inpatient admissions prior to rendering services.

[Prior authorization](#) by Tufts Health Plan's Precertification Department is required for certain procedures and services. For a complete description of Tufts Health Plan's authorization and notification requirements, reference the [Authorization and Notification Payment Policy](#).

Mental Health/Substance Abuse

EPO Members are required to obtain all inpatient and partial hospitalization mental health/substance abuse services from a Tufts Health Plan contracting [designated facility \(DF\)](#), with the exception of emergency admissions.

EPO Members are not assigned to a specific DF. Tufts Health Plan contracts with selected hospitals to provide emergency, inpatient intermediate, and partial hospitalization for mental health/substance abuse care. The DF is responsible for preregistration of admissions or coordinating alternative, when appropriate.