

# WEST SUBURBAN HEALTH GROUP NAVIGATOR™ BY TUFTS HEALTH PLAN RATE SAVER BENEFIT SUMMARY



# BENEFIT SUMMARY

Navigator™ by Tufts Health Plan provides comprehensive health care coverage with flexibility.

As a Navigator plan member:

- You receive covered health care services only from providers in the Tufts Health Plan network, except for emergency or urgent care.
- You are not required to choose a primary care physician (PCP).
- You do not need referrals.
- In most cases, you just show your Tufts Health Plan member ID card to receive covered health care services from network providers.
- You have the flexibility to choose more affordable inpatient hospital copayments by selecting hospitals with an excellent quality and cost-efficiency rating.
- You have the flexibility to choose more affordable physician office visit copayments, depending on the type of doctor you see.

Office visit copayments for network physicians vary, depending on the type of doctor you see.

- **PCPs, PCPs who are also specialists, pediatricians, and OB/GYNs**—Covered at \$20 per office visit
- **Network specialists**—Covered at \$40 per office visit

Your inpatient hospital copayment at network hospitals depends on the hospital you choose. Inpatient adult medical/surgical, obstetric, and pediatric care received at network hospitals is covered at two copayment levels:

- **Tier 1:** Hospitals with an excellent quality and cost-efficiency rating—Covered in full after a \$150 copayment
- **Tier 2:** Hospitals with a good quality and cost-efficiency rating—Covered in full after a \$250 copayment

You can review the Navigator Inpatient Hospital Copayment List in this brochure. To find doctors and hospitals in our network, visit [www.tuftshealthplan.com](http://www.tuftshealthplan.com), or call a member specialist.

Please note that this is a summary of benefits only. For more detailed benefit information, please refer to this plan's member benefit document.

| Outpatient Medical Care                             | In-Network          |
|---|---------------------|
| Most Provider Office Visits                         | \$20 per visit      |
| Specialist Care, Consultations                      | \$40 per visit      |
| Routine Physical Exams                              | \$20 per visit      |
| Well-Child Care                                     | \$20 per visit      |
| OB/GYN Care   | \$20 per visit      |
| Prenatal and Postnatal Care*                        | \$20 per visit      |
| Laboratory Tests, including Pap Smear               | Covered in Full     |
| Diagnostic Imaging, including Mammograms            | Covered in Full     |
| High Tech Diagnostic Imaging (CAT/MRI/PET)          | \$75 per visit      |
| Immunizations                                       | Covered in Full     |
| Radiation Therapy                                   | Covered in Full     |
| Speech and Short-Term Physical/Occupational Therapy | \$20 per visit      |
| Annual Routine Eye Exams                            | \$20 per visit      |
| Spinal Manipulation (12 visits per calendar year)   | \$20 per visit      |
| Day Surgery   | \$125 per Admission |

| Inpatient Hospital Care and Surgery**                    | In-Network                       |
|--|----------------------------------|
| Acute Care for Illness or Injury, and Maternity Services | \$150 - Tier 1<br>\$250 - Tier 2 |
| Physician's Care while Hospitalized                      | Covered in Full                  |
| Surgery and Surgeon's Services while Hospitalized        | Covered in Full                  |
| Newborn Care in Hospital                                 | Covered in Full                  |
| Anesthesia while Hospitalized                            | Covered in Full                  |

| <b>Inpatient Hospital Care and Surgery**</b>   |  | <b>In-Network</b>   |   |
|--|--|---|---|
| Medications while Hospitalized   |  | Covered in Full   |   |
| Nursing Care while Hospitalized  |  | Covered in Full   |   |
| Imaging and Lab Services while Hospitalized  |  | Covered in Full   |   |
| Intensive Care/Coronary Care while Hospitalized  |  | Covered in Full   |   |
| Radiation Therapy while Hospitalized   |  | Covered in Full   |   |
| Skilled Nursing in Skilled Nursing Facility (Up to 100 days per calendar year)   |  | Covered in Full   |   |
| <b>Emergency Care</b>  |  | <b>In-Network and Out-of-Network</b>  |   |
| In Doctor's Office   |  | \$20 per visit  |   |
| In Emergency Room  |  | \$75 per visit  |   |
| <b>Mental Health***</b>  |  | <b>In-Network</b>   |   |
| Outpatient Care (Up to 24 visits per calendar year)  |  | \$20 per visit  |   |
| Inpatient Care (Services provided at a designated facility for up to 60 days per calendar year)  |  | \$150 per Admission   |   |
| <b>Substance Abuse****</b>   |  | <b>In-Network</b>   |   |
| Outpatient Care (Alcohol and drug treatment and detoxification)<br>(Covered up to \$500 per calendar year)   |  | \$20 per visit  |   |
| Inpatient Care<br>(Up to 30 days per calendar year)  |  | \$150 per Admission   |   |
| <b>Other Services</b>  |  | <b>In-Network</b>   |   |
| Durable Medical Equipment (\$5,000 calendar year maximum)  |  | 20% Copayment   |   |
| Ambulance (When medically necessary)   |  | Covered in Full   |   |
| Membership at Fitness Facilities   |  | \$150 fitness reimbursement per family.<br>Call Member Services for reimbursement guidelines. |   |
| Pediatric Dental X-rays, full mouth once every 5 years. Bitewings, once every 6 months and periapicals as needed. Periodic oral exam, oral prophylaxis and fluoride treatment once every 6 months. |  | Covered in Full for children under 12   |   |
| <b>Out-of-Pocket Maximum</b>   |  | <b>Individual</b>   |   |
| Annual Inpatient Copayment Maximum per calendar year   |  | 4 Admissions per member   |   |
| <b>Pharmacy coverage</b>   |  | <b>30-day Supply<br/>at Retail Pharmacy</b>   | <b>90-day Supply<br/>through Mail Order</b> |
| Tier 1 Copayment   |  | \$10  | \$20  |
| Tier 2 Copayment   |  | \$25  | \$50  |
| Tier 3 Copayment   |  | \$45  | \$90  |

\*The lower office visit copayment will apply for the first visit only. After the first visit, these services are covered in full for the remainder of your pregnancy.

\*\*Semi-private room, unless private room is medically necessary.

\*\*\* Outpatient and inpatient mental health services are treated the same as any other medical condition when provided as required by law for the following: biologically based mental disorders; certain mental, behavioral or emotional disorders for children under age 19; and rape-related mental or emotional disorders. See your member benefit document for more information.

\*\*\*\* Outpatient and inpatient substance abuse services are treated the same as any other mental health condition when provided in conjunction with treatment of a mental disorder. Treatment for detoxification is not subject to substance abuse day and visit limits listed in this document. See your member benefit document for more information.

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 the member's benefit document • 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 or contact lenses • Blood, blood donor fees, blood storage fees, or blood substitutes; blood products, except as described in your Tufts Health Plan member benefit document • 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 Tufts Health Plan member benefit document • 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 public facility • Medical or surgical procedures for sexual reassignment and reversal of voluntary sterilization • Long-term (more than 60 days) outpatient physical and occupational therapy services • Foot orthotics, except therapeutic/molded shoes for an individual with severe diabetic foot disease

**This is a summary only. Please refer to your member benefit document for more detailed information.**

**Copies are available by calling a member specialist at 1-800-423-8080.**

**Offered by Total Health Plan, Inc., a Tufts Health Plan company.**

# NAVIGATOR COPAYMENTS FOR INPATIENT HOSPITAL ADMISSIONS

Lower copayments in the chart below identify hospitals that meet Tufts Health Plan's standards for an excellent quality and cost-efficiency rating.

## Massachusetts

| REGION                                      | HOSPITAL   | OBSTETRIC CARE<br>COPAYMENT | PEDIATRIC CARE<br>COPAYMENT | ADULT MEDICAL/SURGICAL<br>CARE COPAYMENT |
|---|--|-----------------------------|-----------------------------|--|
| East  | Anna Jaques Hospital   | \$250                       | \$250                       | \$150                                    |
|   | Beth Israel Deaconess Hospital - Needham                                     | \$250 (NL*)                 | \$250 (NL*)                 | \$250                                    |
|   | Beth Israel Deaconess Medical Center   | \$250                       | \$250 (NL*)                 | \$150                                    |
|   | Boston Medical Center  | \$250                       | \$150                       | \$250                                    |
|   | Brigham and Women's Hospital   | \$150                       | \$250 (NL*)                 | \$250                                    |
|   | Brockton Hospital  | \$150                       | \$150                       | \$150                                    |
|   | Cambridge Hospital (part of Cambridge Health Alliance)                       | \$150                       | \$150                       | \$250                                    |
|   | Cape Cod Hospital  | \$150                       | \$150                       | \$150                                    |
|   | Caritas Carney Hospital  | \$250 (NL*)                 | \$250                       | \$250                                    |
|   | Caritas Good Samaritan Medical Center  | \$150                       | \$250 (NL*)                 | \$150                                    |
|   | Caritas Holy Family Hospital   | \$250                       | \$150                       | \$250                                    |
|   | Caritas Norwood Hospital   | \$250                       | \$150                       | \$250                                    |
|   | Caritas St. Anne's Hospital  | \$250 (NL*)                 | \$150                       | \$150                                    |
|   | Caritas St. Elizabeth's Medical Center                                       | \$250                       | \$250 (NL*)                 | \$250                                    |
|   | Children's Hospital  | \$250 (NL*)                 | \$250                       | \$250 (NL*)                              |
|   | Dana-Farber Cancer Institute   | \$250 (NL*)                 | \$250 (NL*)                 | \$250 (NL*)                              |
|   | Emerson Hospital   | \$250                       | \$250                       | \$250                                    |
|   | Falmouth Hospital  | \$250                       | \$150                       | \$150                                    |
|   | Faulkner Hospital  | \$250 (NL*)                 | \$250 (NL*)                 | \$150                                    |
|   | Hallmark Health Systems - (Lawrence Memorial or Melrose Wakefield Hospitals) | \$250                       | \$250 (NL*)                 | \$150                                    |
|   | Jordan Hospital  | \$150                       | \$150                       | \$250                                    |
|   | Lahey Clinic Hospital  | \$250 (NL*)                 | \$250 (NL*)                 | \$250                                    |
|   | Lawrence General Hospital  | \$250                       | \$150                       | \$250                                    |
|   | Lowell General Hospital  | \$150                       | \$150                       | \$150                                    |
|   | Massachusetts Eye and Ear Infirmary  | \$250 (NL*)                 | \$250 (NL*)                 | \$250 (NL*)                              |
|   | Massachusetts General Hospital   | \$250                       | \$250                       | \$250                                    |
|   | Merrimack Valley Hospital  | \$250 (NL*)                 | \$250 (NL*)                 | \$150                                    |
|   | Metrowest Medical Center - (Framingham or Leonard Morse)                     | \$250                       | \$150                       | \$150                                    |
|   | Milton Hospital  | \$250 (NL*)                 | \$250 (NL*)                 | \$250                                    |
|   | Morton Hospital and Medical Center   | \$250                       | \$150                       | \$150                                    |
|   | Mount Auburn Hospital  | \$250                       | \$250 (NL*)                 | \$250                                    |
|   | New England Baptist Hospital   | \$250 (NL*)                 | \$250 (NL*)                 | \$250 (NL*)                              |
|   | Newton-Wellesley Hospital  | \$150                       | \$150                       | \$150                                    |
|   | North Shore Medical Center (Salem or Union campuses)                         | \$150                       | \$150                       | \$150                                    |
|   | Northeast Health System (Addison Gilbert or Beverly Hospitals)               | \$150                       | \$150                       | \$150                                    |
|   | Quincy Medical Center  | \$250 (NL*)                 | \$250 (NL*)                 | \$150                                    |
|   | Saints Memorial Medical Center   | \$250                       | \$250 (NL*)                 | \$150                                    |
|   | South Shore Hospital   | \$250                       | \$250                       | \$250                                    |
|   | Southcoast Health System - (Charlton Memorial Hospital)                      | \$150                       | \$250 (NL*)                 | \$250                                    |
|   | Southcoast Health System - (St. Luke's Hospital)                             | \$150                       | \$150                       | \$250                                    |
| Southcoast Health System - (Tobey Hospital) | \$250  | \$250 (NL*)                 | \$250                       |  |
| Sturdy Memorial Hospital                    | \$250  | \$250 (NL*)                 | \$250                       |  |
| Tufts New England Medical Center            | \$250  | \$150                       | \$250                       |  |
| Winchester Hospital                         | \$150  | \$150                       | \$150                       |  |

NL\* These hospitals are not grouped in a copayment/coinsurance level because they: (1) are a specialized hospital, (2) have fewer than 100 admissions per year for pediatrics or obstetrics, (3) do not provide pediatric or obstetric services, or (4) are a network hospital outside of Massachusetts. Members are encouraged to contact their treating provider or the hospital directly if they have questions about the services available at a specific hospital.

Please note that the status and copayment levels of our network of providers are effective as of July 1, 2008. For the most up-to-date status, please contact Member Services at 1-800-423-8080, or visit [www.tuftshealthplan.com](http://www.tuftshealthplan.com).

### OBSTETRIC SERVICES

These services include the inpatient care and treatment for any pregnancy-related condition, once a diagnosis of pregnancy has been confirmed. For example: childbirth, preterm labor, toxemia, and newborn care while mother and baby are in the hospital.

### PEDIATRIC SERVICES

These services include the inpatient care and treatment of members under age 18 for a medical or surgical condition.

### ADULT MEDICAL AND SURGICAL SERVICES

These services include the inpatient care and treatment of members, age 18 and older, for a medical or surgical condition. For example: gynecology, gastroenterology, cardiology, and orthopedics.

NOTE: All adult and pediatric transplants are covered with a \$150 copayment when authorized and performed at a Transplant Center of Excellence.

Lower copayments in the chart below identify hospitals that meet Tufts Health Plan's standards for an excellent quality and cost-efficiency rating.

| REGION  | HOSPITAL                        | OBSTETRIC CARE COPAYMENT | PEDIATRIC CARE COPAYMENT | ADULT MEDICAL/SURGICAL CARE COPAYMENT |
|---------|---------------------------------|--------------------------|--------------------------|---------------------------------------|
| Central | Athol Memorial Hospital         | \$250 (NL*)              | \$250 (NL*)              | \$250                                 |
|         | Clinton Hospital                | \$250 (NL*)              | \$250 (NL*)              | \$250                                 |
|         | Harrington Hospital             | \$250                    | \$250                    | \$250                                 |
|         | HealthAlliance Hospitals        | \$150                    | \$150                    | \$150                                 |
|         | Henry Heywood Hospital          | \$250                    | \$250 (NL*)              | \$150                                 |
|         | Hubbard Regional Hospital       | \$250 (NL*)              | \$250 (NL*)              | \$250                                 |
|         | Marlborough Hospital            | \$250 (NL*)              | \$250 (NL*)              | \$250                                 |
|         | Milford Regional Medical Center | \$250                    | \$150                    | \$150                                 |
|         | Nashoba Valley Medical Center   | \$250 (NL*)              | \$250 (NL*)              | \$150                                 |
|         | St. Vincent Hospital            | \$150                    | \$250                    | \$150                                 |
|         | UMass Memorial Medical Center   | \$250                    | \$250                    | \$250                                 |

|      |                               |             |             |       |
|------|-------------------------------|-------------|-------------|-------|
| West | Baystate Medical Center       | \$150       | \$150       | \$150 |
|      | Berkshire Medical Center      | \$250       | \$150       | \$250 |
|      | Cooley Dickinson Hospital     | \$150       | \$150       | \$250 |
|      | Fairview Hospital             | \$250       | \$250 (NL*) | \$250 |
|      | Franklin Medical Center       | \$250       | \$250 (NL*) | \$250 |
|      | Holyoke Hospital              | \$250       | \$250 (NL*) | \$150 |
|      | Mary Lane Hospital            | \$250       | \$250 (NL*) | \$150 |
|      | Mercy Medical Center          | \$150       | \$250 (NL*) | \$150 |
|      | Noble Hospital                | \$250 (NL*) | \$250 (NL*) | \$150 |
|      | North Adams Regional Hospital | \$250       | \$250 (NL*) | \$250 |
|      | Wing Memorial Hospital        | \$250 (NL*) | \$250 (NL*) | \$150 |

## New Hampshire

|  |             |             |             |
|--|-------------|-------------|-------------|
| Catholic Medical Center                | \$250 (NL*) | \$250 (NL*) | \$250 (NL*) |
| Elliot Hospital                        | \$250 (NL*) | \$250 (NL*) | \$250 (NL*) |
| Exeter Hospital                        | \$250 (NL*) | \$250 (NL*) | \$250 (NL*) |
| Mary Hitchcock Memorial Medical Center | \$250 (NL*) | \$250 (NL*) | \$250 (NL*) |
| Parkland Medical Center                | \$250 (NL*) | \$250 (NL*) | \$250 (NL*) |
| Portsmouth Regional Hospital           | \$250 (NL*) | \$250 (NL*) | \$250 (NL*) |
| Southern N.H. Regional Medical Center  | \$250 (NL*) | \$250 (NL*) | \$250 (NL*) |
| St. Joseph Hospital                    | \$250 (NL*) | \$250 (NL*) | \$250 (NL*) |

## Rhode Island

|   |             |             |             |
|---|-------------|-------------|-------------|
| Kent County Hospital  | \$250 (NL*) | \$250 (NL*) | \$250 (NL*) |
| Landmark Medical Center   | \$250 (NL*) | \$250 (NL*) | \$250 (NL*) |
| Memorial Hospital of R.I.                                       | \$250 (NL*) | \$250 (NL*) | \$250 (NL*) |
| Miriam Hospital   | \$250 (NL*) | \$250 (NL*) | \$250 (NL*) |
| Newport Hospital  | \$250 (NL*) | \$250 (NL*) | \$250 (NL*) |
| Rhode Island Hospital -<br>including Hasbro Children's Hospital | \$250 (NL*) | \$250 (NL*) | \$250 (NL*) |
| Roger Williams Medical Center                                   | \$250 (NL*) | \$250 (NL*) | \$250 (NL*) |
| South County Hospital Healthcare System                         | \$250 (NL*) | \$250 (NL*) | \$250 (NL*) |
| St. Joseph's Hospital   | \$250 (NL*) | \$250 (NL*) | \$250 (NL*) |
| The Westerly Hospital   | \$250 (NL*) | \$250 (NL*) | \$250 (NL*) |
| Women and Infants Hospital                                      | \$250 (NL*) | \$250 (NL*) | \$250 (NL*) |

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Tufts Health Plan used the methodology described at [www.tuftshealthplan.com](http://www.tuftshealthplan.com) to develop the Navigator Inpatient Hospital List. This hospital list and the Quality-Cost Value Index are two tools among many to help you and your physician determine the most appropriate place for you to receive your care.

### OBSTETRIC SERVICES

These services include the inpatient care and treatment for any pregnancy-related condition, once a diagnosis of pregnancy has been confirmed. For example: childbirth, preterm labor, toxemia, and newborn care while mother and baby are in the hospital.

### PEDIATRIC SERVICES

These services include the inpatient care and treatment of members under age 18 for a medical or surgical condition.

### ADULT MEDICAL AND SURGICAL SERVICES

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# QUALITY-COST VALUE INDEX

This Quality-Cost Value Index offers more specific information which Tufts Health Plan used in determining whether a hospital was grouped in Tier 1 or Tier 2 on the Navigator Inpatient Hospital List. The index illustrates each hospital's quality score and its cost score, giving members more information to make decisions about where to seek care. Individual hospital information is based on a quartile system. For example, a hospital with a quality score in the top 25 percent will receive four stars, and conversely, a hospital with a quality score in the bottom 25 percent will receive one star.

| Hospital   | Obstetrics |               | Pediatrics |               | Adult Med/Surg |               |
|--|------------|---------------|------------|---------------|----------------|---------------|
|  | COST SCORE | QUALITY SCORE | COST SCORE | QUALITY SCORE | COST SCORE     | QUALITY SCORE |
| Anna Jaques Hospital   | \$         | ★             | \$\$       | ★             | \$             | ★★            |
| Athol Memorial Hospital  | n/a        | n/a           | n/a        | n/a           | \$             | ★             |
| Baystate Medical Center  | \$\$\$     | ★★★★          | \$         | ★★★★          | \$             | ★★★★          |
| Berkshire Medical Center   | \$\$\$     | ★★            | \$\$       | ★★★★          | \$\$\$\$       | ★★★★          |
| Beth Israel Deaconess Hospital - Needham                                     | n/a        | n/a           | n/a        | n/a           | \$             | ★             |
| Beth Israel Deaconess Medical Center   | \$\$\$\$   | ★★★★          | n/a        | n/a           | \$\$\$\$       | ★★★★          |
| Boston Medical Center  | \$         | ★             | \$         | ★★★           | \$             | ★             |
| Brigham and Women's Hospital   | \$\$\$\$   | ★★★★          | n/a        | n/a           | \$\$\$\$       | ★★★★          |
| Brockton Hospital  | \$         | ★★★★          | \$         | ★★★           | \$             | ★★            |
| Cambridge Hospital (part of Cambridge Health Alliance)                       | \$         | ★★            | \$         | ★★            | \$             | ★★            |
| Cape Cod Hospital  | \$         | ★★★★          | \$         | ★★★           | \$             | ★★★★          |
| Caritas Carney Hospital  | n/a        | n/a           | \$\$       | ★             | \$\$           | ★★            |
| Caritas Good Samaritan Medical Center  | \$\$       | ★★★★          | n/a        | n/a           | \$\$           | ★★★           |
| Caritas Holy Family Hospital   | \$\$       | ★★★           | \$         | ★★            | \$             | ★             |
| Caritas Norwood Hospital   | \$\$       | ★             | \$         | ★★★★          | \$\$           | ★★            |
| Caritas St. Anne's Hospital  | n/a        | n/a           | \$         | ★★            | \$\$           | ★★★           |
| Caritas St. Elizabeth's Medical Center                                       | \$\$\$     | ★★            | n/a        | n/a           | \$\$\$\$       | ★★            |
| Children's Hospital  | n/a        | n/a           | \$\$\$\$   | ★★★★          | n/a            | n/a           |
| Clinton Hospital   | n/a        | n/a           | n/a        | n/a           | \$\$           | ★             |
| Cooley Dickinson Hospital  | \$\$       | ★★★           | \$\$       | ★★            | \$\$\$         | ★★★           |
| Emerson Hospital   | \$\$       | ★★            | \$\$       | ★             | \$\$           | ★             |
| Fairview Hospital  | \$\$\$\$   | ★             | n/a        | n/a           | \$\$\$         | ★★★           |
| Falmouth Hospital  | \$         | ★             | \$         | ★             | \$             | ★★★★          |
| Faulkner Hospital  | n/a        | n/a           | n/a        | n/a           | \$\$           | ★★★           |
| Franklin Medical Center  | \$\$       | ★★★           | n/a        | n/a           | \$\$           | ★★            |
| Hallmark Health Systems - (Lawrence Memorial or Melrose Wakefield Hospitals) | \$\$       | ★★★           | n/a        | n/a           | \$\$           | ★★            |
| Harrington Hospital  | \$         | ★             | \$\$       | ★             | \$\$           | ★             |
| HealthAlliance Hospitals   | \$         | ★★            | \$         | ★             | \$             | ★★            |
| Henry Heywood Hospital   | \$         | ★★            | n/a        | n/a           | \$             | ★★★           |
| Holyoke Hospital   | \$         | ★             | n/a        | n/a           | \$             | ★★★           |
| Hubbard Regional Hospital  | n/a        | n/a           | n/a        | n/a           | \$             | ★★            |
| Jordan Hospital  | \$         | ★★            | \$\$       | ★★            | \$             | ★             |
| Lahey Clinic Hospital  | n/a        | n/a           | n/a        | n/a           | \$\$\$\$       | ★★★★          |

n/a = refers to hospitals that have less than 100 admissions in a given specialty and, therefore, were not rated

## KEY

### COST

|               |   |
|---------------|---|
| Q1 - \$       | 25th percentile or less (least expensive) |
| Q2 - \$\$     | 26th - 50th percentile                    |
| Q3 - \$\$\$   | 51st - 75th percentile                    |
| Q4 - \$\$\$\$ | 76th percentile or more (most expensive)  |

### QUALITY

|            |   |
|------------|---|
| Q1 - ★★★★★ | 76th percentile or more (highest quality) |
| Q2 - ★★★★  | 51st - 75th percentile                    |
| Q3 - ★★★   | 26th - 50th percentile                    |
| Q4 - ★     | 25th percentile or less (lowest quality)  |

| Hospital   | Obstetrics |               | Pediatrics |               | Adult Med/Surg |               |
|--|------------|---------------|------------|---------------|----------------|---------------|
|  | COST SCORE | QUALITY SCORE | COST SCORE | QUALITY SCORE | COST SCORE     | QUALITY SCORE |
| Lawrence General Hospital  | \$         | ★★            | \$         | ★★            | \$             | ★             |
| Lowell General Hospital  | \$         | ★★★★          | \$         | ★★★           | \$             | ★★★           |
| Marlborough Hospital   | n/a        | n/a           | n/a        | n/a           | \$\$           | ★★            |
| Mary Lane Hospital   | \$         | ★             | n/a        | n/a           | \$             | ★★★           |
| Massachusetts General Hospital                                   | \$\$\$\$   | ★★★★          | \$\$\$     | ★★★           | \$\$\$\$       | ★★★★          |
| Mercy Medical Center   | \$         | ★★            | n/a        | n/a           | \$             | ★★★           |
| Merrimack Valley Hospital  | n/a        | n/a           | n/a        | n/a           | \$             | ★★            |
| Metrowest Medical Center - (Framingham or Leonard Morse)         | \$         | ★★            | \$         | ★★★           | \$             | ★★★           |
| Milford Regional Medical Center                                  | \$\$       | ★★            | \$\$       | ★★            | \$\$           | ★★★★          |
| Milton Hospital  | n/a        | n/a           | n/a        | n/a           | \$\$           | ★             |
| Morton Hospital and Medical Center                               | \$         | ★             | \$         | ★★            | \$             | ★★            |
| Mount Auburn Hospital  | \$\$\$\$   | ★★★           | n/a        | n/a           | \$\$\$\$       | ★★★           |
| Nashoba Valley Medical Center                                    | n/a        | n/a           | n/a        | n/a           | \$             | ★★            |
| Newton-Wellesley Hospital  | \$\$\$     | ★★★★          | \$\$       | ★★★★          | \$\$           | ★★★★          |
| Noble Hospital   | n/a        | n/a           | n/a        | n/a           | \$             | ★★            |
| North Adams Regional Hospital                                    | \$\$       | ★             | n/a        | n/a           | \$\$\$\$       | ★★            |
| North Shore Medical Center (Salem or Union campuses)             | \$\$\$     | ★★★★          | \$\$       | ★★★★          | \$\$           | ★★★★          |
| Northeast Health System - (Addison Gilbert or Beverly Hospitals) | \$\$       | ★★★★          | \$\$       | ★★★★          | \$\$           | ★★★★          |
| Quincy Medical Center  | n/a        | n/a           | n/a        | n/a           | \$             | ★★★           |
| Saints Memorial Medical Center                                   | \$         | ★★            | n/a        | n/a           | \$             | ★★            |
| South Shore Hospital   | \$\$       | ★★★           | \$         | ★             | \$             | ★★            |
| Southcoast Health System - (Charlton Memorial Hospital)          | \$         | ★★★           | n/a        | n/a           | \$\$           | ★★            |
| Southcoast Health System - (St. Luke's Hospital)                 | \$         | ★★★★          | \$         | ★★★           | \$\$           | ★             |
| Southcoast Health System - (Tobey Hospital)                      | \$         | ★             | n/a        | n/a           | \$\$           | ★             |
| St. Vincent Hospital   | \$         | ★★★           | \$         | ★             | \$             | ★★★           |
| Sturdy Memorial Hospital   | \$         | ★             | n/a        | n/a           | \$\$\$         | ★★            |
| Tufts New England Medical Center                                 | \$\$       | ★★★           | \$         | ★★★★          | \$\$\$         | ★★★           |
| UMass Memorial Medical Center                                    | \$\$\$     | ★★★★          | \$\$\$\$   | ★★★★          | \$\$\$\$       | ★★★★          |
| Winchester Hospital  | \$         | ★★★           | \$\$       | ★★★           | \$\$           | ★★★           |
| Wing Memorial Hospital   | n/a        | n/a           | n/a        | n/a           | \$             | ★★            |

n/a = refers to hospitals that have less than 100 admissions in a given specialty and, therefore, were not rated

Tufts Health Plan used the methodology described at [www.tuftshealthplan.com](http://www.tuftshealthplan.com) to develop the Navigator Inpatient Hospital List. The hospital list and the Quality-Cost Value Index are two tools among many to help you and your physician determine the most appropriate place for you to receive your care.

### KEY

#### COST

|               |   |
|---------------|---|
| Q1 – \$       | 25th percentile or less (least expensive) |
| Q2 – \$\$     | 26th - 50th percentile                    |
| Q3 – \$\$\$   | 51st - 75th percentile                    |
| Q4 – \$\$\$\$ | 76th percentile or more (most expensive)  |

#### QUALITY

|            |   |
|------------|---|
| Q1 – ★★★★★ | 76th percentile or more (highest quality) |
| Q2 – ★★★★  | 51st - 75th percentile                    |
| Q3 – ★★★   | 26th - 50th percentile                    |
| Q4 – ★     | 25th percentile or less (lowest quality)  |

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