



a Point32Health company

# Tufts Medicare Preferred Supplement 1A Plan

Massachusetts

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6-MSPOLICY1A-25

Effective Date: 01/25

# Important Notes About This Policy

This *Policy* may not cover all of your medical expenses.

## **Right to Return Policy**

If you find that you are not satisfied with your *Policy*, you may return it to Tufts Medicare Preferred at 1 Wellness Way, Canton, MA 02021-1166. If you send the *Policy* back to us within 30 days after you receive it, we will treat the *Policy* as if it had never been issued and return all of your payments.

## **Right to Continue Coverage**

You have the right to continue your coverage under this *Policy*, provided that:

- you pay your Premiums on time, and
- you do not make any material misrepresentations to Tufts Medicare Preferred

## **Our Right to Change Your Benefits or Premiums**

Tufts Medicare Preferred will change your benefits automatically to coincide with:

- Any changes in the applicable Medicare Part A and B Deductibles and Copayments.
- Any changes required under Massachusetts law regarding mandated benefits. We may change your Premiums to correspond with these mandated benefit changes, if they are approved by the Massachusetts Commissioner of Insurance and are in accordance with statutory or regulatory requirements.

# Tufts Medicare Preferred Address and Telephone Directory

## Tufts Medicare Preferred

**1 Wellness Way, Canton, MA 02021-1166**

Hours: Representatives are available Monday–Friday, 8:00 a.m.—8:00 p.m.

(From October 1 –March 31, representatives are available 7 days a week, 8:00 a.m.—8:00 p.m.) After hours and on holidays, please leave a message and a representative will return your call the next business day.

## Important Phone Numbers

### Emergency Care:

For routine care you should always call your Physician before seeking care. If you have an urgent medical need and cannot reach your Physician, you should seek care at the nearest Emergency room.

**Important Note:** If needed, call 911 for Emergency medical assistance. If 911 services are not available in your area, call the local number for Emergency medical services.

### Medicare:

Contact your local Social Security office or visit the website at: [www.medicare.gov](http://www.medicare.gov).

### Member Services Department:

Call for general questions, including benefit questions, and information regarding eligibility for enrollment and billing. **1-800-701-9000**.

### Services for Hearing-Impaired Members:

If you are hearing-impaired, the following services are provided:

Telecommunications Device for the Deaf (TTY):

If you have access to a TTY phone, call: 711. You will reach Member Services.

Massachusetts Relay (MassRelay): TTY: (English) **1-800-439-2370**, (Spanish) **1-866-930-9252**.

(Non-TTY): **1-800-439-0183**.

## Important Addresses

### Appeals and Grievances Department:

If you need to call us about a concern or appeal, contact Member Services at **1-800-701-9000**. To submit your appeal or grievance in writing, send your letter to:

Tufts Health Plan

Attn: Appeals and Grievances Department

1 Wellness Way

P.O. Box 474

Canton, MA 02021-1166

Fax: **1-617-972-9509**

## Website

For more information about us and to learn more about the self-service options that are available to you, please see our website at: [www.thpmp.org](http://www.thpmp.org).

## Translating Services for More Than 200 Languages

Interpreter and translator services related to administrative procedures are available to assist Members upon request. For information, please call Member Services.

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.

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

**Gujarati** વિના ખર્ચે ગુજરાતીમાં અનુવાદ માટે, આપના આઈડી કાર્ડમાં દર્શાવેલ નંબર પર કોલ કરો.

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

**Hindi** हिन्दी में बिना मूल्य अनुवाद के लिए, अपने आईडी कार्ड पर दिये गए नंबर पर कॉल करें।

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

**Khmer** សម្រាប់សេវាបកប្រែដោយឥតគិតថ្លៃជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិក របស់អ្នក។

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

**Laotian** ສຳລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໃບໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.

**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.

## TTY

Telecommunications Device for the Deaf: 711.

## **Fraud, Waste, and Abuse**

You may have concerns about being billed for services you never received, or that your insurance information has been stolen or used by someone else. To report potential health care fraud or abuse, or if you have questions, please call us at **1-800-701-9000**, or email **fraudandabuse@point32health.org**. You can also call our confidential hotline any time at **1-877-824-7123** or send an anonymous letter to us at:

Tufts Health Plan  
Attn: Fraud and Abuse  
1 Wellness Way  
Canton, MA 02021-1166

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# I. HOW YOUR PLAN WORKS

## A. OVERVIEW

### 1. INTRODUCTION:

Welcome to the Tufts Medicare Preferred Medicare Supplement Plan ("the Plan"). We are pleased you have chosen us. We look forward to working with you to help you meet your health care needs. Your satisfaction with us is important to us. If you have questions, please call Member Services at **1-800-701-9000**. We will be happy to help you.

This Plan provides coverage to supplement your Medicare benefits. The Plan is designed to add to your existing Medicare coverage (Part A and Part B of the Original Medicare Program), subject to the terms, conditions, exclusions and limitations of Medicare-eligible services.

Under the Plan, coverage is also provided for certain services which are not covered under Medicare. Covered Services, cost sharing, limitations and exclusions are described in III. Benefit Schedule and Covered Services.

### 2. BENEFITS UNDER THE PLAN:

The Plan covers only the services and supplies described as Covered Services in III. Benefit Schedule and Covered Services. There are no pre-existing condition limitations under the Plan. You are eligible to use your benefits as of your Effective Date.

Your *Policy*:

This book, called your *Policy*, will help you find answers to your questions about Tufts Medicare Preferred Medicare Supplement Plan benefits. We certify that you have the right to services and supplies described in this *Policy* that are

- Eligible for coverage under Medicare or
- Eligible for coverage under the Plan, when Medically Necessary

The benefits described in this *Policy* are consistent with the requirements of Massachusetts law. Your benefits will be updated automatically when required by Massachusetts law. Medicare is the primary insurer for Medicare-Covered Services, and the Plan is the secondary insurer.

Coverage for Medicare-Covered Services under the Plan will be subject to the terms, conditions, exclusions, and limitations of eligible services and supplies under the Original Medicare Plan. That coverage is subject to change per Medicare's guidelines. This *Policy* is not intended as a full explanation of Medicare's benefits. Information and guidelines established for Medicare by the federal Centers for Medicare and Medicaid Services may be obtained:

- by contacting your local Social Security office or
- via the Internet on the official Medicare website at **[www.medicare.gov](http://www.medicare.gov)**

Also, refer to your *Medicare & You* handbook for questions pertaining to the Medicare portion of your health care under the Plan.

Note that words with special meanings are defined in the Glossary in Appendix A.

### **3. CALLS TO MEMBER SERVICES:**

The Tufts Medicare Preferred Member Services Department is committed to excellent service. Calls to Member Services may, on occasion, be monitored to assure quality service.

### **4. CANCELING APPOINTMENTS:**

If you must cancel an appointment with any Provider:

- Always provide as much notice to the Provider as possible (at least 24 hours), and
- If your Provider's office charges for missed appointments that you did not cancel in advance, the Plan will not pay for the charges.

## **B. MEMBER IDENTIFICATION CARD**

### **1. INTRODUCTION:**

The Plan gives each Member a Member identification (Member ID) card.

### **2. MEMBERSHIP ID NUMBER:**

If you have any questions about your Member ID number, please call Member Services at **1-800-701-9000**.

### **3. REPORTING ERRORS:**

When you receive your Member ID card, check it carefully. If any information is wrong, call us at **1-800-701-9000**.

### **4. USING YOUR CARD:**

Your Member ID card is important because it identifies your health care plan. Remember to:

- Carry your card at all times
- Have your card with you for medical, Hospital and other appointments and
- Show your card to any Provider before you receive health care

### **5. IDENTIFYING YOURSELF AS A TUFTS MEDICARE PREFERRED MEMBER:**

When you receive services, you must tell the office staff that you are a Tufts Medicare Preferred Member.

### **6. MEMBERSHIP REQUIREMENT:**

You are eligible for benefits if you are a Member when you receive care. A Member ID alone is not enough to get you benefits. If you receive care when you are not a Member, you are responsible for the cost.

## **C. WHEN YOU NEED EMERGENCY CARE**

### **1. GUIDELINES FOR RECEIVING COVERED EMERGENCY CARE:**

Follow these guidelines when you need Emergency care within the United States.

- If needed, call 911 for Emergency medical assistance. If 911 services are not available in your area, call the local number for Emergency medical services.
- Go to the nearest Emergency medical facility.

# II. ELIGIBILITY

## A. ELIGIBILITY

### 1. ELIGIBILITY RULES

You are eligible as a Member only if you meet the following criteria:

- You are eligible for Medicare Part A and Part B and are enrolled in Medicare Part B as either:
  - A person who is age 65 or older or
  - A person who is disabled,\* under age 65, and receiving Social Security disability benefits.  
**\*Note:** If you are under age 65, you may enroll in this Plan only if the disability that made you eligible for Medicare is a condition other than end-stage renal disease.
- You are not enrolled in any other Individual Medicare Supplement Plan

#### **Important Note:**

Individuals who are otherwise eligible for Medicare Part A and Part B and who are enrolled in Part B, but who (a) have attained age 65 on or after January 1, 2020, or (b) first become eligible for Medicare due to age, disability or end-stage renal disease, on or after January 1, 2020, are not eligible to purchase Medicare Supplement 1 coverage provided by Tufts Medicare Preferred. However, such Individuals will be eligible to purchase all other Medicare Supplement coverage that is currently offered. Newly enrolling eligible Individuals may not terminate a Medicare Supplement 1 Plan offered by Tufts Medicare Preferred and purchase a Medicare Supplement 1A Plan offered by Tufts Medicare Preferred until the person has been covered under the Tufts Medicare Supplement 1 Plan for at least a period of 12 months.

### 2. PROOF OF ELIGIBILITY

Tufts Medicare Preferred may ask you for proof of your eligibility or continuing eligibility. You must provide us with proof when asked. This may include proof of:

- Residence
- Medicare enrollment

### 3. EFFECTIVE DATE OF COVERAGE

Your coverage starts on the first day of the month following our receipt of a completed enrollment application.

## III. BENEFIT SCHEDULE AND COVERED SERVICES

**Important Note:** This section provides basic information about your benefits under this Plan. Please see the table below for specific information, including certain benefit restrictions and limitations (for example, visit, day, and dollar maximums). Please see the current version of your *Medicare & You* handbook, which describes the services covered under Medicare Part A and Part B. In addition, see all of the sections in this Tufts Medicare Preferred Medicare Supplement *Policy*.

The Covered Services section of this chapter describes the health care services and supplies that qualify as Covered Services under this *Policy*. Read this section to understand your coverage under Tufts Medicare Preferred Medicare Supplement ("the Plan"). In addition, this chapter explains the services and supplies excluded under this *Policy*. For more information, see the "Exclusions from benefits" section at the end of this chapter.

In general, the Plan provides coverage only for benefits eligible for payment under Medicare Part A and Part B. As a result, you should see the most recent version of your *Medicare & You* handbook. That document will explain to you the benefits, exclusions, and restrictions under your Medicare Part A and Part B coverage.

### A. COVERED SERVICES

**The following applies to all pages in III. Benefit Schedule and Covered Services**

\*Benefits for Covered Services are provided based on the allowed charge. You may have to pay any amount over the allowed charge.

## Acupuncture Treatment

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits in full for Acupuncture Treatment, <b>except:</b> <ul style="list-style-type: none"> <li>The Part B Deductible</li> <li>The Part B Coinsurance</li> </ul>	The Part B Coinsurance	The Part B Deductible

### Tufts Medicare Preferred Supplement 1A Covered Services

Once Medicare provides coverage, Tufts Medicare Preferred Medicare Supplement provides coverage up to the Allowed Charge for acupuncture for chronic low back pain (lasting 12 weeks or longer) for up to 12 visits in 90 days.

#### Notes:

- An additional 8 sessions will be available to patients showing improvement.
- No more than 20 acupuncture treatments may be administered annually.
- Treatment will be discontinued if no improvement or regression occurs.
- The cause of low back pain must be:
  - A non-specific, no identifiable systemic cause (for example, not associated with metastatic, inflammatory or infectious disease), or
  - Not associated with surgery, or
  - Not associated with pregnancy.
- Physicians (as defined in 1861(r)(1) of the Social Security Act (the Act) may furnish acupuncture in accordance with applicable state requirements.
- Physician assistants (PAs), nurse practitioners (NPs)/clinical nurse specialists (CNSs) (as identified in 1861(aa) (5) of the Act), and auxiliary personnel may furnish acupuncture if they meet all applicable state requirements and have:
  - a masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on Acupuncture and Oriental Medicine (ACAOM); and,
  - a current, full, active, and unrestricted license to practice acupuncture in a State, Territory, or Commonwealth (i.e. Puerto Rico) of the United States, or District of Columbia.
- Auxiliary personnel furnishing acupuncture must be under the appropriate level of supervision of a physician, PA, or NP/CNS required by our regulations at 42 CFR §§ 410.26 and 410.27.

## Ambulance Services

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits in full for Ambulance Services, <b>except:</b> <ul style="list-style-type: none"> <li>The Part B Deductible</li> <li>The Part B Coinsurance</li> </ul>	The Part B Coinsurance	The Part B Deductible

### Tufts Medicare Preferred Supplement 1A Covered Services

Once Medicare provides coverage, Tufts Medicare Preferred Medicare Supplement provides coverage up to the Allowed Charge for:

- Medicare-approved transportation in an ambulance to an Emergency medical facility for treatment of an Accident or for Emergency medical care
- Other Medically Necessary ambulance transportation approved by Medicare

## Autism spectrum disorders—diagnosis and treatment

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
<p><b>When covered by Medicare,</b> Medicare benefits in full for Autism Spectrum Disorders, Diagnosis and Treatment, <b>except:</b></p> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul> <p><b>When not covered by Medicare:</b> Nothing</p>	<p>For rehabilitative or habilitative care (including applied behavioral analysis):</p> <p><b>When covered by Medicare:</b></p> <ul style="list-style-type: none"> <li>• The Part B Coinsurance</li> </ul> <p><b>When not covered by Medicare:</b></p> <ul style="list-style-type: none"> <li>• Benefits in full</li> </ul> <p><b>For prescription medications:</b></p> <ul style="list-style-type: none"> <li>• Nothing. You must have Medicare Part D coverage.</li> </ul> <p><b>For psychiatric and psychological care:</b> See "Treatment for Biologically-based Mental Disorders" later in this section.</p> <p><b>Therapeutic care:</b> See "Short-term rehabilitation therapy (physical, occupational &amp; speech-language)" later in this section.</p>	<p><b>When covered by Medicare:</b> The Part B Deductible</p> <p><b>When not covered by Medicare:</b></p> <ul style="list-style-type: none"> <li>• Nothing for rehabilitative or habilitative care</li> <li>• All charges for all other services</li> </ul>

### Tufts Medicare Preferred Supplement 1A Covered Services

Coverage is provided, in accordance with Massachusetts law, for the diagnosis and treatment of autism spectrum disorders. Autism spectrum disorders include any of the pervasive developmental disorders, as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, and include:

- Autistic disorder
- Asperger's disorder, and
- Pervasive developmental disorders not otherwise specified

Coverage is provided, up to the Allowed Charge, for the following Covered Services:

- Habilitative or rehabilitative care, which are professional, counseling, and guidance services and treatment programs that are necessary to develop, maintain, and restore the functioning of the individual. These programs may include, but are not limited to, applied behavioral analysis (ABA) supervised by a Board-Certified Behavior Analyst (BCBA). For more information about these programs, call Member Services at 1-800-701-9000.
- Services provided by licensed or certified speech therapists, occupational therapists, physical therapists, or social workers.
- Psychiatric and psychological care, covered under your Mental health and substance abuse services benefit, as a Biologically-based Mental Disorder, and
- Therapeutic care (including services provided by licensed or certified speech therapists, occupational therapists, physical therapists, or social workers), covered under your short-term rehabilitation therapy benefit.

#### Notes:

- Prescription medications to treat autism spectrum disorders are covered under Medicare Part D. You will need to enroll in Medicare Part D to receive coverage for these drugs. Call Member Services for information about enrolling in Medicare Part D.
- For the purposes of this benefit, ABA includes the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior. To the extent that habilitative and rehabilitative services are covered by the Plan, prior approval by Tufts Health Plan is required for these services. Please call Member Services for information on how to obtain this approval.

**Blood services—Inpatient**

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits in full for Blood Services—Inpatient, <b>except:</b> <ul style="list-style-type: none"> <li>The blood deductible</li> </ul> This deductible is for the first three pints of unreplaced blood during a calendar year.	The blood deductible	Nothing

**Tufts Medicare Preferred Supplement 1A Covered Services**

The Plan provides coverage for the Inpatient blood deductible under Medicare Part A. This “deductible” is the cost of the first three pints of blood you use in a calendar year as an Inpatient in a Hospital or Skilled Nursing Facility (SNF).

**Note:** The Inpatient blood deductible will apply to you only if the Hospital or SNF has to purchase the blood for you for your Inpatient admission. In this case, this Deductible will be waived if you either replace the blood yourself or have it donated by another party.

See also “Blood services—Outpatient” below. You are responsible for paying only one blood deductible under Medicare Part A or Part B per calendar year.

**Blood Services—Outpatient**

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits for Blood services, Outpatient in full, <b>except:</b> <ul style="list-style-type: none"> <li>The blood deductible</li> </ul>	The blood deductible	Nothing

**Tufts Medicare Preferred Supplement 1A Covered Services**

The Plan provides coverage for the Outpatient blood deductible under Medicare Part B. This “deductible” is the cost of the first three pints of blood you use in a calendar year as an Outpatient at a Hospital.

**Note:** The Outpatient blood deductible will apply to you only if the Hospital has to purchase the blood for you for your Outpatient services. In this case, this deductible will be waived if you either replace the blood yourself or have it donated by another party.

See also “Blood services—Inpatient” above. You are responsible only for paying one blood deductible under Medicare Part A or Part B per calendar year.

**Cardiac Rehabilitation Services**

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits in full for Cardiac Rehabilitation Services, <b>except:</b> <ul style="list-style-type: none"> <li>The Part B Deductible</li> <li>The Part B Coinsurance</li> </ul>	The Part B Coinsurance	The Part B Deductible

**Tufts Medicare Preferred Supplement 1A Covered Services**

Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for Medicare-approved Outpatient cardiac rehabilitation services.

**Chemotherapy**

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits for Chemotherapy on an Inpatient basis as described under Hospital medical and surgical care—Inpatient	As described under Hospital medical and surgical care—Inpatient	As described under Hospital medical and surgical care—Inpatient
Medicare benefits on an Outpatient basis as described under Hospital medical and surgical care—Outpatient	As described under Hospital medical and surgical care—Outpatient	As described under Hospital medical and surgical care—Outpatient

**Tufts Medicare Preferred Supplement 1A Covered Services**  
 Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for Inpatient and Outpatient chemotherapy for cancer patients.

**Chiropractor Services**

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits in full for Chiropractor Services, <b>except:</b> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	The Part B Coinsurance	The Part B Deductible

**Tufts Medicare Preferred Supplement 1A Covered Services**  
 Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for manual manipulation of the spine. This benefit must be furnished: (1) by a chiropractor and (2) to correct a subluxation of the spine.

**Diabetes services and supplies**

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
<p><b>When covered by Medicare:</b>                      Medicare benefits for Diabetic Services and Supplies in full, <b>except:</b></p> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul> <p><b>When not covered by Medicare:</b></p> <ul style="list-style-type: none"> <li>• Nothing</li> </ul>	<p><b>When covered by Medicare:</b></p> <ul style="list-style-type: none"> <li>• The Part B Coinsurance</li> </ul> <p><b>When not covered by Medicare:</b></p> <ul style="list-style-type: none"> <li>• Nothing</li> </ul>	<p><b>When covered by Medicare:</b></p> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> </ul> <p><b>When not covered by Medicare:</b></p> <ul style="list-style-type: none"> <li>• All charges</li> </ul>

**Tufts Medicare Preferred Supplement 1A Covered Services**  
 Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for certain Medicare-approved Part B diabetes supplies. These supplies include such items as: blood sugar (glucose) test strips; blood sugar monitors (glucometers); lancet devices and lancets; glucose control solutions for checking test strips and monitoring accuracy; therapeutic shoes or inserts for Members with severe diabetic foot disease.

**Notes:**

- Part B diabetes supplies are covered under the Durable Medical Equipment (DME) benefit.
- The following diabetes-related drugs and supplies are not covered by either Medicare or this Plan: insulin (unless used with an insulin pump), insulin pens, syringes, needles, alcohol swabs, or gauze. Insulin and certain medical supplies used to inject insulin, such as syringes, gauze, and alcohol swabs are covered under Medicare Part D. You will need to enroll in Medicare Part D to receive coverage for these drugs and supplies.



**Diagnostic tests, X-rays, and clinical laboratory services**

<b>Medicare pays</b>	<b>Tufts Medicare Preferred Supplement 1A pays</b>	<b>You Pay*</b>
Medicare benefits for Diagnostic Tests, X-rays and Clinical Laboratory Services in full, <b>except:</b> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	The Part B Coinsurance	The Part B Deductible

**Tufts Medicare Preferred Supplement 1A Covered Services**

Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for Medicare-approved Outpatient diagnostic tests, X-rays, and clinical laboratory services.

**Dialysis (kidney) services and supplies**

<b>Medicare pays</b>	<b>Tufts Medicare Preferred Supplement 1A pays</b>	<b>You Pay*</b>
Medicare benefits in full for Dialysis (kidney) services and supplies, <b>except:</b> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	The Part B Coinsurance	The Part B Deductible

**Tufts Medicare Preferred Supplement 1A Covered Services**

Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for Medicare-approved Outpatient maintenance dialysis treatment services and self-dialysis training, as well as certain home dialysis treatment services.

**Durable Medical Equipment and prosthetic devices**

<b>Medicare pays</b>	<b>Tufts Medicare Preferred Supplement 1A pays</b>	<b>You Pay*</b>
Medicare benefits in full for Durable Medical Equipment and prosthetic devices in full, <b>except:</b> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	The Part B Coinsurance	The Part B Deductible

**Tufts Medicare Preferred Supplement 1A Covered Services**

Once Medicare provides coverage, (including some types of breast prostheses after mastectomy), the Plan provides coverage up to the Allowed Charge for Medicare-approved DME and prosthetic devices.

**Emergency Room care**

<b>Medicare pays</b>	<b>Tufts Medicare Preferred Supplement 1A pays</b>	<b>You Pay*</b>
Medicare benefits in full for Emergency Room care in full, <b>except:</b> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	The Part B Coinsurance	The Part B Deductible

**Tufts Medicare Preferred Supplement 1A Covered Services**

Once Medicare approves the coverage, the Plan provides coverage up to the Allowed Charge for Medicare-approved Emergency Room care.

**Note:** At the onset of a medical condition that you judge to be an Emergency, go to the nearest Emergency medical facility. For more information, see "Guidelines for receiving covered Emergency care" in I. How Your Plan Works.

### Enteral formulas, low-protein food products

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
<p><b>When covered by Medicare:</b> Medicare benefits for Enteral Formulas, Low Protein Food Products in full, <b>except:</b></p> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul> <p><b>When not covered by Medicare:</b></p> <ul style="list-style-type: none"> <li>• Nothing</li> </ul>	<p><b>When covered by Medicare:</b></p> <ul style="list-style-type: none"> <li>• The Part B Coinsurance</li> </ul> <p><b>When not covered by Medicare: benefits in full:</b></p> <ul style="list-style-type: none"> <li>• For certain enteral formulas</li> <li>• For low-protein food products, up to \$5,000 per calendar year</li> </ul>	<p><b>When covered by Medicare:</b></p> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> </ul> <p><b>When not covered by Medicare:</b></p> <ul style="list-style-type: none"> <li>• Nothing for certain enteral formulas</li> <li>• All charges for low-protein food products after the Plan pays \$5,000 in a calendar year</li> </ul>

#### Tufts Medicare Preferred Supplement 1A Covered Services

The Plan provides coverage up to the Allowed Charge for the following formulas and food products:

- Enteral formulas for home use for treatment of malabsorption caused by Crohn's disease, ulcerative colitis, gastroesophageal reflux, gastrointestinal motility, chronic intestinal pseudo-obstruction, and inherited diseases of amino acids and organic acids. The Plan covers these formulas in full up to their Allowed Charge.
- Food products modified to be low protein, when Medically Necessary to treat inherited diseases of amino acids and organic acids. Note that Medicare does not cover these food products. The Plan covers these products up to a maximum of \$5,000 per calendar year. You are responsible for paying any additional charges for these products in a calendar year.

### Foreign travel

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare covers nothing for services received outside the United States	All expenses Medicare would have paid for if services had been received in the United States.	Nothing

#### Tufts Medicare Preferred Supplement 1A Covered Services

Medicare generally does not cover services that you receive while traveling outside of the United States and its territories. For more information on this topic, please refer to your Medicare and You handbook.

- For services that Medicare would have covered if you had received them in the United States, the Plan provides benefits for both:
  - The Covered Services listed in this Policy
  - The benefits that Medicare normally provides that are listed in this Policy

**Note:** The Plan will not pay for any services if you establish residency outside of the United States or its territories.

### Home Health Care

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
<p><b>For Medicare-covered home visits,</b> Medicare Home Health Care benefits in full, <b>except:</b></p> <ul style="list-style-type: none"> <li>• The Part B Coinsurance</li> </ul>	The Part B Coinsurance	Nothing

#### Tufts Medicare Preferred Supplement 1A Covered Services

Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for Medicare-approved home health care services.

**Note:** The Plan also provides coverage up to the Allowed Charge for DME required as part of Medicare-approved home health care services. This coverage is provided once Medicare provides benefits for this equipment.

Hospice Care		
Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
<p><b>When covered by Medicare:</b></p> <ul style="list-style-type: none"> <li>• Medicare benefits in full for most Hospice Care services</li> </ul> <p><b>When not covered by Medicare:</b></p> <ul style="list-style-type: none"> <li>• Nothing</li> </ul>	<p><b>When Medicare does not provide benefits in full:</b></p> <ul style="list-style-type: none"> <li>• The difference between the amount Medicare pays and the Allowed Charge</li> </ul> <p><b>When not covered by Medicare:</b></p> <ul style="list-style-type: none"> <li>• Covered Services in full</li> </ul>	<p><b>When covered by Medicare:</b></p> <ul style="list-style-type: none"> <li>• Nothing</li> </ul> <p><b>When not covered by Medicare:</b></p> <ul style="list-style-type: none"> <li>• Nothing</li> </ul>
<p><b>Tufts Medicare Preferred Supplement 1A Covered Services</b></p> <p>If Medicare does not provide either full benefits or any benefits for hospice care services, the Plan provides coverage up to the Allowed Charge for the following hospice care services required for a terminally ill person (a person with a life expectancy of six months or less) under Massachusetts law:</p> <ul style="list-style-type: none"> <li>• The following services when they are either provided or arranged for by a hospice care Provider: Physician services, nursing care provided by or supervised by a registered professional nurse, social work services, volunteer services, home health aide services, counseling services, DME, and drugs</li> <li>• Respite care (care for the terminally ill person to provide relief to the family or other person providing primary care to that person)</li> <li>• Bereavement counseling services for the Member's family</li> </ul>		
Hospital medical and surgical care—Inpatient (including care for Biologically-based Mental Disorders)		
Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
<p>Medicare benefits in full for Hospital Medical and Surgical Care—Inpatient (Including Care for Biologically-Based Mental Disorders) in a general Hospital facility per Benefit Period, <b>except:</b></p> <ul style="list-style-type: none"> <li>• The Part A Deductible for days 1–60</li> <li>• The Part A Coinsurance for days 61–90</li> <li>• The Part A Coinsurance for 60 lifetime Reserve Days</li> </ul>	<p>Per Benefit Period:</p> <ul style="list-style-type: none"> <li>• The Part A Deductible for days 1–60</li> <li>• The Part A Coinsurance for day 61–90</li> <li>• The Part A Coinsurance for 60 lifetime Reserve Days</li> <li>• Covered Services in full up to an additional 365 days per lifetime after Medicare benefits are used up</li> </ul>	<p>Per Benefit Period:</p> <ul style="list-style-type: none"> <li>• Nothing for days 1–90</li> <li>• Nothing for up to 60 lifetime Reserve Days</li> <li>• Nothing for Covered Services up to an additional 365 days per lifetime after Medicare benefits are used up</li> <li>• Then, all charges</li> </ul>
<p>Medicare benefits in full for Physician and other professional Provider services, <b>except:</b></p> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<p>The Part B Coinsurance</p>	<p>The Part B Deductible</p>
<p><b>Tufts Medicare Preferred Supplement 1A Covered Services</b></p> <p>Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for all Medicare-approved Inpatient days during a Benefit Period. This Tufts Medicare Preferred Medicare Supplement coverage is provided for:</p> <ul style="list-style-type: none"> <li>• The 1st 60 days of a Benefit Period</li> <li>• The 61st through 90th day of a Benefit Period, and</li> <li>• The 60 lifetime Medicare Reserve Days</li> </ul> <p>Once you have used up all of your Medicare Reserve Days, the Plan provides coverage up to the Allowed Charge for an additional 365 lifetime Inpatient days. These additional days are covered only for semiprivate room and board charges.</p>		

**Hospital medical and surgical care—Outpatient (including ambulatory surgical centers)**

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits for hospital medical and surgical care—Outpatient (including ambulatory surgical centers) in full in a general hospital facility or ambulatory surgical center, <b>except:</b> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	The Part B Coinsurance	The Part B Deductible
Medicare benefits in full for Physician and other professional Provider services, <b>except:</b> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	The Part B Coinsurance	The Part B Deductible

**Tufts Medicare Preferred Supplement 1A Covered Services**  
 Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for Medicare-approved Outpatient Hospital and medical care including: Physician services, Outpatient medical services and supplies, physical and speech therapy, diagnostic tests, and DME.  
 Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for Outpatient surgical care provided in a Medicare-approved facility (for example, a general Hospital or an ambulatory surgical center).

**Human Organ Transplants**

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits for Human Organ Transplants on an Inpatient basis as described under Hospital Medical and Surgical Care—Inpatient	As described under Hospital Medical and Surgical Care—Inpatient	As described under Hospital Medical and Surgical Care—Inpatient
Medicare benefits on an Outpatient basis as described under Hospital Medical and Surgical Care—Outpatient	As described under Hospital Medical and Surgical Care—Outpatient	As described under Hospital Medical and Surgical Care—Outpatient

**Tufts Medicare Preferred Supplement 1A Covered Services**  
 Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for Medicare-approved human organ transplants.

- Medicare Part A provides coverage under certain conditions and only at Medicare-approved facilities for transplants of the heart, lung, kidney, pancreas, intestine, and liver.
- Medicare Part B provides coverage for cornea and bone marrow transplants.

For more information about this coverage under Medicare Part A and Part B, see your Medicare and You handbook or contact Medicare.

**Medical care Outpatient visits by a Physician or covered practitioner (Non-Physician)**

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits for Medical Care— Outpatient Visits by a Physician or Covered Practitioner (Non-Physician) in full, <b>except:</b> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	The Part B Coinsurance	The Part B Deductible

**Tufts Medicare Preferred Supplement 1A Covered Services**

Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for Medicare-approved medical care used to diagnose or treat an illness or injury, such as:

- Office, home, or clinic visits
- Medical nutrition therapy services
- Hormone replacement therapy for peri- and post-menopausal women
- Follow-up medical care following an Accidental injury or an Emergency

**Mental Health and Substance Abuse Services**

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
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**Treatment for Biologically-based Mental Disorders (includes substance abuse disorders)**

<p>Medicare benefits for Mental Health and Substance Abuse Services in full for Inpatient stay in a general or mental Hospital, <b>except:</b></p> <p><b>Per Benefit Period:</b></p> <ul style="list-style-type: none"> <li>• The Part A Deductible for days 1–60</li> <li>• The Part A Coinsurance for days 61–90</li> <li>• The Part A Coinsurance for 60 lifetime Reserve Days</li> </ul> <p><b>Note:</b> Medicare benefits in a mental Hospital are limited to 190 days per lifetime.</p> <p>Medicare benefits in full for Inpatient Physician and other covered professional mental health Provider services for as many days as Medically Necessary, <b>except:</b></p> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul> <p>Medicare benefits in full for Outpatient treatment, <b>except:</b></p> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<p>Inpatient stay in a general or mental Hospital:</p> <p><b>Per Benefit Period:</b></p> <ul style="list-style-type: none"> <li>• The Part A Deductible for days 1–60</li> <li>• The Part A Coinsurance for days 61–90</li> <li>• The Part A Coinsurance for 60 lifetime Reserve Days</li> <li>• Covered Services in full, up to an additional 365 days per lifetime after Medicare benefits are used up</li> </ul> <p>Inpatient Physician and other covered professional mental health Provider services for as many days as Medically Necessary</p> <ul style="list-style-type: none"> <li>• The Part B Coinsurance</li> <li>• Covered Services in full when benefits provided only by the Plan</li> </ul> <p>Outpatient treatment for as many days as Medically Necessary</p> <ul style="list-style-type: none"> <li>• The Part B Coinsurance</li> <li>• Covered in full for covered benefits provided only by the Plan</li> </ul>	<p>Inpatient stay in a general or mental Hospital:</p> <p><b>Per Benefit Period:</b></p> <ul style="list-style-type: none"> <li>• Nothing for days 1–90</li> <li>• Nothing for up to 60 lifetime Reserve Days</li> <li>• Nothing for Covered Services up to an additional 365 days per lifetime after Medicare days are used up</li> <li>• Then, all charges</li> </ul> <p>Inpatient Physician and other covered professional mental health Provider services</p> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• Coverage is for as many days as Medically Necessary.</li> </ul> <p>Outpatient treatment for as many days as Medically Necessary</p> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> </ul>
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<b>Treatment for other Mental Disorders not included in previous section</b>		
<p>Medicare benefits Treatment for other Mental Disorders, not included in previous section, in full for Inpatient stay in a general Hospital, <b>except:</b></p> <p><b>Per Benefit Period:</b></p> <ul style="list-style-type: none"> <li>• The Part A Deductible for days 1-60</li> <li>• The Part A Coinsurance for days 61-90</li> <li>• The Part A Coinsurance for 60 lifetime Reserve Days</li> </ul>	<p>Inpatient stay in a general Hospital:</p> <p><b>Per Benefit Period:</b></p> <ul style="list-style-type: none"> <li>• The Part A Deductible for days 1-60</li> <li>• The Part A Coinsurance for days 61-90</li> <li>• The Part A Coinsurance for 60 lifetime Reserve Days</li> <li>• Covered Services in full, up to an additional 365 days per lifetime** after Medicare benefits are used up</li> </ul>	<p>Inpatient stay in a general Hospital:</p> <p><b>Per Benefit Period:</b></p> <ul style="list-style-type: none"> <li>• Nothing for days 1-90</li> <li>• Nothing for up to 60 lifetime Reserve Days</li> <li>• Nothing for Covered Services up to an additional 365 days per lifetime** after Medicare days are used up</li> <li>• Then, all charges</li> </ul>
<p>Medicare benefits in full for Inpatient stay in a mental Hospital, <b>except:</b></p> <p><b>Per Benefit Period:</b></p> <ul style="list-style-type: none"> <li>• The Part A Deductible for days 1-60</li> <li>• The Part A Coinsurance for days 61-90</li> <li>• The Part A Coinsurance for 60 lifetime Reserve Days</li> </ul> <p><b>Note:</b> Medicare benefits in a mental Hospital are limited to 190 days per lifetime.</p>	<p>Inpatient stay in a mental Hospital:</p> <p><b>Per Benefit Period:</b></p> <ul style="list-style-type: none"> <li>• The Part A Deductible for days 1-60</li> <li>• The Part A Coinsurance for days 61-90</li> <li>• The Part A Coinsurance for 60 lifetime Reserve Days</li> <li>• Covered Services in full up to 120 additional days per Benefit Period (at least 60 days per calendar year) in a mental Hospital, less any days in a mental Hospital already covered by Medicare or the Plan in that Benefit Period or calendar year</li> </ul>	<p>Inpatient stay in a mental Hospital:</p> <p><b>Per Benefit Period:</b></p> <ul style="list-style-type: none"> <li>• Nothing for days 1-90</li> <li>• Nothing for up to 60 lifetime Reserve Days</li> <li>• Covered Services up to 120 days per Benefit Period (at least 60 days per calendar year) in a mental Hospital</li> <li>• Then, all charges</li> </ul>
<p>Medicare benefits in full for Inpatient Physician and other covered professional mental health Provider services for as many days as Medically Necessary, <b>except:</b></p> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<p>Inpatient Physician and other covered professional mental health Provider services covered by Medicare and the Plan for as many days as Medically Necessary in a general Hospital:</p> <ul style="list-style-type: none"> <li>• The Part B Coinsurance</li> <li>• Covered Services in full for as many days as Medically Necessary in a general Hospital and up to 120 additional days per Benefit Period (at least 60 days per calendar year) in a mental Hospital when covered only by the Plan</li> </ul>	<p>Inpatient Physician and other covered professional mental health Provider services</p> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• Coverage is for as many days as Medically Necessary</li> </ul>
<p>Medicare benefits in full for Medically Necessary Outpatient treatment, <b>except:</b></p> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<p>Outpatient treatment for as many visits as Medically Necessary</p> <ul style="list-style-type: none"> <li>• The Part B Coinsurance</li> <li>• Covered Services in full when covered only by the Plan</li> </ul>	<p><b>Outpatient treatment</b> for as many visits as Medically Necessary</p> <ul style="list-style-type: none"> <li>• The Part B Deductible for Medicare benefits for as many visits as Medically Necessary</li> <li>• Nothing for visits when covered only by the Plan</li> </ul>

\*\*The 365 additional lifetime days are combined for all Inpatient stays in general and mental Hospitals. See the Covered Services section under Preventive Care Services/Depression screening.



### **Tufts Medicare Preferred Supplement 1A Covered Services**

The Plan provides coverage for:

- Services to diagnose or treat Biologically-based Mental Disorders
- Treatment of Rape-related Mental or Emotional Disorders
- Services to diagnose or treat other Mental Disorders

### **Biologically-based Mental Disorders (including substance abuse and alcoholism) and Rape-related Mental or Emotional Disorders**

- The Plan provides coverage up to the Allowed Charge for Biologically-based Mental Disorders and Rape-Related Mental or Emotional Disorders as follows:
  - Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for all Medicare-approved Inpatient days during a Benefit Period. This Tufts Medicare Preferred Medicare Supplement coverage is provided for:
    - The 1st 60 days of a Benefit Period
    - The 61st through 90th day of a Benefit Period and
    - The 60 lifetime Medicare Reserve Days

Once you have used up all of your Medicare Reserve Days, the Plan provides coverage up to the Allowed Charge for an additional 365 lifetime Inpatient days. These additional days are only covered for semi-private room and board charges.

**Note:** These limits also apply to all other Inpatient stays. For more information, see the benefit description for "Hospital Medical and Surgical Care—Inpatient" (III. Benefit Schedule and Covered Services).

- Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for Inpatient services provided by a Physician specializing in psychiatry or a psychologist. If Medicare does not provide coverage, the Plan provides coverage up to the Allowed Charge for Inpatient services provided by a Physician specializing in psychiatry, a psychologist, or a clinical specialist in psychiatric and mental health nursing. The Plan provides this coverage for as many days as are Medically Necessary.
- Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for Outpatient services provided by a mental health care Provider. If Medicare does not provide coverage, the Plan provides coverage up to the Allowed Charge for Inpatient services provided by a Physician specializing in psychiatry, a psychologist, a licensed independent clinical social worker, a clinical specialist in psychiatric and mental health nursing, or a licensed mental health counselor. The Plan provides this coverage for as many visits as are Medically Necessary.

**Note:** Coverage of other, non-mental-health treatment of autism and autism spectrum disorders is described under "Autism spectrum disorders—diagnosis and treatment" (III. Benefit Schedule and Covered Services).

**All other Mental Disorders**

The Plan provides coverage up to the Allowed Charge for all other Mental Disorders:

- Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for all Medicare-approved Inpatient days during a Benefit Period. The Plan coverage is provided for:
  - The 1st 60 days of a Benefit Period
  - The 61st through 90th day of a Benefit Period and
  - The 60 lifetime Reserve Days

Once you have used up all of your Reserve Days, the Plan provides coverage up to the Allowed Charge for an additional 365 lifetime Inpatient days. These additional days are only covered for semi-private room and board charges.

**Note:** These limits also apply to all other Inpatient stays. For more information, see the benefit description for "Hospital Medical and Surgical Care—Inpatient" (III. Benefit Schedule and Covered Services).

The Plan provides coverage up to the Allowable Charge under this benefit for:

- Up to 120 days per Benefit Period (but covered for at least 60 days per calendar year). This may occur when your Inpatient days are covered by Medicare or the Plan during a Benefit Period (or in the same calendar year).
- Up to a total of 365 lifetime Inpatient days.

Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for Outpatient services provided by a Physician specializing in psychiatry or a psychologist. If Medicare does not provide coverage, the Plan provides coverage up to the Allowed Charge for Inpatient services provided by a Physician specializing in psychiatry, a psychologist, or a clinical specialist in psychiatric and mental health nursing.

**Intermediate Mental Health Care Services**

In certain instances, you may need Covered Services that are more intensive than Outpatient services (but not requiring a 24-hour Inpatient Hospital admission). Both Medicare and the Plan cover these intermediate mental health care services. As a result, Medicare will decide whether this care is Medically Necessary for you. These services include but are not limited to: intensive Outpatient programs; acute residential; and partial Hospital programs.

**Opioid treatment program services**

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare Part B benefits for Opioid treatment program services covered in full, <b>except:</b> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> </ul>	Nothing	The Part B Deductible

**Tufts Medicare Preferred Supplement 1A Covered Services**

Opioid use disorder treatment services are covered. Covered Services include:

- U.S. Food and Drug Administration (FDA)-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications.
- Dispensing and administration of MAT medications (if applicable)
- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities
- Periodic assessments



**Oxygen and Equipment**

<b>Medicare pays</b>	<b>Tufts Medicare Preferred Supplement 1A pays</b>	<b>You Pay*</b>
Medicare benefits in full for Oxygen and Equipment in full, <b>except:</b> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	The Part B Coinsurance	The Part B Deductible

**Tufts Medicare Preferred Supplement 1A Covered Services**

Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for:

- The rental of oxygen equipment, and
- Oxygen contents and supplies for the delivery of oxygen

**Podiatry**

<b>Medicare pays</b>	<b>Tufts Medicare Preferred Supplement 1A pays</b>	<b>You Pay*</b>
Medicare benefits for Podiatry in full, <b>except:</b> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	The Part B Coinsurance	The Part B Deductible

**Tufts Medicare Preferred Supplement 1A Covered Services**

Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for:

- Treatment of injuries and diseases of the feet (such as hammer toes and spurs)
- Routine foot care\*\* for Members with certain medical conditions affecting the lower limbs

\*\*For information about foot care related to diabetes, see "Diabetes Services and Supplies" in this Benefit Schedule.

**Prescription Drugs—Limited Outpatient Drug Coverage under Medicare Part B**

<b>Medicare pays</b>	<b>Tufts Medicare Preferred Supplement 1A pays</b>	<b>You Pay*</b>
<b>When covered by Medicare,</b> Medicare benefits for Prescription Drugs—Limited Outpatient Drug Coverage under Medicare Part B in full, <b>except:</b> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<b>When covered by Medicare,</b> The Part B Coinsurance	<b>When covered by Medicare,</b> The Part B Deductible

**Tufts Medicare Preferred Supplement 1A Covered Services**

Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for a limited number of Outpatient prescription drugs covered under Medicare Part B. Some examples include certain drugs in the following categories:

- Osteoporosis drugs
- Injectable drugs given by a licensed medical practitioner
- Oral cancer drugs, and
- Oral anti-nausea drugs
- Insulin furnished through an item of durable medical equipment (such as a medically necessary insulin pump)

For more information about this Part B benefit, see your Medicare and You handbook or contact Medicare.

**Note:** This Plan does not pay for most prescription drugs. You pay the full cost for most prescription drugs. In order to receive the full prescription drug benefits available through Medicare, you need to enroll in Medicare Part D coverage.

**Preventive Care—Alcohol Screening and counseling to reduce alcohol misuse**

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits in full for Alcohol Screening and counseling to reduce alcohol misuse	Nothing	Nothing

**Tufts Medicare Preferred Supplement 1A Covered Services**

Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for one alcohol misuse screening for adults with Medicare (including pregnant women) who misuse alcohol but are not alcohol dependent.

If you screen positive for alcohol misuse, you can get up to 4 brief face-to-face counseling sessions per year (if you're competent and alert during counseling) provided by a qualified Primary Care doctor or practitioner in a Primary Care setting.

**Preventive Care—Abdominal aortic aneurysm screening**

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits in full for Abdominal aortic aneurysm screening	Nothing	Nothing

**Tufts Medicare Preferred Supplement 1A Covered Services**

Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for a one-time screening ultrasound for people at risk. The Plan only covers this screening if you have certain risk factors and if you get a referral for it from your physician, physician assistant, nurse practitioner, or clinical nurse specialist.

**Preventive Care—Annual Prostate Cancer Screenings**

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits as follows for annual prostate cancer screenings: <ul style="list-style-type: none"> <li>• Full benefit for annual Prostate-Specific Antigen (PSA) test</li> </ul>	Nothing for annual Prostate-Specific Antigen (PSA) test	Nothing for annual Prostate-Specific Antigen (PSA) test
Annual digital rectal exam covered, subject to <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	The Part B Coinsurance for Annual digital rectal exam	The Part B Deductible for Annual digital rectal exam

**Tufts Medicare Preferred Supplement 1A Covered Services**

Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for the following routine prostate cancer screenings:

- Digital rectal exam: one exam per year for Members aged 50 or older
- PSA blood test: one test per year for Members aged 50 or older

**Note:** The Plan may also provide coverage up to the Allowed Charge for additional prostate cancer screenings determined by Medicare to be Medically Necessary.

### Preventive Care—Annual Screening Mammograms

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits in full for annual screening mammogram	Nothing	Nothing

#### Tufts Medicare Preferred Supplement 1A Covered Services

Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for mammograms as follows:

- One baseline mammogram for a Member between ages 35 and 39
- One routine mammogram each calendar year for a Member aged 40 or older.

**Note:** The Plan also provides coverage up to the Allowed Charge for Medically Necessary diagnostic mammograms. For more information, see “Laboratory Tests, X-rays, and Other Diagnostic Tests” (III. Benefit Schedule and Covered Services).

### Preventive Care—Annual Wellness Exam

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits in full for annual wellness exam <b>Note:</b> This benefit applies in years following the initial Welcome to Medicare exam	Nothing	Nothing

#### Tufts Medicare Preferred Supplement 1A Covered Services

Medicare provides coverage for an annual wellness exam. This benefit applies in years following the initial one-time “Welcome to Medicare” exam to develop or update a personalized plan to prevent disease or disability based on your current health risk factors.

### Preventive Care—Bone Mass Density Testing

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits in full for screening bone mass density testing	Nothing	Nothing

#### Tufts Medicare Preferred Supplement 1A Covered Services

Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for Medicare-approved bone mass density testing. This testing is provided to identify bone mass; determine bone quality; or detect bone loss.

For more information, see your Medicare and You handbook or contact Medicare.

### Preventive Care—Cardiovascular Screening

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits in full for routine cardiovascular screening	Nothing	Nothing

#### Tufts Medicare Preferred Supplement 1A Covered Services

Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for screenings once every five years to test a Member’s cholesterol, lipid, and triglyceride levels.

## Preventive Care—Colorectal Cancer Screenings

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits as follows for routine colorectal cancer screenings: <ul style="list-style-type: none"> <li>• Full benefits for screening fecal-occult blood tests, flexible sigmoidoscopy, colonoscopy, multi-target stool DNA tests, and blood-based Biomarker Tests.</li> </ul>	Nothing	Nothing
Barium enema covered, subject to: <ul style="list-style-type: none"> <li>• The Part B Coinsurance</li> </ul>	The Part B Coinsurance	Nothing

### Tufts Medicare Preferred Supplement 1A Covered Services

Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for the following routine colorectal cancer services:

- Colonoscopy: no minimum or maximum age limitation and is covered once every 120 months (10 years) for patients not at high risk, or 48 months after a previous flexible sigmoidoscopy for patients who are not at high risk for colorectal cancer, and once every 24 months for high risk patients after a previous screening colonoscopy or barium enema.
  - Flexible Sigmoidoscopy: for patients 45 years and older. Once every 120 months for patients not at high risk after the patient received a screening colonoscopy. Once every 48 months for high risk patients from the last flexible sigmoidoscopy or barium enema.
  - Screening fecal-occult blood tests for patients 45 years and older. Once every 12 months.
  - Multitarget stool DNA for patients 45 to 85 years of age and not meeting high risk criteria. Once every 3 years.
  - Blood-based Biomarker Tests for patients 45 to 85 years of age and not meeting high risk criteria. Once every 3 years.
  - Barium Enema as an alternative to colonoscopy for patients at high risk and 24 months since the last screening barium enema or the last screening colonoscopy.
  - Barium Enema as an alternative to flexible sigmoidoscopy for patient not at high risk and 45 years or older. Once at least 48 months following the last screening barium enema or screening flexible sigmoidoscopy.
- Colorectal cancer screening tests include a follow-on screening colonoscopy after a Medicare covered non-invasive stool-based colorectal cancer screening test returns a positive result.

## Preventive Care—Depression screening

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits for Depression screening in full for annual Depression screening	Nothing	Nothing

### Tufts Medicare Preferred Supplement 1A Covered Services

Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for a Depression screening for depression per year. The screening must be done in a primary care setting that can provide follow-up treatment and/or referrals.

**Preventive Care—Diabetes Self-Management Training**

<b>Medicare pays</b>	<b>Tufts Medicare Preferred Supplement 1A pays</b>	<b>You Pay*</b>
Medicare benefits in full for Diabetes Self-Management Training, <b>except:</b> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	The Part B Coinsurance	The Part B Deductible

**Tufts Medicare Preferred Supplement 1A Covered Services**  
 Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for Outpatient self-management training and educational services, including medical nutrition therapy, used to diagnose or treat: insulin-dependent diabetes; non-insulin-dependent diabetes; or gestational diabetes.

**Preventive Care—Family Planning**

<b>Medicare pays</b>	<b>Tufts Medicare Preferred Supplement 1A pays</b>	<b>You Pay*</b>
Nothing	Benefits in full as required by state mandate	Nothing

**Tufts Medicare Preferred Supplement 1A Covered Services**  
 The Plan provides coverage up to the Allowed Charge for the following family planning services:
 

- Consultations, examinations, procedures and medical services, which are related to the use of all contraceptive methods that have been approved by the United States Food and Drug Administration (USFDA)
- The injection of birth control drugs, including a prescription drug obtained from the Provider during an office visit
- Genetic counseling
- Insertion of implantable contraceptives, including levonorgestrel implants. Coverage includes the implant system as well
- Intrauterine devices (IUDs), diaphragms, and any other USFDA-approved contraceptive methods, when these contraceptives are obtained from the Provider during an office visit

**Preventive Care—Glaucoma Testing**

<b>Medicare pays</b>	<b>Tufts Medicare Preferred Supplement 1A pays</b>	<b>You Pay*</b>
Medicare benefits in full for glaucoma testing, <b>except:</b> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	The Part B Coinsurance	The Part B Deductible

**Tufts Medicare Preferred Supplement 1A Covered Services**  
 Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for one glaucoma test every 12 months. This coverage is for Members that Medicare decides to be at high risk for glaucoma.

**Preventive Care—HIV screening**

<b>Medicare pays</b>	<b>Tufts Medicare Preferred Supplement 1A pays</b>	<b>You Pay*</b>
Medicare benefits in full for HIV screening	Nothing	Nothing

**Tufts Medicare Preferred Supplement 1A Covered Services**  
 Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for HIV screening.
 

- For people who ask for an HIV screening test or who are at increased risk for HIV infection, one screening exam every 12 months
- For women who are pregnant, up to three screening exams during a pregnancy

### Preventive Care—Immunizations

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare Part B services benefits in full for Immunizations	Nothing	Nothing

#### Tufts Medicare Preferred Supplement 1A Covered Services

Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for Immunizations:

- Pneumonia/pneumococcal vaccine
- Flu shots, once each flu season in the fall and winter, with additional flu shots if Medically Necessary
- Hepatitis B vaccine if you are at high or intermediate risk of getting Hepatitis B
- COVID-19 vaccine
- Other vaccines if you are at risk and they meet Medicare Part B coverage rules

### Preventive Care—Medical Nutrition Therapy

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits in full for Medical Nutrition Therapy	Nothing	Nothing

#### Tufts Medicare Preferred Supplement 1A Covered Services

Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for Medicare-approved medical nutritional therapy services for Members with diabetes or kidney disease.

### Preventive Care—Medicare Diabetes Prevention Program (MDPP)

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits in full for the Medicare Diabetes Prevention Program	Nothing	Nothing

#### Tufts Medicare Preferred Supplement 1A Covered Services

MDPP is a structured health behavioral change intervention that provides practical training in long-term dietary change, increased physical activity, and problem-solving strategies for overcoming challenges to sustaining weight loss and a healthy lifestyle.

### Preventive Care—Obesity screening and therapy to promote sustained weight loss

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits in full for Obesity screening and therapy to promote sustained weight loss	Nothing	Nothing

#### Tufts Medicare Preferred Supplement 1A Covered Services

If you have a body mass index of 30 or more, we cover intensive counseling to help you lose weight. This counseling is covered if you get it in a Primary Care setting, where it can be coordinated with your comprehensive prevention plan. Talk to your Primary Care doctor or practitioner to find out more.

### Preventive Care—Pelvic and Clinical Breast Exams and Routine Cytology Exam (Pap Smear)

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits in full for pelvic, PAP smear, and clinical breast exams	Nothing	Nothing
Medicare benefits in full for a Pap smear test every two years	In full for an annual routine Pap smear test each calendar year (covered in years when Medicare benefits do not cover this test)	Nothing

#### Tufts Medicare Preferred Supplement 1A Covered Services

##### Medicare-covered exams and tests:

Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for one gynecological exam (including a routine Pap smear) every two years. This coverage is provided every year for a Member that Medicare determines to be at high risk for developing cervical or vaginal cancer.

##### Non-Medicare-covered exams and tests:

If Medicare does not provide coverage for a routine cytological exam (Pap smear) per calendar year, the Plan provides full coverage up to the Allowed Charge for that exam.

### Preventive Care—Screening for Lung Cancer with Low Dose Computed Tomography (LDCT)

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits in full for screening for lung cancer with low dose computed tomography (LDCT)	Nothing	Nothing

#### Tufts Medicare Preferred Supplement 1A Covered Services

Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for screening for lung cancer with low dose computed tomography (LDCT)

**Note:** For qualified Members, a LDCT is covered every 12 months.

**Eligible Members are:** people aged 50–77 years who have no signs or symptoms of lung cancer, but who have a history of tobacco smoking of at least 20 pack-years and who currently smoke or have quit smoking within the last 15 years, who receive a written order for LDCT during a lung cancer screening counseling and shared decision-making visit that meets the Medicare criteria for such visits and be furnished by a Physician or qualified Non-Physician practitioner.

For LDCT lung cancer screenings after the initial LDCT screening: the Member must receive a written order for LDCT lung cancer screening, which may be furnished during any appropriate visit with a Physician or qualified Non-Physician practitioner. If a Physician or qualified non-Physician practitioner elects to provide a lung cancer screening counseling and shared decision-making visit for subsequent lung cancer screenings with LDCT, the visit must meet the Medicare criteria for such visits.

**Note:** There is no Coinsurance, Copayment, or Deductible for the Medicare-covered counseling and shared decision-making visit or for the LDCT.



**Preventive Care—Screening for sexually transmitted infections (STIs) and counseling to prevent STIs**

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare Part B benefits in full for Screening for sexually transmitted infections (STIs) and counseling to prevent STIs	Nothing	Nothing

**Tufts Medicare Preferred Supplement 1A Covered Services**  
 Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for screening for sexually transmitted infections (STIs) and counseling to prevent STIs. We cover sexually transmitted infection (STI) screenings for chlamydia, gonorrhea, syphilis, and Hepatitis B. These screenings are covered for pregnant women and for certain people who are at increased risk for an STI when the tests are ordered by a primary care provider. We cover these tests once every 12 months or at certain times during pregnancy. We also cover up to 2 individual 20 to 30-minute, face-to-face high-intensity behavioral counseling sessions each year for sexually active adults at increased risk for STIs. We will only cover these counseling sessions as a preventive service if they are provided by a Primary Care Provider and take place in a primary care setting, such as a doctor's office.

**Preventive Care—Smoking and Tobacco Use Cessation Counseling**

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits in full for a Medicare approved smoking and tobacco cessation counseling program for Members who have not been diagnosed with an illness caused or complicated by tobacco use	Nothing	Nothing
For Members diagnosed with an illness caused or complicated by tobacco use: Medicare benefits in full <b>except:</b> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	The Part B Coinsurance	The Part B Deductible

**Tufts Medicare Preferred Supplement 1A Covered Services**  
 Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for a Medicare-approved smoking cessation program. This coverage includes up to 8 face-to-face visits in a 12-month period.

**Preventive Care—"Welcome to Medicare" Visit**

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits in full for a one-time visit within 12 months after Part B coverage begins	Nothing	Nothing

**Tufts Medicare Preferred Supplement 1A Covered Services**  
 Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for a one-time "Welcome to Medicare" visit.  
**Note:** Medicare covers this visit when a Member receives it within 12 months after enrolling in Medicare Part B.



## Pulmonary Rehabilitation Services

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits in full for Pulmonary Rehabilitation Services, <b>except:</b> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	The Part B Coinsurance	The Part B Deductible

### Tufts Medicare Preferred Supplement 1A Covered Services

Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for comprehensive programs of pulmonary rehabilitation are covered for members who have moderate to very severe chronic obstructive pulmonary disease (COPD) and for pulmonary rehabilitation from the doctor treating the chronic respiratory disease.

## Radiation and X-ray Therapy

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits in full for Radiation and X-ray Therapy, <b>except:</b> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	The Part B Coinsurance	The Part B Deductible

### Tufts Medicare Preferred Supplement 1A Covered Services

Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for radiation and X-ray therapy.

## Second Opinions

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits for Second Opinions in full, <b>except:</b> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	The Part B Coinsurance	The Part B Deductible

### Tufts Medicare Preferred Supplement 1A Covered Services

Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for: (1) an Outpatient second opinion regarding your medical care; or (2) a second surgical opinion. Coverage may also be provided for a third opinion, when the second opinion is different from the initial opinion.

## Short Term Rehabilitation (Physical, Occupational & Speech Language)

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits for Short Term Rehabilitation (Physical, Occupational & Speech Language) in full, <b>except:</b> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	The Part B Coinsurance	The Part B Deductible

### Tufts Medicare Preferred Supplement 1A Covered Services

Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for Outpatient short-term rehabilitation therapy. This coverage includes: physical therapy; occupational therapy; and speech therapy. Also, the Plan provides coverage for Medically Necessary services required to diagnose and treat speech, hearing, and language disorders.

## Skilled Nursing Facility Services

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits for Skilled Nursing Facility Services per Benefit Period: <ul style="list-style-type: none"> <li>• in full for days 1–20</li> <li>• In full for days 21–100, except for the Part A Coinsurance</li> <li>• Nothing for days 101–365</li> <li>• Nothing for days 366 and beyond</li> </ul>	Per Benefit Period: <ul style="list-style-type: none"> <li>• Nothing for days 1–20</li> <li>• The Part A Coinsurance for days 21–100</li> </ul> For days 101–365: <ul style="list-style-type: none"> <li>• \$10 per day in a Skilled Nursing Facility participating with Medicare</li> <li>• \$8 per day in a Skilled Nursing Facility not participating with Medicare</li> </ul> Nothing for days 366 and beyond	Per Benefit Period: <ul style="list-style-type: none"> <li>• Nothing for days 1–20</li> <li>• Nothing for days 21–100</li> </ul> For days 101–365: <ul style="list-style-type: none"> <li>• Balance after Plan pays \$10 per day in a Skilled Nursing Facility participating with Medicare</li> <li>• Balance after Plan pays \$8 per day in a Skilled Nursing Facility not participating with Medicare</li> </ul> All costs for days 366 and beyond

### Tufts Medicare Preferred Supplement 1A Covered Services

Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for Skilled Nursing Facility services. This coverage is provided through the 100th day in a Benefit Period. After that, the Plan provides coverage as follows:

- Services from Skilled Nursing Facility participating with Medicare for 101st through 365th day in a Benefit Period: The Plan pays \$10 per day for each of these days.
- Services from Skilled Nursing Facility not participating with Medicare for 101st through 365th day in a Benefit Period: The Plan pays \$8 per day for each of these days.

**Note:** Medicare and the Plan both provide coverage for Skilled Nursing Facility services, when a Member's Inpatient stay in such a facility meets Medicare's rules. These rules include Medicare's requirement that the Member: (1) be an Inpatient in a Hospital for at least three days; and then (2) transfer to the Skilled Nursing Facility within 30 days after leaving that Hospital.

## Surgery as an Outpatient

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits for Surgery as an Outpatient in full, <b>except:</b> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	The Part B Coinsurance	The Part B Deductible

### Tufts Medicare Preferred Supplement 1A Covered Services

Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for Medicare-approved Outpatient surgery.

## Telehealth Services

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits for Telehealth Services, <b>except:</b> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	The Part B Coinsurance	The Part B Deductible

### Tufts Medicare Preferred Supplement 1A Covered Services

The Plan provides coverage up to the Allowed Charge for services like office visits, psychotherapy, consultations, and certain other medical or health services provided by an eligible provider who isn't at your location using an interactive, two-way telecommunications system (like real-time audio and video). For most of these services, you'll pay the same amount that you would if you got the services in person.

**Urgently Needed Care**

<b>Medicare pays</b>	<b>Tufts Medicare Preferred Supplement 1A pays</b>	<b>You Pay*</b>
Medicare benefits for Urgently Needed Care, <b>except:</b> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	The Part B Coinsurance	The Part B Deductible

**Tufts Medicare Preferred Supplement 1A Covered Services**

Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for urgently needed care services. These services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care.

**Vision care**

<b>Medicare pays</b>	<b>Tufts Medicare Preferred Supplement 1A pays</b>	<b>You Pay*</b>
Medicare benefits in full for Vision Care services, <b>except:</b> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	The Part B Coinsurance	The Part B Deductible
The services covered under this benefit are: <ul style="list-style-type: none"> <li>• Eyewear after Cataract Surgery</li> <li>• Medicare-covered exams</li> </ul>	The Part B Coinsurance	The Part B Deductible

**Tufts Medicare Preferred Supplement 1A Covered Services**

The Plan provides coverage up to the Allowed Charge for the following:

Outpatient physician services for the diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration

For people who are at high risk of glaucoma, we will cover one glaucoma screening each year. People at high risk of glaucoma include people with a family history of glaucoma, people with diabetes, African-Americans who are age 50 and older and Hispanic Americans who are 65 or older.

For people with diabetes, screening for diabetic retinopathy is covered once per year.

One pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens (If you have two separate cataract operations, you cannot reserve the benefit after the first surgery and purchase two eyeglasses after the second surgery.)

**Women's Health and Cancer Rights Act Coverage**

Medicare pays	Tufts Medicare Preferred Supplement 1A pays	You Pay*
Medicare benefits for Women's Health and Cancer Rights Act Coverage on an Inpatient basis as described under Hospital Medical and Surgical Care—Inpatient	As described under Hospital Medical and Surgical Care—Inpatient	As described under Hospital Medical and Surgical Care—Inpatient
Medicare benefits on an Outpatient basis as described under Hospital Medical and Surgical Care—Outpatient	As described under Hospital Medical and Surgical Care—Outpatient	As described under Hospital Medical and Surgical Care—Outpatient

**Tufts Medicare Preferred Supplement 1A Covered Services**

The Plan provides coverage up to the Allowed Charge for breast reconstruction in connection with a mastectomy. This includes the following services:

- reconstruction of the breast affected by the mastectomy
- surgery and reconstruction of the other breast to produce a symmetrical appearance, and
- prostheses and treatment of physical complications of all stages of mastectomy (including lymphedema)

**Additional Covered Services Provided by the Plan (for benefits not covered under Parts A and B of Medicare)**

Medicare Pays nothing for the following Covered Services provided by the Plan:	Tufts Medicare Preferred Supplement 1A pays	You Pay*
One routine vision exam every calendar year	All charges	Nothing
One set of frames and prescription lenses or contact lenses (in place of eyeglasses) from any licensed vision care supplier <b>Note:</b> Please see "Vision Care Services" (III. Benefit Schedule and Covered Services). It explains separate coverage under Medicare Part B for eyeglasses and contact lenses following cataract surgery.	All combined charges up to a maximum benefit of \$100 per calendar year	All costs, after the maximum benefit of up to \$100 per calendar year is reached
Cleft lip or cleft palate treatment and services for children, in accordance with Massachusetts law. See Covered Services below.	All charges	Nothing
Fitness and Nutritional Counseling Benefit	All combined charges up to a maximum benefit of \$150 per calendar year	All costs, after the maximum benefit of up to \$150 per calendar year is reached
Weight Management Programs	The Plan will cover program fees for weight loss programs such as Weight Watchers or a Hospital-based weight loss program up to an annual maximum of \$150. This benefit does not cover costs for pre-packaged meals/foods, books, videos, scales, or other items or supplies.	All costs, after the maximum benefit of up to \$150 per calendar year is reached

Hearing aids for Children aged 21 and under in accordance with Massachusetts law. See Covered Services below.	All charges for one (1) hearing aid per hearing impaired ear up to \$2,000 every 36 months All charges for covered hearing aid evaluations, fittings and adjustments, and supplies, including ear molds	All costs after Plan pays for one (1) hearing aid per hearing-impaired ear up to \$2,000 every 36 months Nothing for covered hearing aid evaluations, fittings and adjustments, and supplies, including ear molds
Outpatient substance abuse services for medication assisted treatment, including methadone maintenance	All charges	Nothing
Medically Necessary diagnosis and antibiotic treatment of chronic Lyme disease Long-term antibiotic treatment of chronic Lyme disease: Treatments for Lyme disease otherwise eligible for coverage under this benefit will not be denied solely because such treatment may be characterized as unproven, Experimental or Investigative.	All charges	Nothing

## B. TUFTS MEDICARE PREFERRED SUPPLEMENT 1A COVERED SERVICES

### 1. ROUTINE VISION EXAMS:

Tufts Medicare Preferred Supplement 1A covers one routine vision exam every calendar year to find out if you need corrective lenses, when the exam is furnished by any licensed ophthalmologist or optometrist.

### 2. EYEGASSES OR CONTACT LENSES:

Tufts Medicare Preferred Supplement 1A covers up to \$100 every calendar year for one set of frames and prescription lenses or contact lenses (in place of eyeglasses) from any licensed vision care supplier. This \$100 benefit payment includes costs for measurement, fitting, and adjustments. No coverage is provided for: amounts more than \$100 every calendar year; non-prescription lenses; sunglasses that do not require a prescription; safety glasses; replacement of lost or broken frames or lenses; and special procedures such as vision training and subnormal vision aids and similar procedures and devices.

To obtain up to the \$100 Eyewear reimbursement, please submit a claim form along with an itemized bill from the licensed vision care supplier and paid receipts. Itemized bill must be in the member's name or alternatively, in the name of the member's representative on record. Call Member Services to request a claim form or go to our website [thpmp.org](http://thpmp.org). Send the completed claim form, along with the paid receipts, to Member Services at the address shown on the claim form. Reimbursement requests must be received by March 31 of the following year.

### 3. CLEFT LIP OR CLEFT PALATE TREATMENT AND SERVICES FOR CHILDREN:

In accordance with Massachusetts law, the following services are covered for Children under the age of 18 when services are prescribed by the treating Physician or surgeon, and that Provider certifies that the services are Medically Necessary and required because of the cleft lip or cleft palate:

- Medical and facial surgery: This includes surgical management and follow-up care by plastic surgeons.
- Oral surgery: This includes surgical management and follow-up care by oral surgeons.
- Dental surgery or orthodontic treatment and management

- Preventive and restorative dentistry to ensure good health and adequate dental structures for orthodontic treatment or prosthetic management therapy
- Speech therapy and audiology services
- Nutrition services

#### **4. HEARING AIDS FOR CHILDREN:**

In accordance with Massachusetts law, the following services are covered for Children aged 21 and upon written statement from the Child's treating Physician that the hearing aids are necessary regardless of the cause:

- One (1) hearing aid per hearing impaired ear per prescription change up to \$2,000 every 36 months
- Hearing aid evaluations
- Fitting and adjustment of hearing aids
- Supplies, including ear molds

#### **5. FITNESS AND NUTRITIONAL COUNSELING BENEFIT:**

Covers up to a total of \$150 per calendar year towards membership fees and/or exercise classes for a Member enrolled in a qualified health club or fitness facility and/or covered nutritional counseling sessions with a licensed nutritional counselor or registered dietician (combined charge). Important notes about this benefit:

- A qualified health club or fitness facility provides cardiovascular and strength training exercise equipment on site. Examples include traditional health clubs, YMCAs, YWCAs and community fitness centers.
- This benefit does not cover fees paid to non-qualified health clubs or fitness facilities, including but not limited to, martial arts centers; gymnastics facilities; country clubs; social clubs; facilities providing only yoga, Pilates, aerobics, golf, tennis, swimming or other sports activity.
- To obtain up to the \$150 Fitness and Nutritional Counseling reimbursement please submit a Fitness/ Nutrition Benefit claim form along with an itemized bill from the qualified facility, licensed nutritional counselor or registered dietician and paid receipts. Itemized bill must be in the member's name or alternatively, in the name of the member's representative on record. Call Member Services to request a claim form or go to our website **www.thpmp.org**. Send the completed claim form, along with the paid receipts, to Member Services at the address shown on the claim form.
- Reimbursement requests must be received by Tufts Medicare Preferred by no later than March 31 of the following year.
- For more information about this benefit, call Member Services.

#### **6. WEIGHT MANAGEMENT PROGRAMS BENEFIT:**

The Plan will cover program fees for weight loss programs such as Weight Watchers or a Hospital-based weight loss program. This benefit does not cover costs for pre-packaged meals/foods, books, videos, scales, or other items or supplies.

To obtain up to the \$150 Weight Management Programs reimbursement, please submit a claim form along with an itemized bill from the weight management program and paid receipts. Itemized bill must be in the member's name or alternatively, in the name of the member's representative on record. Call Member Services to request a claim form or go to our website **www.thpmp.org**. Send the completed claim form, along with the paid receipts, to Member Services at the address shown on the claim form.

Reimbursement requests must be received by Tufts Medicare Preferred by no later than March 31 of the following year.

## C. DISCOUNTS AND SAVINGS—PREFERRED EXTRAS

In addition to your covered benefits, as a Member you may take advantage of Preferred Extras—discounts on a variety of health products, services, and treatments. This list of Member discounts may change during the year. Please see our website at [www.thmp.org/extras](http://www.thmp.org/extras) for additional information or call Member Services.

### 1. FITNESS

#### Daily Burn

Get a 30-day free trial followed by 25% off your monthly membership.

\* At the end of your 30-day free trial, Daily Burn will automatically charge your card \$14.96 USD/month until you cancel. No refunds or credits for partial months. Additional taxes may apply.

- Daily Burn offers over 2,500 curated videos and audio-based classes featuring a variety of programming including total-body workouts, barre, kickboxing, prenatal, meditation, strength, and Pilates training. Plus, programs and collections are always being added.
- Available on iOS, Android, AppleTV, Roku, Google Chromecast, Amazon Fire, and Comcast, members can stream At Home from their TV, computer, or mobile app to start a workout.
- Gain access to an online community to chat directly with your trainers and other Daily Burn members.
- All workouts are downloadable on iOS devices, and all are available on-demand to all users, so you're always ready to crush your goals.

### 2. NUTRITIONAL SERVICES

#### Nutritional Counseling

25% discount on unlimited visits with Tufts Health Plan registered dietitians and licensed nutritionists.

#### The Dinner Daily

This program makes healthy, delicious dinners easy and affordable by providing you with weekly dinner plans customized for your food preferences, dietary needs, and the specials at your local grocery store. Get 25% off any Dinner Daily subscription.

The first two weeks are free to make it easy to try. To sign up, or for more information, visit [thedinnerdaily.com/tmp](http://thedinnerdaily.com/tmp) and use Code TMP25 to receive your discount.



### 3. HEALTH PRODUCTS & SERVICES

#### Home Instead Senior Care

\$100 one-time credit for non-medical home care services at participating offices. Home Instead provides high-quality, trusted home care to help seniors stay in their homes. Tufts Medicare Preferred members also receive a free home safety inspection once you have contracted for services with Home Instead Senior Care. For more information, please visit [HomeInstead.com](http://HomeInstead.com) or call **1-888-580-6676**.

#### Lasik Surgery

15% discount on retail price, or 5% off the promotional price, of LASIK and PRK laser vision correction. To find a location near you and to obtain a discount authorization, call **1-877-5LASER6**.

#### Life Cycle Transitions

Tufts Health Plan Members can also access a 20% discount to help those members with chronic health problems stay well at home or transition to a new location. For details on discounts, and to order services, call Life Cycle Transitions at **1-877-273-7810** or use [www.LifeCycleTransitions.com](http://www.LifeCycleTransitions.com) for information. Please reference code LCTTHPMP to access the Tufts Health Plan discount or let them know you are a Tufts Health Plan member.

#### Well Balanced Meals program through Independent Living Systems

Get a 15% discount on home delivered meals through Independent Living Systems. Home delivered meals offer a convenient and affordable way to recover from an illness, a surgical procedure, or to manage a chronic condition. To place an order, members can call **1-844-372-8631**.

#### Be Safer At Home Personal Emergency Response Systems

Get a discounted rate on the installation and monthly fees of a Personal Emergency Response System (PERS). A PERS unit allows you to live the independent lifestyle you want by providing a resource that is always there to respond to emergency calls. To learn more, visit [www.BeSaferatHome.com](http://www.BeSaferatHome.com). To receive the discounted rates, and to schedule a FREE consultation, contact Be Safer At Home at **1-866-513-7377** and let them know you are a Tufts Health Plan Member.

### 4. HEARING AID DISCOUNT

Discount is available on a wide selection of hearing aid choices from major manufacturers up to 63% below retail.

- 3-year supply of batteries at no charge (up to 64 cells per ear, per year for non-rechargeable devices)
- 1 year in-office servicing at no charge
- 3-year comprehensive warranty, including loss and damage
- 60-day hearing aid evaluation period
- Complete hearing aid evaluation at no charge

12-month, interest-free financing available to qualified applicants. For details on this discount, visit [hearingcaresolutions.com/tuftshealthplan](http://hearingcaresolutions.com/tuftshealthplan), or to schedule your comprehensive hearing exam, call Hearing Care Solutions toll-free at **1-866-344-7756**.

### 5. MIND AND BODY

#### Massage Therapy

25% discount on usual and customary fee or pay \$15 per 15 minutes of massage therapy, whichever is less.



## Acupuncture

25% discount on usual and customary fee.

For a list of Massage Therapy or Acupuncture providers near you, call ChooseHealthy at **1-877-335-2746**.

## Ompractice

For \$129 per year (a 40% savings off the monthly plan), or \$14.99 per month, you can access live, online yoga and meditation classes led by an instructor to practice yoga from the comfort and privacy of your own home. Ompractice utilizes two-way video so you can participate in group classes and receive feedback and support from your teacher. For more information, or to sign up, go to **ompractice.com/thmp**.

These discounts and savings may change over time without notice to Members. To check on current Preferred Extras, call Member Services at the number listed on your Member ID card, or go to **www.thmp.org/preferred-extras**.

## D. LIMITATIONS ON BENEFITS

### 1. DENTAL CARE SERVICES:

Dental care is not covered under this Plan. Medicare does not cover routine dental care or most dental procedures such as cleanings, fillings, root canals, tooth extractions and dentures. However, if you need to have Emergency or complicated dental procedures, Medicare Part A may pay for your Hospital stay even when Medicare does not cover the actual dental care services. For more information, see your Medicare and You handbook or contact Medicare.

## E. EXCLUSIONS FROM BENEFITS

### 1. LIST OF EXCLUSIONS:

Tufts Medicare Preferred will not pay for the following services, supplies, or medications:

- A service, supply or medication which is not Medically Necessary
- A service, supply or medication which is not a Covered Service
- A service, supply or medication that is not essential to treat an injury, illness, or pregnancy, except for preventive care services
- A service, supply, or medication if there is a less intensive level of service supply, or medication or more cost-effective alternative which can be safely and effectively provided, or if the service, supply, or medication can be safely and effectively provided to you in a less intensive setting
- A service, supply, or medication that is primarily for your, or another person's, personal comfort or convenience
- Custodial Care
- Services related to non-Covered Services
- A drug, device, medical treatment or procedure (collectively "treatment") that is Experimental or Investigative
  - This exclusion does not apply to:
    - bone marrow transplants for breast cancer or
    - patient care services provided pursuant to a qualified clinical trial which meets the requirements of Massachusetts law

- If the treatment is Experimental or Investigative, we will not pay for any related treatments which are provided to the Member for the purpose of furnishing the Experimental or Investigative treatment.
- Drugs, medicines, materials or supplies for use outside the Hospital or any other facility, except as described in III. Benefit Schedule and Covered Services; Laboratory tests ordered by a Member (online or through the mail), even if performed in a licensed laboratory
- The following exclusions apply to services provided by the relative of a Member:
  - Services provided by a relative who is not a Provider are not covered.
  - Services provided by an immediate family member (by blood or marriage), even if the relative is a Provider, are not covered
- If you are a Provider, you cannot provide or authorize services for yourself or a member of your immediate family (by blood or marriage).
- Services, supplies, or medications required by a third party which are not otherwise Medically Necessary: Examples of a third party are: employer; insurance company; school; or court
- Services for which you are not legally obligated to pay or services for which no charge would be made if you had no health Plan
- Care for conditions for which benefits are available under workers' compensation or other government programs other than Medicaid
- Care for conditions that state or local law requires to be treated in a public facility
- Charges or claims incurred as a result, in whole or in part, of fraud or misrepresentation (e.g., claims for services not actually rendered and/or able to be validated)
- Facility charges or related services if the procedure being performed is not a Covered Service
- Cosmetic (meaning to change or improve appearance) surgery, procedures, supplies, medications or appliances, except as provided in III. Benefit Schedule and Covered Services. **Note:** Breast reconstruction is covered when following a Medically Necessary mastectomy, as described in "Women's Health and Cancer Rights Act Coverage" in III. Benefit Schedule and Covered Services
- Human organ transplants, except as described in III. Benefit Schedule and Covered Services
- We do not cover the cost of services (including tuition-based programs) that offer educational, vocational, recreational or personal development activities, including, but not limited to: therapeutic schools, camps, wilderness or ranch programs, sports or performance enhancement programs, spas/resorts, leadership or behavioral coaching or Outward Bound. We will provide coverage for Medically Necessary Outpatient or intermediate behavioral health services provided by licensed behavioral health Providers while the Member is in a tuition-based program, subject to Plan rules, including any network requirements or Cost Sharing.
- Multi-purpose general electronic devices, including, but not limited to, laptop computers, desktop computers, personal assistive devices (PDAs), tablets and smartphones: All accessories for multi-purpose general electronic devices, including USB devices and direct connect devices (e.g., speakers, microphones, cables, cameras, batteries). Internet and modem connection/access including, but not limited to Wi-Fi®, Bluetooth®, Ethernet, and all related accessories
- Hearing aids; except for Children aged 21 and under as described in III. Benefit Schedule and Covered Services

- Routine foot care, such as: trimming of corns and calluses; treatment of flat feet or partial dislocations in the feet; orthopedic shoes and related items that are not part of a brace; foot orthotics or fittings; or casting and other services related to foot orthotics or other support devices for the feet, except:
  - This exclusion does not apply to therapeutic/molded shoes and shoe inserts for a Member with severe diabetic foot disease when the need for therapeutic shoes and inserts has been certified by the Member's treating doctor, and the shoes and inserts:
    - are prescribed by a Provider who is a podiatrist or other qualified doctor and
    - are furnished by a Provider who is a podiatrist, orthotist, prosthetist, or pedorthist
  - This exclusion also does not apply to routine foot care for Members diagnosed with diabetes
- Intra-articular hyaluronan injections (e.g., viscosupplements, Euflexxa, Synvisc)
- All Non-Conventional Medicine services, provided independently or together with conventional medicines, and all related testing, laboratory testing, services, supplies, procedures and supplements associated with this type of medicine
- Service or therapy animals and related supplies

# IV. WHEN COVERAGE ENDS

## A. OVERVIEW

### Introduction:

Tells you when coverage ends.

### Reasons Coverage Ends:

Coverage ends when any of the following occurs:

You lose eligibility because:

- you no longer are eligible for Medicare Parts A and B and
- you are enrolled in Medicare Part B (please refer to your Medicare and You handbook for events that can change your Medicare coverage) or
- you fail to pay your Premium when due or
- you choose to drop coverage or
- material misrepresentation

## B. WHEN A MEMBER IS NO LONGER ELIGIBLE

### 1. LOSS OF ELIGIBILITY:

Your coverage ends on the date you no longer are eligible for Medicare Parts A and B and enrolled in Medicare Part B.

**Important Note:** Your coverage will terminate retroactively to the date you are no longer eligible for coverage.

### 2. YOU CHOOSE TO DROP COVERAGE:

Coverage ends if you decide that, for any reason, you no longer want coverage. You may do this at any time by notifying us. You can choose to end your coverage as of the date you contact us or at a future date you elect. You must pay Premiums up through the day your coverage ends.

## C. WHEN A MEMBER IS ENTITLED TO MEDICAID

If you become eligible for Medicaid (under Title XIX of the Social Security Act), you may request that we suspend your benefits and Premiums under this Tufts Medicare Preferred Medicare Supplement *Policy*. You may continue this suspension of benefits and Premiums for up to 24 months. To do this, you must notify us within 90 days after you become entitled to Medicaid.

Once we have received this notice from you, we will refund to you any Premiums you had paid beyond your Effective Date under Medicaid coverage. Note the following, though, about any Premium refund we may send you:

- We will deduct from that amount any payments we made for coverage under the Plan after your Medicaid coverage became effective.
- The amount of those payments we make under the Plan during that time period may be more than the amount we collect from you in Premiums. If this occurs, it is our right to collect the difference from you.

If you suspend your coverage in this way, and then later lose your entitlement to Medicaid, we will reinstate your *Policy*. To do this, you must notify us within 90 days after you lose your Medicaid coverage. In this event, you will need to reimburse us the amount of Premiums for the time period dating back to when you lost entitlement to Medicaid.

Once we have reinstated your *Policy*, you will be covered under the Plan as of that date. You will not wait to receive benefits, including those for treatment of a pre-existing condition. Your coverage under the Plan will be the same, or very similar to, your coverage prior to your entitlement to Medicaid. In addition, your Premiums will be at the same level they would have been if you had not suspended your coverage under the Plan.

## **D. MEMBERSHIP TERMINATION FOR MATERIAL MISREPRESENTATION**

### **1. POLICY:**

We may terminate your coverage for making a material misrepresentation to us. If your coverage is terminated for this reason, we may not allow you to re-enroll for coverage with us under any other plan (such as individual plan or an employer group plan).

### **2. ACTS OF MATERIAL MISREPRESENTATION:**

Examples of material misrepresentation include:

- false or misleading information on your application
- receiving benefits for which you are not eligible
- allowing someone else to use your Member ID or
- submission of any false paperwork, forms, or claims information

### **3. DATE OF TERMINATION:**

If we terminate your coverage for material misrepresentation, your coverage will end as of your Effective Date or a later date chosen by us.

### **4. PAYMENT OF CLAIMS:**

We will pay for all Covered Services you received between:

- your Effective Date and
- your termination date, as chosen by us. We may retroactively terminate your coverage back to a date no earlier than your Effective Date.

We will use any Premium you paid for a period after your termination date to pay for any Covered Services you received after your termination date.

If the Premium is not enough to pay for that care, we may, at our option:

- pay the Provider for those services and ask you to pay us back or
- not pay for those services. In this case, you will have to pay the Provider for the services.

If the Premium is more than is needed to pay for Covered Services you received after your termination date, we will refund the excess to you.

## **E. TERMINATION OF THE INDIVIDUAL CONTRACT**

### **End of Tufts Medicare Preferred's and Member's Relationship:**

Coverage will terminate if the relationship between you and Tufts Medicare Preferred ends for any reason, including

- your Individual Contract with us terminates
- you fail to pay Premiums on time or
- we stop operating

# V. MEMBER SATISFACTION

## Important Notes about Appeals and Grievances:

In many instances, we will ask you to direct your initial concern to Medicare. This is because Medicare will make the primary determination on your health care benefits. Information is available: by contacting your local Social Security office or; on the official Medicare website at: [www.medicare.gov](http://www.medicare.gov).

The member satisfaction process described below applies to you when we determine that a service is Medically Necessary under this Plan only (and not under Medicare).

## A. MEMBER SATISFACTION PROCESS

Tufts Medicare Preferred has a multi-level member satisfaction process including:

- Internal Inquiry
- Member Grievances Process
- Internal Member Appeals

Send all grievances and appeals to us at the following address:

Tufts Medicare Preferred  
Attn: Appeals and Grievances Dept.  
1 Wellness Way  
P.O. Box 474  
Canton, MA 02021-1166

All calls should be directed to Member Services at: **1-800-701-9000**.

### 1. INTERNAL INQUIRY

Call Member Services to discuss concerns you may have regarding your health care. Every effort will be made to resolve your concerns within three (3) business days. If your concerns cannot be resolved within three (3) business days or if you tell Member Services that you are not satisfied with the response you have received from us, we will send you a letter describing any options you may have. Those options may include the right to have your inquiry processed as a grievance or appeal. If you choose to file a grievance or appeal, you will receive written acknowledgement and written resolution in accord with the timelines outlined below.

We maintain records of each inquiry made by a Member or by that Member's authorized representative. The records of these inquiries and the response provided by us are subject to inspection by the Commissioner of Insurance; and the Health *Policy* Commission.

### 2. MEMBER GRIEVANCE PROCESS

A grievance is a formal complaint about actions taken by us or a Provider. There are two types of grievances: administrative grievances; and clinical grievances. The two types of grievances are described below.

It is important that you contact us as soon as possible to explain your concern. Grievances may be filed either: verbally; or in writing. If you choose to file a grievance verbally, please call Member Services. That person will document your concern and forward it to an Appeals and Grievances Analyst in the Appeals and Grievances Department. To accurately reflect your concerns, you may want to: put your

grievance in writing; and send it to the address provided at the beginning of this section. Your explanation should include:

- your name and address
- your Member ID number
- a detailed description of your concern (including relevant dates; any applicable medical information; and Provider names) and
- any supporting documentation

**Important Note:** The Member Grievance Process does not apply to requests for a review of a denial of coverage. If you are seeking such a review, please see "Internal Member Appeals" below.

### 3. ADMINISTRATIVE GRIEVANCES

An administrative grievance is a complaint about: a Tufts Medicare Preferred employee, department, *Policy*, or procedure; or about a billing issue involving us.

### 4. ADMINISTRATIVE GRIEVANCE TIMELINE

If you file your grievance in writing, within five (5) business days after receiving your letter, we will notify you by mail that your letter has been received and provide you with the name, address, and telephone number of the Appeals and Grievances Analyst coordinating the review of your grievance.

If you file your grievance verbally, within forty-eight (48) hours we will send you a written confirmation. We will also include the name, address, and telephone number of the person coordinating the review.

If your request for review was first addressed through the internal inquiry process, and does not require the review of medical records, the thirty (30) calendar day review period will begin the day following the end of the three (3) business day internal inquiry process or earlier if you notify us that you are not satisfied with the response you received during the Internal Inquiry process.

If your grievance requires the review of medical records, you will receive a form that you will need to sign which authorizes your Providers to release medical information relevant to your grievance to us. You must sign and return the form before we can begin the review process. If you do not sign and return the form to us within thirty (30) business days of the date you filed, we may issue a response to your grievance without having reviewed the medical records. You will have access to any medical information and records relevant to your grievance which are our possession and control.

We will review your grievance, and will send you a letter regarding the outcome, as allowed by law, within thirty (30) calendar days of receipt.

The time limits in this process may be waived or extended beyond the time allowed by law upon mutual written agreement between you or your authorized representative; and us.

### 5. CLINICAL GRIEVANCES

A clinical grievance is a complaint about the quality of care or services that you have received. If you have concerns about your medical care, you should discuss them directly with your Provider. If you are not satisfied with your Provider's response or do not wish to address your concerns directly with your Provider, you may contact Member Services to file a clinical grievance.

If you file your grievance in writing, we will: notify you by mail, within five (5) business days after receiving your letter, that: your letter has been received; and provide you with the name, address, and telephone number of the Appeals and Grievances Analyst coordinating the review of your grievance. If you file your grievance verbally, we will send you a written confirmation of our understanding of your concerns within



forty-eight (48) hours. We will also include the name, address, and telephone number of the person coordinating the review.

We will review your grievance and will notify you in writing regarding the outcome, as allowed by law, within thirty (30) calendar days of receipt. The review period may be extended up to an additional thirty (30) days if additional time is needed to complete the review of your concern. You will be notified in writing if the review timeframe is extended.

## **6. "RECONSIDERATION:"**

If you are not satisfied with the result of the Clinical Grievance review process, you may request a "reconsideration". If you so choose, your concerns will be reviewed by a clinician who was not involved in the initial review process. Upon request for a reconsideration, your concerns will be reviewed within thirty (30) calendar days. You will be notified in writing of the results of the review

## **7. INTERNAL MEMBER APPEALS:**

An appeal is a request for a review of a: denial of coverage for a service or supply that has been reviewed and denied by Tufts Medicare Preferred based on Medical Necessity (an adverse determination) or; a denial of coverage for a specifically excluded service or supply. Our Appeals and Grievances Department will review all of the information submitted upon appeal, taking into consideration your benefits as detailed in this *Policy*.

It is important that you contact us as soon as possible to explain your concern. You have 180 days from the date you were notified of the denial of benefit coverage or claim payment to file an internal appeal. Appeals may be filed either verbally or in writing. If you would like to file a verbal appeal, call a Member Services Representative who will: document your concern; and forward it to an Appeals and Grievances Analyst. To accurately reflect your concerns, you may want to: put your appeal in writing; and send it to the address provided at the beginning of this section. Your explanation should include:

- your name and address
- your Member ID number
- a detailed description of your concern (including relevant dates, any applicable medical information, and Provider names) and
- any supporting documentation

## **8. APPEALS TIMELINE:**

- If you file your appeal verbally or in writing, we will notify you in writing, within forty-eight (48) hours after receiving your written or verbal appeal, that your appeal has been received and; provide you with the name, address, and telephone number of the Appeals and Grievances Analyst coordinating the review of your appeal and our understanding of your concern.
- If your request for review was first addressed through the internal inquiry process, and does not require the review of medical records, the thirty (30) calendar day review period will begin the day following the end of the three (3) day internal inquiry process or earlier if you notify us that you are not satisfied with the response you received during the internal inquiry process.
- Within 30 calendar days of receipt, we will: review your appeal; make a decision; and send you a decision letter.
- The time limits in this process may be waived or extended beyond the time allowed by law upon mutual verbal or written agreement between you or your authorized representative; and us.

This extension may be necessary if: we are waiting for medical records that are necessary for the review of your appeal; and have not received them. The Appeals and Grievances Analyst handling your case will notify you in advance if an extension may be needed. Also, a letter will be sent to you confirming the extension.

## **9. WHEN MEDICAL RECORDS ARE NECESSARY:**

If your appeal requires the review of medical records, you will receive a form that you will need to sign which authorizes your Providers to release to us medical information relevant to your Appeal. You must sign and return the form before we can begin the review process. If you do not sign and return the form to us within thirty (30) calendar days of the date you filed your appeal, we may issue a response to your request without having reviewed the medical records. You will have access to any medical information and records relevant to your appeal, which are in our possession and control.

## **10. WHO REVIEWS APPEALS?**

If the appeal involves a Medical Necessity determination, an actively practicing health care professional in the same or similar specialty as typically treats the medical condition, performs the procedure, or provides the treatment that is under review, and who did not participate in any of the prior decisions on the case will take part in the review. In addition, a Committee made up of Managers and Clinicians from various Tufts Health Plan departments will review your appeal. A Committee within the Appeals and Grievances Department will review appeals involving non-Covered Services.

## **11. APPEAL RESPONSE LETTERS:**

The letter you receive from us will include identification of the specific information considered for your appeal and an explanation of the basis for the decision. A response letter regarding a final adverse determination (a decision based on Medical Necessity) will include: the specific information upon which the adverse determination was based; our understanding of your presenting symptoms or condition; diagnosis and treatment interventions, and the specific reasons such medical evidence fails to meet the relevant medical review criteria; alternative treatment options offered, if any; applicable clinical guidelines; the titles and credentials of the individuals who reviewed the case, and the availability of translation services and consumer assistance programs. Please note that requests for coverage of services that are specifically excluded in your *Policy* are not eligible for external review.

An appeal not properly acted on by us within the time limits of Massachusetts law and regulations, including any extensions made by mutual written agreement between you or your authorized representative and us, shall be deemed resolved in your favor.

## **12. EXPEDITED APPEALS:**

We recognize that there are circumstances that require a quicker turnaround than the 30 calendar days allotted for the standard Appeals Process. We will expedite an appeal when there is an ongoing service about to terminate or a service to be delivered imminently whereby a delay in treatment would seriously jeopardize your life and health or jeopardize your ability to regain maximum function. Should you feel that your request meets the criteria cited above, you or your attending Physician should contact Member Services. Under these circumstances, you will be notified of our decision within 2 business days, but no later than seventy-two (72) hours (whichever is less) after the review is initiated. If your treating Provider (the practitioner responsible for the treatment or proposed treatment) certifies that the service being requested is Medically Necessary; that a denial of coverage for such services would create a substantial risk of serious harm; and such risk of serious harm is so immediate that the provision of such services should not await the outcome of the normal grievance process, you will be notified of our decision within forty-eight (48) hours of the receipt of certification. If you are appealing coverage for Durable Medical Equipment (DME) that we determined was not Medically Necessary, you will be notified of our decision

within less than forty-eight (48) hours of the receipt of certification. If you are an Inpatient in a Hospital, we will notify you of the decision before you are discharged. If your appeal concerns the termination of ongoing coverage or treatment, the disputed coverage shall remain in effect at our expense through the completion of the Internal Appeals Process. The only services which will continue to be covered are those which: (1) were originally authorized by us; and (2) which were not terminated pursuant to a specific time or episode-related exclusion.

If you have a terminal illness, we will notify you of our decision within five (5) days of receiving your appeal. If our decision is to deny coverage, you may request a conference. We will schedule the conference within 10 days (or within 5 business days if your Physician determines, after talking with a Tufts Medicare Preferred Medical Affairs Department Physician or Psychological Testing Reviewer, that based on standard medical practice the effectiveness of the proposed treatment or alternative covered treatment would be materially reduced if not provided at the earliest possible date). You may bring another person with you to the conference. At the conference, you and/or your authorized representative, if any, and a representative of Tufts Medicare Preferred who has authority to determine the disposition of the grievance shall review the information provided.

If the appeal is denied, the decision will include the specific medical and scientific reasons for denying the coverage, and a description of any alternative treatment, services or supplies that would be covered. If your requests meet the criteria for an expedited review, you may also file an expedited external appeal at the same time.

### **13. CONFERENCE (WALK-IN) APPEALS:**

If the case involves an adverse determination (Medical Necessity determination), you or your representative may also appear in person or by conference call to present your appeal. This is an opportunity for you to present additional information to the Committee that may be better communicated in person. If you would like to present your appeal in person, you must request this option. A Member Appeals Analyst will contact you to schedule a date and time to appear. You will have approximately twenty minutes to address the Committee. The Committee will not make a decision while you are present. However, the Member Appeals Analyst will notify you of a decision after it has been made.

## **B. IF YOU ARE NOT SATISFIED WITH THE APPEALS DECISION**

### **"Reconsideration":**

In circumstances where relevant medical information (1) was received too late to review within the thirty (30) calendar day time limit; or (2) was not received but is expected to become available within a reasonable time period following the written resolution, you may choose to request a reconsideration. We may allow the opportunity for reconsideration of a final adverse determination. If you request a reconsideration you must agree in writing to a new time period for review. The time period will be no greater than thirty (30) calendar days from the agreement to reconsider the appeal.

Please note, if you are not satisfied with our member satisfaction process, you have the right at any time to contact the Commonwealth of Massachusetts Division of Insurance Bureau of Managed Care at:

Division of Insurance, Bureau of Managed Care  
Office of Consumer Affairs and Business Regulations  
1000 Washington Street, 8th Floor  
Boston, MA 02118  
Phone: **1-617-521-7794**  
Web: **[www.mass.gov/orgs/division-of-insurance](http://www.mass.gov/orgs/division-of-insurance)**

## C. LIMITATION ON ACTIONS

### **Limitation on Actions:**

You cannot file a lawsuit against Tufts Medicare Preferred for failing to pay or arrange for Covered Services unless you have completed our member satisfaction process and file the lawsuit within two years from the time the cause of action arose. For example, if you want to file a lawsuit because you were denied coverage under this *Policy*, you must first complete our member satisfaction process, and then file your lawsuit within the next two years after the date you were first sent a notice of the denial. Going through the member satisfaction process does not extend the time limit for filing a lawsuit beyond the two years after the date you were first denied coverage.

# VI. OTHER PLAN PROVISIONS

## A. SUBROGATION

### 1. TUFTS MEDICARE PREFERRED'S RIGHT OF SUBROGATION

You may have a legal right to recover some or all of the costs of your health care from someone else (a "Third Party"). "Third Party" means any person or company that is, could be, or is claimed to be responsible for the costs of injuries or illness to you.

Tufts Medicare Preferred may cover health care costs for which a Third Party is responsible. In this case, we may require that Third Party to repay us the full cost of all such benefits provided by this Plan. Our rights of recovery apply to any recoveries made by you or on your behalf from any source. This includes, but is not limited to:

- payments made by a Third Party
- payments made by any insurance company on behalf of the Third Party
- any payments or rewards under an uninsured or underinsured motorist coverage policy
- any disability award or settlement
- medical payments coverage under any automobile policy
- premises or homeowners' medical payments coverage
- premises or homeowners' insurance coverage and
- any other payments from a source intended to compensate you for Third Party injuries

We have the right to recover those costs in your name. We can do this with or without your consent, directly from that person or company. Our right has priority, except as otherwise provided by law. We can recover against the total amount of any recovery, regardless of whether all or part of the recovery is for medical expenses or the recovery is less than the amount needed to reimburse you fully for the illness or injury.

### 2. PERSONAL INJURY PROTECTION/MED PAY BENEFITS

You may be entitled to benefits under your own or another individual's automobile coverage, regardless of fault. These benefits are commonly referred to as Personal Injury Protection (PIP) and Medical Payments (Med Pay). Our coverage is secondary to both PIP and Med Pay benefits. If we pay benefits before PIP or Med Pay benefits have been exhausted, we may recover the cost of those benefits as described above.

### 3. TUFTS MEDICARE PREFERRED'S RIGHT OF REIMBURSEMENT

This provision applies in addition to the rights described above. You may recover money by suit, settlement, or otherwise. If this happens, you are required to reimburse us for the cost of health care services, supplies, medications, and expenses for which we paid or will pay. This right of reimbursement attaches when we have provided health care benefits for expenses where a Third Party is responsible and you have recovered any amounts from any sources. This includes, but is not limited to:

- payments made by a Third Party
- payments made by an insurance company on behalf of the Third Party
- any payments or awards under an uninsured or underinsured motorist coverage policy
- any disability award or settlement

- medical payments coverage under any automobile policy
- premises or homeowners' medical payments coverage
- premises or homeowners' insurance coverage and
- any other payments from a source intended to compensate you when a Third Party is responsible

We have the right to be reimbursed up to the amount of any payment received by you, regardless of whether (a) all or part of the payment to you was designated, allocated, or characterized as payment for medical expenses; or (b) the payment is for an amount less than that necessary to compensate you fully for the illness or injury.

#### **4. MEMBER COOPERATION:**

You further agree:

1. to notify us promptly and in writing when notice is given to any Third Party or representative of a Third Party of the intention to investigate or pursue a claim to recover damages or obtain compensation
2. to cooperate with us and provide us with requested information
3. to do whatever is necessary to secure our rights of subrogation and reimbursement under this Plan
4. to assign us any benefits you may be entitled to receive from a Third Party. Your assignment is up to the cost of health care services and supplies, and expenses, that we paid or will pay for your illness or injury
5. to give us a first priority lien on any recovery, settlement, or judgment or other source of compensation which may be had by any Third Party. You agree to do this to the extent of the full cost of all benefits associated with Third Party responsibility.
6. to do nothing to prejudice our rights as set forth above. This includes, but is not limited to, refraining from making any settlement or recovery which specifically attempts to reduce or exclude the full cost of all benefits provided by this Plan.
7. to serve as a constructive trustee for the benefit of this Plan over any settlement or recovery funds received as a result of Third Party responsibility
8. that we may recover the full cost of all benefits provided by this Plan without regard to any claim of fault on your part, whether by comparative negligence or otherwise
9. that no court costs or attorney fees may be deducted from our recovery
10. that we are not required to pay or contribute to paying court costs or attorney's fees for the attorney hired by you to pursue your claim or lawsuit against any Third Party and
11. that in the event you or your representative fails to cooperate with Tufts Medicare Preferred, you shall be responsible for all benefits provided by this Plan in addition to costs and attorney's fees incurred by Tufts Medicare Preferred in obtaining repayment

#### **5. WORKERS' COMPENSATION:**

Employers provide workers' compensation insurance for their employees to protect them in case of work-related illness or injury.

If you have a work-related illness or injury, you and your employer must ensure that all medical claims related to the illness or injury are billed to your employer's workers' compensation insurer. Tufts Medicare Preferred will not provide coverage for any injury or illness for which it determines that benefits are available under: any workers' compensation coverage or equivalent employer liability; or indemnification law (whether or not the employer has obtained workers' compensation coverage as required by law).

If we pay for the costs of health care services or medications for any work-related illness or injury, we have the right to recover those costs from you, the person, or company legally obligated to pay for such services, or from the Provider. If your Provider bills services or medications to us for any work-related illness or injury, please contact Member Services.

#### **6. SUBROGATION AGENT:**

We may contract with a third party to administer subrogation recoveries. In such case, that subcontractor will act as our agent.

## **B. COORDINATION OF BENEFITS**

### **1. BENEFITS UNDER OTHER PLANS:**

You may have benefits under other Plans for Hospital, medical, dental or other health care expenses.

We have a coordination of benefits program (COB) that prevents duplication of payment for the same health care services. We will coordinate benefits payable for Covered Services with benefits payable by other plans, consistent with state law.

### **2. PRIMARY AND SECONDARY PLANS:**

We will coordinate benefits by determining:

- which plan has to pay first when you make a claim and
- which plan has to pay second

We will make these determinations according to applicable state law.

### **3. RIGHT TO RECEIVE AND RELEASE NECESSARY INFORMATION:**

When you enroll, you must include information on your membership application about other health coverage you have.

After you enroll, you must notify us of new coverage or termination of other coverage. We may ask for and give out information needed to coordinate benefits.

You agree to provide information about other coverage and cooperate with our COB program.

### **4. RIGHT TO RECOVER OVERPAYMENT:**

We may recover, from you or any other person or entity, any payments made that are greater than payments it should have made under the COB program. We will recover only overpayments actually made.

### **5. FOR MORE INFORMATION:**

For more information about COB, call Member Services: **1-800-701-9000**.

## **C. USE AND DISCLOSURE OF MEDICAL INFORMATION**

We mail a separate "Notice of Privacy Practices" to all Members to explain how we use and disclose your medical information. If you have questions or would like another copy of our "Notice of Privacy Practices", call Member Services: **1-800-701-9000**. Information is also available on our website at: **[www.thpmp.org](http://www.thpmp.org)**



## D. COVERAGE FOR PRE-EXISTING CONDITIONS

Your coverage under this *Policy* is not limited with respect to pre-existing conditions. A pre-existing condition is a condition for which medical advice was given or treatment was recommended by or received from a Physician within six months before your Effective Date.

## E. CIRCUMSTANCES BEYOND TUFTS MEDICARE PREFERRED'S REASONABLE CONTROL

### Circumstances Beyond our Reasonable Control:

We shall not be responsible for a failure or delay in arranging for the provision of services in cases of circumstances beyond our reasonable control. Such circumstances include but are not limited to: major disaster; epidemic; strike; war; riot; and civil insurrection. In such circumstances, we will make a good faith effort to arrange for the provision of services. In doing so, we will take into account the impact of the event and the availability of Providers.

## F. INDIVIDUAL CONTRACT

### 1. ACCEPTANCE OF THE TERMS OF THE INDIVIDUAL CONTRACT:

By signing and returning the membership application form, you apply for Individual coverage and agree to all the terms and conditions of the Individual Contract, including this *Policy*.

### 2. PAYMENTS FOR COVERAGE:

We will bill you and you will pay your Premiums to us. We are not responsible if you fail to pay the Premium.

**Note:** If you fail to pay the Premium on time, we may cancel your coverage in accordance with this *Policy* and applicable state law.

We may change the Premium. If the Premium is changed, the change will apply to all Members enrolled in this Plan and not just you.

### 3. CHANGES TO THIS POLICY:

Tufts Medicare Preferred may change this *Policy*. Changes will be consistent with state and federal law and do not require your consent. Notice of changes in Covered Services will be sent to you at least 60 days before the effective date of the modifications and will:

- include information regarding any changes in clinical review criteria and
- detail the effect of such changes on a Member's personal liability for the cost of such changes

An amendment to this *Policy* describing the changes will be sent to you and will include the effective date of the change. Changes will apply to all benefits for services received on or after the effective date with one exception.

**Exception:** A change will not apply to you if you are an Inpatient on the effective date of the change until your discharge date.

**Note:** If changes are made, they will apply to all Members enrolled in this product, not just to you.

### 4. NOTICE

**Notice to Members:** When we send a notice to you, it will be sent to your last address on file with us.

**Notice to us:** Members should address all correspondence to:



Tufts Medicare Preferred  
1 Wellness Way  
P.O. Box 494  
Canton, MA 02021-1166

**5. ENFORCEMENT OF TERMS:**

We may choose to waive certain terms of the *Policy*, if applicable. This does not mean that we give up its rights to enforce those terms in the future.

**6. WHEN THIS POLICY IS ISSUED AND EFFECTIVE:**

This *Policy* is issued and effective on your Effective Date on or after January 1, 2024, and supersedes all previous Policies.

# VII. APPENDIX A: GLOSSARY OF TERMS

## Terms and Definitions

This section defines the terms used in this *Policy*

### Accident

Injury or injuries for which benefits are provided means accidental bodily injury sustained by the Member which is the direct result of an accident, independent of disease or bodily infirmity or any other cause, and occurs while his or her coverage is in force under this Plan.

**Note:** Injuries shall not include injuries for which benefits are provided or available under:

- any workers' compensation, employer's liability or similar law
- motor vehicle no-fault plan
- or other motor vehicle insurance-related plan; unless prohibited by law

### Allowed Charge\*

The expense used to determine payment of Plan benefits listed in this *Policy*

- For a service eligible for coverage under Medicare: This means the payment amount Medicare establishes for that service. See your Medicare and You handbook, or contact Medicare, for more information.
- For a service that qualifies as a Covered Service under this Plan only: This means the Provider's actual charge for that service.

\*Allowed charge does not include any Part B excess charges or sequestration charges.

### Ambulatory Surgery

Any surgical procedure(s) in an operating room under anesthesia for which the Member is admitted to a facility licensed by the state to perform surgery, and with an expected discharge the same day, or in some instances, within twenty-four hours. For Hospital census purposes, the Member is an Outpatient not an Inpatient. Also referred to as "ambulatory surgery" or "Surgical Day Care."

### Benefit Period

The way that Medicare measures your use of Hospital and Skilled Nursing Facility services:

- A benefit period begins the day you receive Covered Inpatient Services in a Hospital or Skilled Nursing Facility.
- The benefit period ends when you have not received Covered Inpatient Services in a Hospital or Skilled Nursing Care for 60 days in a row.
- If you go into the Hospital after one benefit period has ended, a new Benefit Period begins.
- You must pay the Inpatient Hospital Deductible for each benefit period.

There is no limit to the number of benefit periods you can have.

### Biologically-based Mental Disorders

The following Mental Disorders:

- schizophrenia
- schizoaffective disorder
- major depressive disorder

- bipolar disorder
- paranoia and other psychotic disorders
- obsessive-compulsive disorder
- panic disorder
- delirium and dementia
- affective disorders
- eating disorders
- post-traumatic stress disorders
- autism
- substance abuse disorders; and any other Mental Disorders added by the Commissioners of the Department of Mental Health and the Division of Insurance

### **Board-Certified Behavior Analyst (BCBA)**

A board-certified behavior analyst (BCBA) meets the qualifications of the Behavior Analyst Certification Board (BACB) by achieving a master's degree, training, experience, and other requirements. A BCBA professional conducts behavioral assessments, designs and supervises behavior analytic interventions, and develops and implements assessment and interventions for Members with diagnoses of autism spectrum disorders. BCBAs may supervise the work of Board-Certified Assistant Behavior Analysts and other Paraprofessionals who implement behavior analytic interventions.

### **Coinsurance**

An amount you must pay as your share of the cost of Medicare Covered Services after you pay any Medicare Deductibles. Coinsurance is usually a percentage (for example, 20%), rather than a set amount.

### **Covered Services**

The services and supplies for which Tufts Medicare Preferred will pay under this *Policy* must be:

- described in III. Benefit Schedule and Covered Services
- for Medicare-approved services, obtained by a Provider who accepts assignment from Medicare and
- except for preventive care, Medically Necessary

**Note:** Covered services do not include any tax, surcharge, assessment or other similar fee imposed under any state or federal law or regulation on any Provider, Member, service, supply, or medication.

### **Custodial Care**

- Care given primarily to assist in the activities of daily living, such as bathing, dressing, eating, and maintaining personal hygiene and safety
- Care given primarily for maintaining the Member's or anyone else's safety, when no other aspects of treatment require an acute Hospital level of care
- Services that could be given by people without professional skills or training or
- Routine maintenance of colostomies, ileostomies, and urinary catheters or
- adult and pediatric day care
- In cases of mental health care when no other aspects of treatment require an acute Hospital level of care, Inpatient care given primarily:
  - for maintaining the Member's or anyone else's safety or
  - for the maintenance and monitoring of an established treatment program

**Note:** Custodial care is not covered by Tufts Medicare Preferred.

### **Deductible**

The amount you must pay for health care, before Medicare begins to pay for Medicare Covered Services. There is a deductible for each Benefit Period for Part A, and each year for Part B. These amounts can change every year.

### **Durable Medical Equipment**

Devices or instruments of a durable nature that:

- are reasonable and necessary to sustain a minimum threshold of independent daily living
- are made primarily to serve a medical purpose
- are not useful in the absence of illness or injury
- can withstand repeated use and
- can be used in the home

### **Effective Date**

This is the date which according to our records you become a Member and are first eligible for Covered Services.

### **Emergency**

An illness or medical condition, whether physical or mental, that manifests itself by symptoms of sufficient severity including severe pain that the absence of prompt medical attention could reasonably be expected by a prudent layperson, who possesses an average knowledge of health and medicine, to result in:

- serious jeopardy to the physical and/or mental health of a Member or another person (or with respect to a pregnant Member, the Member's or her unborn child's physical and/or mental health)
- serious impairment to bodily functions or
- serious dysfunction of any bodily organ or part or
- with respect to a pregnant woman who is having contractions, inadequate time to effect a safe transfer to another Hospital before delivery, or a threat to the safety of the Member or her unborn child in the event of transfer to another Hospital before delivery

Some examples of illnesses or medical conditions requiring emergency care are: severe pain; a broken leg; loss of consciousness; vomiting blood; chest pain; difficulty breathing; or any medical condition that is quickly getting much worse.

### **Experimental or Investigative**

A service, supply, treatment, procedure, device, or medication (collectively "treatment") is considered experimental or investigative and therefore, not Medically Necessary, if any of the following is true:

- the drug or device cannot be lawfully marketed without the approval of the U.S. Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished or to be furnished
- the treatment, or the "informed consent" form used with the treatment, was reviewed and approved by the treating facility's institutional review board or other body serving a similar function, or federal law requires such review or approval
- reliable scientific evidence shows that the treatment is the subject of ongoing Phase I or Phase II clinical trials; is the research, experimental, study or investigative arm of ongoing Phase III clinical trials; or is

otherwise under study to determine its safety, efficacy, toxicity, maximum tolerated dose, or its efficacy as compared with a standard means of treatment or diagnosis

- evaluation by an independent health technology assessment organization has determined that the treatment is not proven safe and/or effective in improving health outcomes or that appropriate patient selection has not been determined
- the peer-reviewed published literature regarding the treatment is predominantly non-randomized, historically controlled, case controlled, or cohort studies, or there are few or no well-designed randomized, controlled trials
- there is no scientific or clinical evidence that the treatment is at least as beneficial as any established, evidence-based alternatives

### **Hospital**

A hospital, as defined by Medicare, which is authorized for payment by Medicare and licensed to operate as a hospital in the state where it operates

### **Individual Contract**

The agreement between Tufts Medicare Preferred and you under which:

- we agree to provide Individual Coverage to you and
- you agree to pay a Premium to us on your behalf

The individual contract includes this *Policy* and any amendments.

### **Inpatient**

A patient who is:

- admitted to a Hospital or other facility licensed to provide continuous care and
- classified as an inpatient for all or a part of the day on the facility's inpatient census

### **Medically Necessary**

**For a service eligible for coverage under Medicare:** This means "medically necessary" as determined by Medicare. See your Medicare and You handbook or contact Medicare for more information.

**For a service that qualifies as a Covered Service under this Tufts Medicare Preferred Medicare Supplement Policy only:** This term has the following meaning:

A service or supply that is consistent with generally accepted principles of professional medical practice as determined by whether that service or supply:

- Is the most appropriate available supply or level of services for the Member in question considering potential benefits and harms to that Individual
- Is known to be effective, based on scientific evidence, professional standards and expert opinion, in improving health outcomes or
- for services and interventions not in widespread use, is based on scientific evidence

In determining coverage for Medically Necessary Services, Tufts Medicare Preferred uses Medical Necessity Guidelines which are:

- developed with input from practicing Physicians
- developed in accordance with the standards adopted by national accreditation organizations

- updated at least biennially or more often as new treatments, applications and technologies are adopted as generally accepted professional medical practice and
- evidence-based, if practicable

## **Medicare**

Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended

## **Medicare-approved Amount**

The amount a Physician or supplier that accepts assignment can be paid by Medicare.

- It includes what Medicare pays and any Deductible, Coinsurance, or Copayment that you pay.
- It may be less than the actual amount a doctor or supplier charges.

## **Medicare Eligible Expenses**

Expenses of the kind covered by Medicare Parts A and B, to the extent recognized as reasonable and Medically Necessary by Medicare

## **Member**

A person who:

- enrolls in the Plan
- signs the membership application form and
- in whose name the Premium is paid to us

Also, referred to as "you."

## **Mental Disorders**

Psychiatric illnesses or diseases listed as Mental Disorders in the latest edition, at the time treatment is given, of the American Psychiatric Association's Diagnostic and Statistical Manual: Mental Disorders regardless of whether the cause of the illness or disease is organic

## **Mental Disorders**

Psychiatric illnesses or diseases listed as Mental Disorders in the latest edition, at the time treatment is given, of the American Psychiatric Association's Diagnostic and Statistical Manual: Mental Disorders regardless of whether the cause of the illness or disease is organic

## **Non-Conventional Medicine**

A group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine and are generally not based on scientific evidence. Since these services are not based on scientific evidence, they do not meet the Tufts Health Plan definition of Medical Necessity and are not covered. Providers of these non-Covered Services may be contracting or non-contracting traditional medical Providers. These services may be offered in connection with a traditional office visit. Providers of non-convention medicine services often request payment up front because health insurance typically does not cover these services.

Common terminology used to refer to these types of services include, but are not limited to, "alternative medicine", "complementary medicine", "integrative medicine", "functional health medicine", and may be described as treating "the whole person", "the entire individual", or "the inner self", and may refer to re-balancing hormones or finding underlying causes that lead to bodily dysfunction. Examples of non-conventional medicine and related services include, but are not limited to:

- holistic, naturopathic, energy medicine (e.g., Reiki, Ayurvedic, magnetic fields)
- manipulative and body-based practices (e.g., reflexology, yoga, exercise therapy, tai-chi)
- mind-body medicine (e.g., hypnotherapy, meditation, stress management)
- whole medicine systems (e.g., naturopathy, homeopathy)
- biologically-based practices (e.g., herbal medicine, dietary supplements, probiotics) and
- other related practices when provided in connection with Non-Conventional Medicine services (e.g., animal therapy, art therapy, dance therapy, sleep therapy, light therapy, energy-balancing, breathing exercises)

### **Outpatient**

A patient who receives care that is not provided on an Inpatient basis. This includes services provided in:

- a Physician's office
- an Ambulatory Surgical Center and
- an Emergency room or outpatient clinic

### **Paraprofessional**

As it pertains to the treatment of autism and autism spectrum disorders, a Paraprofessional is an individual who performs applied behavior analysis (ABA) services under the supervision of a Board-Certified Behavior Analyst (BCBA)

### **Physician**

As defined by Medicare, an individual licensed under state law to practice:

- medicine or
- osteopathy

### **Plan**

The Tufts Medicare Preferred Medicare Supplement option described in this *Policy*

### **Policy**

This document, and any future amendments, which describes the Plan in which you have enrolled. This policy is the agreement for the coverage under the Plan between: you; and Tufts Medicare Preferred.

### **Premium**

The total monthly cost of Individual Coverage which the Member pays to Tufts Medicare Preferred

### **Provider**

A health care professional or facility licensed in accordance with applicable law: Providers do not have to contract with Tufts Medicare Preferred in order to offer services for the benefits listed in this *Policy*.

The types of providers covered under the Plan include, but are not limited to: Ambulatory Surgical centers; Hospitals; Physicians; Physician assistants; certified nurse midwives; certified registered nurse anesthetists; nurse practitioners; optometrists; podiatrists; psychologists; licensed mental health counselors; licensed independent clinical social workers; licensed drug and alcohol counselors I; licensed marriage and family therapists; and Skilled Nursing Facilities.

The Plan will only cover services of a provider, if those services are:

- listed as Covered Services; and
- within the scope of the provider's license.

**Important Note**—providers outside of Massachusetts:

No coverage is available under this Plan for services obtained by the following types of providers outside of Massachusetts:

- clinical specialists in psychiatric and mental health nursing
- licensed independent clinical social workers (for Covered Services under this Plan only)
- licensed mental health counselors and
- psychologists (for Covered Services under this Plan only)

**Rape-related Mental or Emotional Disorder**

A mental or emotional disorder related to a Member who is a victim of rape or assault with intent to commit rape.

Rape-related mental or emotional disorders are covered when the costs for treatment exceed the maximum amount awarded under applicable Massachusetts law.

**Reserve Days**

Sixty days that Medicare will pay for when you are put in a Hospital for more than 90 days of Medicare Covered Services. These 60 reserve days can be used only once during your lifetime. For each lifetime reserve day, Medicare pays all covered costs except for a daily Coinsurance amount.

**Sickness**

An illness or disease of a Member for which expenses are incurred after the Effective Date and while the insurance is in force.

**Note:** Sicknesses shall not include sicknesses for which benefits are provided or available under any workers' compensation, employer's liability or similar law, motor vehicle no-fault plan, or other motor vehicle insurance-related plan, unless prohibited by law.

**Skilled Care**

A type of care which is Medically Necessary and must be provided by, or under the direct supervision of, licensed medical personnel. Skilled care is provided to achieve a medically desired and realistically achievable outcome.

**Skilled Nursing Facility**

A Medicare-certified Skilled Nursing Facility with the staff and equipment to provide: Skilled Nursing Care and/or Skilled Rehabilitation services; and other related health services.

**Tufts Health Plan/Tufts Medicare Preferred**

Tufts Insurance Company (TIC), a Massachusetts corporation d/b/a Tufts Medicare Preferred. Also referred to as: "we;" "us;" or "our."

**Urgently needed care**

Care provided when your health is not in serious danger, but you need immediate medical attention for an unforeseen illness or injury. Examples of illnesses or injuries in which urgently needed care might be needed are: a broken or dislocated toe; a cut that needs stitches but is not actively bleeding; sudden extreme anxiety; or symptoms of a urinary tract infection.

**Note:** Care is not considered urgently needed care if it is rendered:

- after the urgent condition has been treated and stabilized
- and the Member is safe for transport











a **Point32Health** company



1 Wellness Way  
Canton, MA 02021



**1-800-701-9000 (TTY: 711)**



[www.thpmp.org](http://www.thpmp.org)