Tufts Health One Care (D-SNP)
Tufts Health One Care CW (D-SNP)
2027 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by Tufts Health One Care. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered and information about your rights as a member of Tufts Health One Care. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook* (formerly known as the *Evidence of Coverage/EOC)*.

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A. Disclaimers



This is a summary of health services covered by Tufts Health One Care for January 1, 2027 – December 31, 2027. This is only a summary. Please read the *Member Handbook* for the full list of benefits. If you don't have a *Member Handbook*, call Tufts Health One Care Member Services at the number at the bottom of this page to get one or visit **TuftsHealthOneCare.org**.

- Tufts Health One Care is a Dual Special Needs Plan (D-SNP) that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- Estate Recovery Awareness: MassHealth is required by federal law to recover money from the estates of certain MassHealth members who are age 55 years or older and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth estate recovery, please visit www.mass.gov/estaterecovery.
- Tufts Health One Care complies with applicable Federal civil rights laws and doesn't discriminate on the basis of race, color, national origin, age, disability or sex (including sexual orientation and gender identity).
- For more information about Medicare, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- For more information about MassHealth (Medicaid), you can contact the Office of the Ombudsman by phone at 1-855-781-9898 (Toll Free), videophone (VP) users may call 1-339-224-6831, Monday-Friday, 9 a.m.-4p.m.
- You can get this document for free in other formats, such as large print, braille or audio. Call Tufts Health One Care at the number listed in the footer at the bottom of the page. The call is free.

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- This document is available for free in Spanish. Other languages are available upon request.
- Your request for this document in an accessible format or language will be applied on a standing basis unless you request otherwise. You can change your preferred language or format at any time by calling Member Services at the number listed in the footer of this document.

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Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-393-3154 (TTY: 711), seven days a week from 8 a.m. to 8 p.m., or speak to your provider.

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-855-393-3154 (TTY: 711), los siete días a la semana, de 8 a.m. a 8 p.m., o hable con su proveedor.

中文 (Simplified Chinese) 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-855-393-3154（文本电话：711, 每天早上 8 点到晚上 8 点, 或咨询您的服务提供商。

Français (French) ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-855-393-3154 (TTY: 711), sept jours sur sept, de 8 a.m. à 8 p.m., ou parlez à votre fournisseur.

Việt (Vietnamese) LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-855-393-3154 (Người khuyết tật: 711), bảy ngày trong tuần từ 8:00 sáng đến 8:00 tối, hoặc trao đổi với người cung cấp dịch vụ của bạn.

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-855-393-3154 (TTY: 711), Sieben Tage die Woche von 8 bis 20 Uhr., an oder sprechen Sie mit Ihrem Provider.

Japanese 注：他の言語をお話しになる場合、無料の言語支援サービスをご利用いただけます。また、適切な補助サポートおよびサービスをアクセス可能な形式の情報として無料でお届けしております。1-855-393-3154（TTY：711）（年中無休、午前 8 時～午後 8 時）にお電話いただくか、ご利用のプロバイダにお知らせください。

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한국어 (Korean) 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-855-393-3154 (TTY: 711), 주 7 일 오전 8 시부터 오후 8 시까지, 번으로 전화하거나 서비스 제공업체에 문의하십시오.

РУССКИЙ (Russian) ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону
1-855-393-3154 (TTY: 711), семь дней в неделю с 8 a.m. до 8 p.m., или обратитесь к своему поставщику услуг.

(Arabic) تنبيه: إذا كنت تتحدث لغة أخرى، فستكون هناك خدمات مساعدة لغوية مجانية متاحة لك. كما تتوفر أيضًا مساعدات وخدمات مساعدة مناسبة لتقديم المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل على الرقم 1-855-393-3154 (رقم الهاتف النصي: 711)، على مدار الأسبوع من الساعة 8 صباحًا حتى الساعة 8 مساءً، أو تحدث إلى موفر الخدمة الذي تتعامل معه.

हिंदी (Hindi)न दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-855-393-3154 (TTY: 711) ,सप्ताह के सातों दिन, सुबह 8 बजे से रात 8 बजे तक।, पर कॉल करें या अपने प्रदाता से बात करें।

Italiano (Italian) ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-855-393-3154 (tty: 711), sette giorni su sette dalle 8.00 alle 20.00., o parla con il tuo fornitore.

Português (Portuguese) ATENÇÃO: Se fala Português, estão disponíveis para si serviços gratuitos de assistência linguística. Estão também disponíveis gratuitamente ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-855-393-3154 (TTY - Dispositivo das telecomunicações para surdos: 711), sete dias por semana, das 8h às 20h., ou fale com o seu prestador.

POLSKI (Polish) UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-855-393-3154 (TTY: 711), siedem dni w tygodniu, od 8:00 do 20:00., lub porozmawiaj ze swoim dostawcą.

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ភាសាខ្មែរ (Cambodian) ចូរចាប់អារម្មណ៍៖ ប្រសិនបើអ្នកនិយាយភាសាផ្សេងទៀត សេវាជំនួយខាងភាសាដោយឥតគិតថ្លៃមានសម្រាប់អ្នក។ សេវា និងជំនួយសមស្របក្នុងការផ្តល់ព័ត៌មានជាទម្រង់ដែលអាចប្រើប្រាស់បានក៏មានដោយមិនគិតថ្លៃដងដែរ។ សូមទូរសព្ទទៅលេខ 1-855-393-3154 (TTY: 711), បានប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ពីម៉ោង 8 ព្រឹកដល់ម៉ោង 8 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ពីម៉ោង 8 ព្រឹកដល់ម៉ោង 8 យប់ ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 1-855-393-3154 (TTY: 711) oswa pale avèk founisè w la.

Ελληνικά (Greek) ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το 1-855-393-3154 (TTY: 711), Επτά ημέρες την εβδομάδα, από τις 8:00 π.μ. έως τις 8:00 μ.μ., ή απευθυνθείτε στον πάροχό σας.

ગુજરાતી (Gujarati) ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-855-393-3154 (TTY: 711), સપ્તાહના સાતેય દિવસ સવારે 8 વાગ્યાથી રાત્રિના 8 વાગ્યા સુધી., પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

Tagalog PAUNAWA: Kung ikaw ay nagsasalita ng ibang lenggwahe, ang libreng tulong sa wika ay maari mong magamit. Ang naaangkop na mga pantulong at serbisyo upang magbigay ng impormasyon na naa-access na pormat ay makukuha rin nang walang bayad. Tumawag sa 1-855-393-3154 (TTY: 711), pitong araw sa isang linggo mula 8:00 ng umaga hanggang 8:00 ng gabi o maaring makipag usap sa provider.

ລາວ(Laos) ຊືນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-855-393-3154 (TTY: 711), 7 ມື້ຕໍ່ອາທິດແຕ່ 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ., ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a One Care plan?	One Care is a managed care program that combines MassHealth (Medicaid) and Medicare benefits into a single plan with one card and one care team for people aged 21 to 64 at the time of enrollment. With One Care, you'll have a care coordinator to help you manage your care, stay healthy and access the services you need. People eligible for One Care generally have no or low monthly premiums, no copays and little to no out-of-pocket costs for most covered services. One Care covers medical care, mental health services and prescription medications, as well as support for recovery goals, daily tasks and independent living. Tufts Health One Care is a One Care plan that provides benefits of MassHealth (Medicaid) and Medicare to enrollees in the One Care Program. It is for people ages 21 through 64 who have both Medicare and MassHealth (Medicaid) at the time of enrollment. Enrollees must live in our current Service Area and may not have any private health insurance or participate in a Home and Community-Based Services (HCBS) waiver.

Frequently Asked Questions	Answers
Will I get the same Medicare and MassHealth (Medicaid) benefits in Tufts Health One Care that I get now?	You'll get most of your covered Medicare and MassHealth (Medicaid) benefits directly from Tufts Health One Care. You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care coordinator assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a state agency like the Department of Mental Health or the Department of Developmental Services. When you enroll in Tufts Health One Care, you and your care team will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that Tufts Health One Care doesn't normally cover, you can get a temporary supply, and we'll help you to transition to another drug or get an exception for Tufts Health One Care to cover your drug if medically necessary. For all other services, you can keep using your doctors and getting your current services for 90 days, or until your assessment and care plan is complete. For more information, call Member Services at the number listed in the footer at the bottom of the page.

Frequently Asked Questions	Answers
Can I use the same doctors I use now?	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies and other health care providers) work with Tufts Health One Care and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in Tufts Health One Care's network.** If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Tufts Health One Care's plan. • As a new enrollee you have the right to receive access to services consistent with the access you previously had, and you are permitted to retain your current provider for up to 90 days if that provider isn't in our network, or until you are assessed and a plan of care is implemented, whichever is sooner. To find out if your providers are in the plan's network, call Member Services at the number listed in the footer at the bottom of the page or read Tufts Health One Care's *Provider and Pharmacy Directory* on the plan's website at TuftsHealthOneCare.org. If Tufts Health One Care is new for you, we'll work with you to develop a care plan to address your needs.
What's a Cityblock care coordinator?	A Cityblock care coordinator is one main person for you to contact. This person works on behalf of the health plan to manage all your providers and services, making sure you get what you need.

Frequently Asked Questions	Answers
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.
What happens if I need a service but no one in Tufts Health One Care's network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, Tufts Health One Care will pay for the cost of an out-of-network provider.
Where's Tufts Health One Care available?	The service area for this plan includes Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk and Worcester Counties in Massachusetts. You must live in one of these areas to join the plan.

Frequently Asked Questions	Answers
What's prior authorization?	Prior authorization means an approval from Tufts Health One Care to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. Tufts Health One Care may not cover the service, procedure, item or drug if you don't get prior authorization. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first**. Tufts Health One Care can provide you or your provider with a list of services or procedures that require you to get prior authorization from Tufts Health One Care before the service is provided. Refer to **Chapter 3** of the *Member Handbook* to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the *Member Handbook* to learn which services may require a prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items or drugs, call Member Services at the number listed in the footer at the bottom of the page for help.
What's a referral?	A referral means that your primary care provider (PCP) must give you approval to go to someone that isn't your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, Tufts Health One Care may not cover the services. Tufts Health One Care can provide you with a list of services that require you to get a referral from your PCP before the service is provided. You don't need a referral to use certain specialists, such as women's health specialists. Refer to the *Member Handbook* to learn more about when a referral may be required from your PCP.

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Frequently Asked Questions	Answers
Do I pay a monthly amount (also called a premium) under Tufts Health One Care?	Most members won't have to pay monthly premiums, including the Medicare Part B premium, for their health coverage. Some MassHealth (Medicaid) CommonHealth members with higher incomes may need to pay Medicare Part B Premiums. Additionally, if you pay a premium to MassHealth for CommonHealth, you must continue to pay the premium to MassHealth to keep your coverage. For more information, call the MassHealth Customer Service Center at 1-800-841-2900 or 711 for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it.
Do I pay a deductible as a member of Tufts Health One Care?	No. You don't pay deductibles in Tufts Health One Care.
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Tufts Health One Care?	There's no cost sharing for medical services in Tufts Health One Care, so your annual out-of-pocket costs will be $0.
What's a Long-term Supports (LTS) coordinator?	A Tufts Health One Care LTS coordinator is a person for you to contact and have on your care team who is an expert in long-term services and supports and/or recovery services. This person helps you get services that help you live independently in your home. Please tell your care coordinator if you're interested in a referral to an LTS coordinator.

C. List of covered services

The following table is a quick overview of what services you may need, your costs and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You need hospital care (continued on the next page)	Inpatient hospital stay	$0	Except in an emergency, your health care provider must tell the plan of your hospital admission. Under Medicare, our plan covers 90 days for any inpatient hospital stay. Coverage for additional days in an acute care hospital is provided by MassHealth (Medicaid) as medically necessary. Our plan covers 60 "lifetime reserve days" to supplement care in a rehabilitation or long-term hospital. These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. Prior authorization may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You need hospital care (continued)	Outpatient hospital services, including observation	$0	A referral may be required from your PCP before you receive these services. Your PCP will provide this referral if needed. Prior authorization may be required.
	Ambulatory surgical center (ASC) services	$0	A referral may be required from your PCP before you receive these services. Your PCP will provide this referral if needed. Prior authorization may be required.
	Doctor or surgeon care	$0	Includes outpatient, surgical, related diagnostic, medical and dental services. A referral may be required from your PCP before you receive these services. Your PCP will provide this referral if needed. Prior authorization may be required.
You want a doctor (continued on the next page)	Visits to treat an injury or illness	$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You want a doctor (continued on the next page)	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	Not covered if required for travel outside the U.S. and its territories. There are timeframes that apply to preventive services that determine how often you can get these services. See the *Member Handbook* to learn more.
	Wellness visits, such as a physical	$0	One physical exam per calendar year.
	"Welcome to Medicare" (preventive visit, one time only)	$0	Preventive visit, one time only.
	Specialist care	$0	A referral may be required from your PCP before you receive these services. Your PCP will provide this referral if needed. A referral isn't required to see an in-network psychiatrist.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You want a doctor (continued)	Transportation to a doctor's office	$0	Ambulance, taxi and chair car transport for non-emergency medical appointments. Mode of transportation determined by medical necessity. Services must be provided by the plan-approved transportation provider. Limitations may apply. Call Member Services or your Cityblock care coordinator to request assistance with transportation services.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You need emergency care	Emergency room services	$0	Emergency care may be furnished by in-network providers or by out-of-network providers when network providers are temporarily unavailable or inaccessible. Your plan includes worldwide coverage for emergency care. Prior authorization and referrals aren't required.
	Urgent care	$0	Urgently needed care may be furnished by in-network providers or by out-of-network providers when network providers are temporarily unavailable or inaccessible. Your plan includes worldwide coverage for urgent care. Prior authorization and referrals aren't required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	Prior authorization may be required.
	Lab tests and diagnostic procedures, such as blood work	$0	Prior authorization may be required.
	Screening tests, such as tests to check for cancer	$0	There are timeframes that apply to preventive services such as screening tests, that determine how often you can get these services. See the *Member Handbook* to learn more.
You need hearing/auditory services	Hearing screenings	$0	A referral isn't required for a diagnostic hearing exam or the annual routine hearing exam with a plan provider.
	Hearing aids	$0	You pay nothing for hearing aids or instruments or services related to the care, maintenance and repair of aids or instruments and supplies. Prior authorization may be required for some hearing aids.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You need dental care	Dental check-ups and preventive care	$0	You pay nothing for preventive cleanings, routine exams and X-rays. Services must be performed by a DentaQuest provider. For more information about your dental benefit, see the *Member Handbook*. To find a dental provider, visit dentaquest.com.
	Restorative and emergency dental care	$0	Limitations may apply. Services must be performed by a DentaQuest provider. For more information about your dental benefit, see the *Member Handbook*. To find a dental provider, visit dentaquest.com.
You need eye care(continued on the next page)	Eye exams	$0	You must use a participating vision care provider (EyeMed Vision Care) to receive the covered eye exam benefits. A referral may be required from your PCP for the diagnostic eye exam. Your PCP will provide the referral if needed. A referral isn't required for annual routine eye exams.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You need eye care(continued)	Glasses or contact lenses	$0	$300 allowance for eyeglasses (lenses, frames or a combination of the two) and/or contact lenses per calendar year. Only one purchase is allowed per calendar year up to the benefit amount; any unused amount after the single purchase will expire and can't be applied toward another purchase during the calendar year. You can purchase from providers in the EyeMed Vision Care Network or from a provider not in the EyeMed network. If you use a non-EyeMed provider, you would need to pay out of pocket and submit for reimbursement.
	Other vision care	$0	Such as screening services and therapeutic eyeglasses.

You need behavioral health services (continued on the next page)	Behavioral health services	$0	Services include, but aren't limited to: • Diversionary services, including community support, psychiatric day treatment, adult rehabilitation services for substance use disorders, program of assertive community treatment and structured outpatient addiction programs. • Behavioral health emergency services, including emergency screening services, medication management services and short-term crisis counseling. • Standard outpatient services, including diagnostic evaluation, treatment (individual, group, couples/family) and opioid replacement therapy. • Adult Mobile Crisis Intervention (formerly Emergency services program (ESP)), including assessment, intervention and stabilization. • Special procedures (including Repetitive Transcranial Magnetic Stimulation (rTMS) services, which may require prior authorization).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You need behavioral health services (continued)	Inpatient and outpatient care and community-based services for people who need mental health services	$0	Our plan covers inpatient care, outpatient care and community-based services for people who need mental health services. Please refer to your *Member Handbook* for more details, including coverage details for inpatient stay in a general hospital, outpatient care and community-based services. Prior authorization may be required for some services.
You need substance use disorder services	Substance use disorder services	$0	Covers outpatient substance use disorder services, inpatient substance use disorder services, acute treatment services for substance use disorders and clinical support services for substance use disorders. Please refer *to your Member Handbook* for details of each covered service.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You need a place to live with people available to help you (continued on the next page)	Skilled nursing care	$0	Our plan covers up to 100 days each benefit period in a skilled nursing facility. Your care team will direct you to a subset of the facilities in our Tufts Health One Care network that can best coordinate your care and meet your individual needs. This means in most cases you won't have full access to the network facilities for these services. Prior authorization may be required before you receive skilled nursing care services. MassHealth Medicaid) benefits cover all approved stays in excess of the Medicare limit.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You need a place to live with people available to help you (continued on the next page)	Nursing home care	$0	Tufts Health One Care will direct you to selected facilities to best manage your specific needs while receiving care in an institutional setting. You will work with your care team to select a facility from the identified options. This means in most cases you won't have access to the full network for these services. If applicable, you must pay the Patient Paid Amount (PPA), for which you are responsible, directly to the nursing facility.

You need a place to live with people available to help you (continued)	Adult Foster Care and Group Adult Foster Care	$0	The plan covers services from adult foster care providers in a residential setting. These services may include the following: • Assistance with activities of daily living, instrumental activities of daily living and personal care • Supervision • Nursing oversight The plan covers services provided by group adult foster care providers for members who qualify. These services are offered in a group-supported housing environment and may include the following: • Assistance with activities of daily living, instrumental activities of daily living and personal care • Supervision • Nursing oversight • Care management Before you receive these services, you must first discuss these services with your Cityblock care coordinator. Prior authorization may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You need therapy after a stroke or accident	Occupational, physical or speech therapy	$0	A referral may be required from your PCP before you receive these services. Your PCP will provide this referral if needed. Prior authorization may be required.
You need help getting to health services	Ambulance services	$0	Prior authorization may be required for non-emergency ambulance services.
	Emergency transportation	$0	
	Transportation to medical appointments and services	$0	Ambulance, taxi and chair car transport for non-emergency medical appointments. Mode of transportation determined by medical necessity. Services must be provided by the plan-approved transportation provider. Limitations may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B drugs	$0	Except in an emergency situation, prior authorization may be required. Medicare Part B drugs may be subject to Step Therapy requirements. Part B drugs include drugs given by your doctor in their office, some oral cancer drugs and some drugs used with certain medical equipment. Read the *Member Handbook* for more information on these drugs. The plan will generally cover your drugs at no cost if: • Your prescription is written by a doctor or other prescriber • You use a network pharmacy to fill your prescription • Your drug is on the plan's *List of Covered Drugs (Drug List)* • Your drug is used for a medically accepted indication

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part D drugs Your plan has 1 tier. All covered generic drugs and brand name drugs are in this tier.	$0 for a 30-day supply.	There may be limitations on the types of drugs covered. Please refer to Tufts Health One Care's List of Covered Drugs (Drug List) for more information. You can get up to a 90-day supply of most of your prescription drugs through our mail order program and through some retail pharmacies. An extended day supply of up to 100 days rather than the standard 30- or 90-day supply is offered for preferred generic medications. In most cases, your prescriptions are covered only if they are filled at the plan's network pharmacies. You may get drugs from an out-of-network pharmacy only when you aren't able to use a network pharmacy.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Over-the-counter (OTC) drugs]	$0	There may be limitations on the types of drugs covered. Please refer to Tufts Health One Care's *List of Covered Drugs* (*Drug List*) for more information. Please see MassHealth Standard (Medicaid) OTC drug list. The plan provides coverage for the following additional drugs: • Benzonatate • Chondroitin/MSM • Glucosamine/Chondroitin/MSM • Glucosamine/MSM • Methylsulfonylmethane (MSM) • Mucinex 600 mg • Omega 3/Fish Oil • Robitussin Cough + Chest Congestion DM (liquid) Before you receive OTC medications, you must first obtain a prescription from your treating provider.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You need help getting better or have special health needs (continued on the next page)	Rehabilitation services	$0	A referral may be required from your PCP before you receive these services. Your PCP will provide this referral if needed. Prior authorization may be required.
	Medical equipment for home care	$0	Except in an emergency, prior authorization may be required.
	Dialysis services	$0	Including but not limited to dialysis, kidney disease education services and training.
	Diabetes self-management training, diabetic services and supplies	$0	Including but not limited to glucose monitoring supplies (limited to Accu-Chek products manufactured by Roche Diabetes Care, Inc). Up to three pairs of therapeutic custom-molded shoes are covered for members with severe diabetic foot disease and who meet the requirements as defined by Medicare. Prior authorization required for therapeutic Continuous Glucose Monitors (CGMs). Coverage for therapeuticCGMs is limited to Dexcom and FreeStyle Libre products that are considered Durable Medical Equipment (DME) by Medicare.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You need help getting better or have special health needs (continued)	Sexual health/Family planning	$0	Covered for basic services like birth control, intrauterine devices (IUDs), medical counseling services, follow-up health care, outreach and community education. Infertility services are covered for the diagnosis of infertility and treatment for medical conditions of infertility. (Family planning does not include artificial ways to become pregnant.)
	Nursing midwife services	$0	
	Abortion services	$0	
You need foot care	Podiatry services	$0	We cover routine foot care for members with conditions affecting the legs, such as diabetes. A referral may be required from your PCP before you receive these services. Your PCP will provide this referral if needed.
	Orthotic services	$0	A referral may be required from your PCP before you receive these services. Your PCP will provide this referral if needed. Orthotic devices covered under your durable medical equipment (DME) benefit may require prior authorization.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You need durable medical equipment (DME) **Note:** This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to **Chapter 4** of the *Member Handbook*.	Wheelchairs, crutches and walkers	$0	Medical equipment/supplies are covered when medically necessary. Prior authorization may be required.
	Nebulizers	$0	Medical equipment/supplies are covered when medically necessary. Prior authorization may be required.
	Oxygen equipment and supplies	$0	Medical equipment/supplies are covered when medically necessary. Prior authorization may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You need help living at home	Home health services	$0	Before you receive these services, you must first discuss these services with your Cityblock care coordinator. A referral may be required from your PCP before you receive these services. Your PCP will provide this referral if needed. Prior authorization may be required.
	Adult day health or other support services	$0	Before you receive these services, you must first discuss these services with your Cityblock care coordinator. Prior authorization may be required.
	Day habilitation services	$0	Before you receive these services, you must first discuss these services with your Cityblock care coordinator. Prior authorization may be required.
	Services to help you live on your own (home health care services or personal care attendant services)	$0	Before you receive these services, you must first discuss these services with your Cityblock care coordinator.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
Additional services (continued on the next page)	Acupuncture services when provided by a licensed acupuncturist	$0	Covered by Medicare up to 12 visits in 90 days for members with chronic low back pain. 8 additional visits covered for those demonstrating an improvement. No more than 20 visits administered annually. MassHealth (Medicaid) benefits cover acupuncture services in excess of Medicare coverage, as well as for the treatment of other types of pain and as an anesthetic. Prior authorization is required beyond 20 visits.
	Acupuncture – Behavioral Health coverage	$0	For persons withdrawing from dependence on substances or recovering from addiction. No visit limit.
	Chiropractic services	$0	You pay nothing for the initial evaluation or the manual manipulation of the spine to correct subluxation. You pay nothing for up to 20 office visits per year for chiropractic manipulative treatment and radiology services. A referral may be required from your PCP before you receive these services. Your PCP will provide this referral if needed. Prior authorization may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
Additional services (continued)	Prosthetic services	$0	Prior authorization may be required.
	Radiation therapy	$0	Prior authorization may be required.
	Services to help manage your disease	$0	Includes services by a physician or other accredited provider (registered nurse, physician assistant, nurse practitioner, licensed dietitian).
	Telehealth – Medicare basic coverage	$0	The same referral and prior authorization rules apply to telehealth services as corresponding in-person visits. We cover additional telehealth services beyond Medicare for primary care physician services, specialist services and more.

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the Tufts Health One Care *Member Handbook*. If you don't have a *Member Handbook*, call Tufts Health One Care Member Services at the number listed in the footer at the bottom of the page to get one. If you have questions, you can also call Member Services or visit TuftsHealthOneCare.org.

D. Benefits covered outside of Tufts Health One Care

There are some services that you can get that aren't covered by Tufts Health One Care but are covered by Medicare, MassHealth (Medicaid), or a State or county agency. This isn't a complete list. Call Member Services at the number listed in the footer at the bottom of the page to find out about these services.

Other services covered by Medicare, MassHealth (Medicaid), or a State Agency	Your costs
Certain hospice care services covered outside of Tufts Health One Care	$0. Tufts Health One Care will cover plan-covered services not covered under Medicare Part A or B. The plan will cover the services whether or not they are related to your terminal prognosis. You pay nothing for these services.
Psychosocial rehabilitation	$0. If you are getting Psychosocial Rehabilitation from the Department of Mental Health Targeted or Department of Developmental Services, your services will continue to be provided directly from the state agency. However, Tufts Health One Care will assist in coordinating with these providers as a part of your overall Individualized Care Plan (ICP).
Targeted case management	$0. If you are getting Targeted case management from the Department of Mental Health or the Department of Developmental Services, your services will continue to be provided directly from the state agency. However, Tufts Health One Care will assist in coordinating with these providers as a part of your overall Individualized Care Plan (ICP).

Other services covered by Medicare, MassHealth (Medicaid), or a State Agency	Your costs
Rest home room and board	$0. If you live in a rest home and join One Care, the Department of Transitional Assistance will continue to be responsible for your room and board payments.
Doula services	$0. Doula services are available to pregnant members. MassHealth fee-for-service covers up to 8 hours of doula service for members during the perinatal period encompassing pregnancy and labor and delivery, through 12 months following delivery, inclusive of all pregnancy outcomes. For members needing more than 8 hours of doula service, prior authorization is required. Doulas must be a MassHealth contracted provider.

E. Services that Tufts Health One Care, Medicare and MassHealth (Medicaid) don't cover

This isn't a complete list. Call Member Services at the number listed in the footer at the bottom of the page to find out about other excluded services.

Services Tufts Health One Care, Medicare and MassHealth (Medicaid) don't cover	
Cosmetic surgery	
Experimental services	Includes experimental drugs, devices, treatments or investigational procedures unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. For more information, see a list of noncovered experimental services in the *Member Handbook*.
Flexible benefits	Tufts Health One Care covers certain services or items which are documented in your care plan, may improve your health and are not covered by Medicare or MassHealth. If you have further questions, please contact your Cityblock care coordinator.
Personal care items	

F. Your rights as a member of the plan

As a member of Tufts Health One Care, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but aren't limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including behavioral health impairment), marital status, age, sex, sexual orientation, national origin, race, color, religion, creed or public assistance
  - Get information in other languages and formats (for example, large print, braille or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and care coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Choose a Long-term Supports (LTS) coordinator
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they're covered
  - Refuse treatment, even if your health care provider advises against it

- Stop taking medicine, even if your health care provider advises against it
- Ask for a second opinion. Tufts Health One Care will pay for the cost of your second opinion visit.
- Make your health care wishes known in an advance directive

You have the right to timely access to care that doesn't have any communication or physical access barriers. This includes the right to:

- Get timely medical care for covered services within the time frames described in the *Member Handbook* and to file an appeal if you don't receive your care within those timeframes.
- Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act.
- Have interpreters to help with communication with your doctors, other providers and your health plan. Call 1-855-393-3154 (TTY: 711) if you need help with this service.
- Have your *Member Handbook* and any printed materials from Tufts Health One Care translated into your prevalent language, and/or to have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
- Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience or retaliation.

- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary

- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
  - Have privacy during treatment

- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers
  - File a complaint with MassHealth at 1-800-841-2900, TDD/TTY: 711. The Tufts Health One Care website, TuftsHealthOneCare.org, has complaint information and instructions available online.
  - Appeal certain decisions made by the Board of Hearing for MassHealth (Medicaid) or the Independent Review Entity (IRE) for Medicare.
  - Ask for a State Hearing
  - Get a detailed reason for why services were denied

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can call Tufts Health One Care Member Services at the number listed in the footer at the bottom of the page.

You can also call the special Ombudsman for people who have Medicare and MassHealth (Medicaid), My Ombudsman, at 1-855-781-9898 (TTY: 711; Videophone (VP): 1-339-224-6831), Monday through Friday, 9:00 a.m. to 4:00 p.m.

G. How to file a complaint or appeal a denied service

If you have a complaint or think Tufts Health One Care should cover something we denied, call Member Services at the number listed in the footer at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Member Handbook*. You can also call Tufts Health One Care Member Services at the number listed in the footer at the bottom of the page.

You can also contact us at:

Tufts Health Plan
Attn: Appeals and Grievances Department
P.O. Box 474
Canton, MA 02021-0474
Phone: 1-855-393-3154 (TTY: 711)
Fax: 1-857-304-6342

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or pharmacy is doing something wrong, please contact us.

- Call us at Tufts Health One Care Member Services at the number listed in the footer at the bottom of the page.
- Or, call MassHealth (Medicaid) Customer Service Center at 1-800-841-2900. TTY users may call 711.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.

I. What to do if you want independent help with a complaint or concern

My Ombudsman is an independent program that can help you if you have questions, concerns or problems related to One Care. You can contact My Ombudsman to get information or assistance. My Ombudsman services are free. My Ombudsman staff:

- Can answer your questions or refer you to the right place to find what you need.
- Can help you address a problem or concern with One Care or your One Care plan, Tufts Health One Care. My Ombudsman staff will listen, investigate the issue and discuss options with you to help solve the problem.
- Help with appeals. An appeal is a formal way of asking your One Care plan, MassHealth (Medicaid) or Medicare to review a decision about your services. My Ombudsman staff can talk with you about how to make an appeal and what to expect during the appeal process.

You can call, write or visit My Ombudsman at its office.

- Call 1-855-781-9898, Monday through Friday from 9:00 a.m. to 4:00 p.m.
  - Use 7-1-1 to call 1-855-781-9898. This number is for people who are deaf, hard of hearing or speech disabled.
  - Use Videophone (VP) 1-339-224-6831. This number is for people who are deaf or hard of hearing.
- Email info@myombudsman.org.
- Write to or visit the My Ombudsman office at 25 Kingston Street, 4th floor, Boston, MA 02111.
  - Please refer to the My Ombudsman website or contact them directly for updated information about location and walk-in hours.
- Visit My Ombudsman online at www.myombudsman.org.

If you have general questions or questions about our plan, services, service area, billing or member ID cards, please call Tufts Health One Care Member Services:

1-855-393-3154 (TTY: 711)

Calls to this number are free. Representatives are available 8:00 a.m. to 8:00 p.m., 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.).

Tufts Health One Care also has free language interpreter services available.

If you have questions about your health:

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

If your PCP's office is closed, you can also call the Nurse Advice Call Line/On-Call care coordinator. A nurse will listen to your problem and tell you how to get care. (*Example:* urgent care, emergency room). The numbers for the Nurse Advice Call Line/On-Call care coordinator are:

1-833-904-2273

Calls to this number are free. Cityblock care coordinators and clinicians are available 24 hours a day, seven days a week.

Tufts Health One Care also has free language interpreter services available.

TTY: 1-800-720-3479

Calls to this number are free. Cityblock care coordinators and clinicians are available 24 hours a day, seven days a week.

If you need immediate behavioral health care, please call the Behavioral Health Crisis Line:

1-855-393-3154 (TTY: 711)

Calls to this number are free. Representatives are available 8:00 a.m. to 8:00 p.m., 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.).

Tufts Health One Care also has free language interpreter services available.