TUFTS Health Plan

2027 Summary of Benefits

Tufts Medicare Preferred PPO RX (PPO)

This *Summary of Benefits* covers plans in the following counties in Massachusetts: **Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk and Worcester.**

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover, or list every limitation or exclusion. To get a complete list of services we cover, please visit **www.thpmp.org** to view the *Evidence of Coverage*. You can also request a printed copy by calling Member Services at 1-866-623-0172 (TTY: 711), 8:00 a.m.–8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30.

Effective January 1, 2027–December 31, 2027

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Summary of Benefits

January 1, 2027–December 31, 2027

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as Tufts Medicare Preferred PPO RX).

Tips for comparing your Medicare choices

This *Summary of Benefits* booklet gives you a summary of what Tufts Medicare Preferred PPO RX covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their *Summary of Benefits* booklets. Or, use the Medicare Plan Finder at **www.medicare.gov**.
- If you want to know more about the coverage and costs of Original Medicare, look in your current *Medicare & You* handbook. View it online at **www.medicare.gov** or get a copy 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**.

Things to Know About Tufts Medicare Preferred PPO RX

Who can join?

To join Tufts Medicare Preferred PPO RX, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area.

The service area for the plan described in this document includes the following counties in Massachusetts: Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk and Worcester.

Which doctors, hospitals and pharmacies can I use?

Tufts Medicare Preferred PPO RX has a network of doctors, hospitals, pharmacies and other providers. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's Provider and Pharmacy Directory at our website (**www.thpmp.org)**.

Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in emergency or urgent situations, non-contracted providers may deny care. In addition, if you use an out-of-network provider, your share of the cost for covered services may be higher.

What do we cover?

We cover everything that Original Medicare covers — and more.

- Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay less in our plan than you would in Original Medicare. For others, you may pay more.
- Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

Tufts Medicare Preferred PPO RX covers Part D drugs, as well as enhanced coverage of select erectile dysfunction (ED) drugs. In addition, Tufts Medicare Preferred PPO RX covers Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, **www.thpmp.org**.

How will I determine my drug costs for Tufts Medicare Preferred PPO RX?

Our plan groups each medication into one of six "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. The amount you pay also depends on whether you fill your prescription at a preferred pharmacy or a non-preferred pharmacy. Later in this document, we discuss the benefit stages that occur after you meet your deductible: Initial Coverage and Catastrophic Coverage.

This document is available in other formats such as Braille and large print.

Monthly Plan Premium	Tufts Medicare Preferred **PPO RX**
Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk and Worcester	$220 per month
What you should know	In addition, you must keep paying your Medicare Part B premium.
Deductible (for Part D prescription drugs)	$700 per year for your Tier 3, Tier 4 and Tier 5 drugs.

Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	$7,150 for in-network services $10,750 for in- and out-of-network services combined
What you should know	Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. If you reach the limit on out-of-pocket costs, we will pay the full cost of your covered hospital and medical services for the rest of the year. Please note that you will still need to pay your monthly premiums (and cost-sharing for your Part D prescription drugs, if applicable).

Inpatient and Outpatient Care and Services	Tufts Medicare Preferred **PPO RX** **In-network**	Tufts Medicare Preferred **PPO RX** **Out-of-network**
Inpatient Hospital Care		
Inpatient hospital care	$550 copay per day for days 1–5; You pay nothing after day 5	50% of the cost
What you should know	Our plan covers an unlimited number of days for an inpatient hospital stay. Prior authorization may be required for in-network services.	
Outpatient Hospital Care		
Outpatient hospital services	$450 copay per day	50% of the cost
Outpatient surgery (services provided at hospital outpatient facilities)	Colonoscopies: $0 copay; Other services: $450 copay per day	50% of the cost
Ambulatory surgical center (ASC) services	Colonoscopies: $0 copay; Other services: $350 copay per day	50% of the cost
What you should know	Prior authorization may be required for in-network services.	
Doctor Visits		
Primary care physician	$0 copay per visit	$80 copay per visit
Specialist	$75 copay per visit	$100 copay per visit
What you should know	There is no copay in-network for an annual physical exam. Office visit cost-share applies for surgery services furnished in the physician's office.	
Preventive care (Medicare preventive services)	$0 copay per visit	$0 copay per visit, or 45% of the cost
What you should know	Out of network cost share is $0 for preventive services like Annual Wellness visit and screenings provided in the PCP office, and 45% coinsurance for all other preventive services. Please refer to your Evidence of Coverage for complete details. Any additional preventive services approved by Medicare during the contract year will be covered.	
Emergency care	$130 copay per visit	$130 copay per visit
What you should know	If you are held for observation or admitted to the hospital within one day for the same condition, the emergency care copay or the applicable observation/inpatient cost share will apply, whichever is higher. Your plan includes worldwide coverage for emergency care.	
Urgently needed services	$50 copay per visit	$50 copay per visit
What you should know	Copayment is not waived if admitted as an inpatient within one day. Your plan includes worldwide coverage for urgently needed care.	

Inpatient and Outpatient Care and Services	Tufts Medicare Preferred **PPO RX** **In-network**	Tufts Medicare Preferred **PPO RX** **Out-of-network**
Diagnostic Services/Labs/Imaging		
Diagnostic radiology services (such as MRIs, CT scans)	$100 copay per day for ultrasound; $300 copay per day for all other Medicare-covered diagnostic radiology services.	45% of the cost
Diagnostic tests and procedures	$30 copay per day	45% of the cost
Lab services	$0 copay per day	45% of the cost
Outpatient X-rays	$30 copay per day	45% of the cost
What you should know	There is no copay for diagnostic tests and procedures, lab services and outpatient X-rays performed and billed as part of an office or urgent care visit. Prior authorization may be required for in-network services.	
Hearing Services		
Exam to diagnose and treat hearing and balance issues	$65 copay per visit	$80 copay per visit
Routine hearing exam (up to 1 every year)	$0 copay per visit	$80 copay per visit
Hearing aids	Not covered	
Dental		
Limited Medicare-covered dental services	$65 copay per visit	$80 copay per visit
What you should know	Prior authorization may be required for in-network services. Limited Medicare-covered dental services do not include preventive dental services such as cleanings, routine dental exams and dental X-rays.	
Vision Services		
Routine eye exam (up to 1 every year)	$0 copay per visit	$80 copay per visit
Exam to diagnose and treat diseases and conditions of the eye	$65 copay per visit	$80 copay per visit
Annual glaucoma screening	$0 copay per visit	$80 copay per visit
Mental Health Services		
Inpatient care visit	$550 copay per day for days 1-4; $0 copay for day 5 and beyond	50% of the cost
Outpatient group or individual therapy visit	$40 copay per visit	45% of the cost
What you should know	Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental health services provided in a general hospital.	
Skilled Nursing Facility (SNF)		
Skilled nursing facility (SNF)	$0 copay for days 1 through 20; $221 copay per day for days 21 to 100	45% of the cost
What you should know	Our plan covers up to 100 days in an SNF per benefit period. No prior hospital stay is required. Prior authorization may be required for in-network services.	
Physical Therapy		
Occupational therapy	$30 copay per visit	45% of the cost
Physical therapy, and speech and language therapy	$30 copay per visit	45% of the cost
What you should know	Prior authorization may be required for in-network services.	

Inpatient and Outpatient Care and Services	Tufts Medicare Preferred **PPO RX** **In-network**	Tufts Medicare Preferred **PPO RX** **Out-of-network**
Ambulance		
Ambulance	$375 copay per one-way trip	$375 copay per one-way trip
What you should know	Prior authorization may be required for non-emergency transportation.	
Transportation		
Transportation	Not covered	
Medicare Part B Drugs		
Medicare Part B drugs	For Part B chemotherapy drugs: You pay up to 20% of the cost; Insulin: $35 copay per 30-day supply; Other Part B drugs: You pay up to 20% of the cost.	Insulin: $35 copay per 30-day supply; Other Part B drugs: You pay 45% of the cost.
What you should know	Your actual in-network coinsurance rate for non-insulin Medicare Part B drugs each quarter may vary based on adjustment for applicable rebates supplied by Medicare. Your in-network coinsurance will not exceed 20% for all non-insulin Medicare Part B prescription drugs. Part B drugs may be subject to Step Therapy requirements. Prior authorization may be required for in-network services.	

Prescription Drug Benefits: Deductible (for Part D prescription drugs)	Tufts Medicare Preferred **PPO RX**
Deductible	$700 per year for your Tier 3, Tier 4 and Tier 5 drugs.

Prescription Drug Benefits: Initial Coverage	Tufts Medicare Preferred **PPO RX**
Note: Tier 1 and Tier 2 drugs include enhanced coverage of select erectile dysfunction (ED) drugs.	After you pay your yearly deductible of $700 for Tier 3, Tier 4 and Tier 5 drugs, you pay the Tier 3, Tier 4 or Tier 5 copays listed below until your total yearly drug costs reach $2,400. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.

Retail Cost Sharing — Preferred Pharmacy			
Tier	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	$0	$0	$0 (for a 100-day supply)
Tier 2 (Generic)	$2	$4	$6
Tier 3 (Preferred Brand)	20% of the cost (Insulin: $35)	20% of the cost (Insulin: $70)	20% of the cost (Insulin: $105)
Tier 4 (Non-Preferred Drug)	25% of the cost (Insulin: $35)	25% of the cost (Insulin: $70)	25% of the cost (Insulin: $105)
Tier 5 (Specialty Tier)	25% of the cost	N/A	N/A
Tier 6 (Vaccines)	$0	N/A	N/A

Retail Cost Sharing — Non-Preferred Pharmacy			
Tier	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	$5	$10	$15 (for a 100-day supply)
Tier 2 (Generic)	$12	$24	$36
Tier 3 (Preferred Brand)	20% of the cost (Insulin: $35)	20% of the cost (Insulin: $70)	20% of the cost (Insulin: $105)
Tier 4 (Non-Preferred Drug)	25% of the cost (Insulin: $35)	25% of the cost (Insulin: $70)	25% of the cost (Insulin: $105)
Tier 5 (Specialty Tier)	25% of the cost	N/A	N/A
Tier 6 (Vaccines)	$0	N/A	N/A

Mail Order Cost Sharing			
Tier	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	$0	$0	$0 (for a 100-day supply)
Tier 2 (Generic)	$2	$4	$4
Tier 3 (Preferred Brand)	20% of the cost (Insulin: $35)	20% of the cost (Insulin: $70)	20% of the cost (Insulin: $70)
Tier 4 (Non-Preferred Drug)	25% of the cost (Insulin: $35)	25% of the cost (Insulin: $70)	25% of the cost (Insulin: $70)
Tier 5 (Specialty Tier)	25% of the cost	N/A	N/A
Tier 6 (Vaccines)	N/A	N/A	N/A

If you reside in a long-term care facility, you pay the same as at a preferred retail pharmacy.

You may get drugs from an out-of-network pharmacy, but you may pay more than you pay at an in-network pharmacy.

During this stage, the plan pays its share of the cost of your Tier 1, Tier 2 and Tier 6 drugs and you pay your share of the cost. After you have met your annual $700 Tier 3, Tier 4 and Tier 5 deductible, the plan pays its share of the cost of your Tier 3, Tier 4 and Tier 5 drugs, and you pay your share.

Prescription Drug Benefits: Catastrophic Coverage	Tufts Medicare Preferred **PPO RX**
	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $2,400, you pay nothing for covered Part D drugs. During this payment stage, the plan pays the full cost for your covered Part D drugs. You can have cost sharing for excluded drugs that are covered under our enhanced benefit.

Additional Benefits	Tufts Medicare Preferred **PPO RX** **In-network**	Tufts Medicare Preferred **PPO RX** **Out-of-network**
Acupuncture		
Acupuncture services	$20 copay per visit	$45 copay per visit
What you should know	Medicare covers 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. Plan will reimburse services rendered and billed directly by a licensed acupuncturist.	
Chiropractic Care		
Manual manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position)	$15 copay per visit	45% of the cost
Initial evaluation (once per year)	$15 copay per visit	45% of the cost
What you should know	Prior authorization may be required for in-network services.	
Foot Care (podiatry services)		
Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions	$65 copay per visit	$80 copay per visit
Home Health Services		
Home health agency care	$0 copay	50% of the cost
Home infusion therapy	$0 copay	50% of the cost
What you should know	Prior authorization may be required for in-network services.	
Hospice		
Hospice	Benefit provided by Medicare	Benefit provided by Medicare
What you should know	You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details. Our plan covers hospice consultation services (one time only) for a terminally ill person who hasn't elected the hospice benefit.	
Medical Equipment/Supplies		
Durable medical equipment (e.g., wheelchairs, oxygen)	0% of the cost for basic devices; 20% of the cost for moderate complexity devices; 50% of the cost for complex devices	50% of the cost
What you should know	Basic devices are items that support basic mobility and daily living such as low-cost canes, crutches, wheelchair accessories, walkers, commodes, replacement parts and disposable items. Moderate complexity devices serve as primary therapy or treatment devices such as oxygen equipment and supplies, light weight non-standard wheelchairs, heavy duty non-standard wheelchairs, manual scooters, specialized mattresses, all other non-standard speech generating devices and nebulizers. Complex devices are for complex or long-term medical needs such as powered non-standard wheelchairs, powered scooters, specialized beds and tablets/PC/PDA-based speech generating devices. Prior authorization may be required for in-network services.	
Durable medical supplies (e.g., catheters, gauze)	20% of the cost	50% of the cost
Prosthetic devices (e.g., braces, artificial limbs, etc.)	20% of the cost	50% of the cost
What you should know	Additional items covered by the plan: bathroom safety equipment for members who have a functional impairment when having the item will improve safety: • Raised toilet seat: 1 per member every five years • Bathroom grab bars: 2 per member every five years • Tub seat: 1 per member every five years Prior authorization may be required for in-network services.	

Additional Benefits	Tufts Medicare Preferred **PPO RX** **In-network**	Tufts Medicare Preferred **PPO RX** **Out-of-network**
Wig allowance (for hair loss due to cancer treatment)	$500 per year	$500 per year
Diabetes services and supplies	You pay $0 for Accu-Chek products manufactured by Roche Diabetes Care, Inc. You pay $0 for Continuous Glucose Monitors (CGMs). You pay 20% of the cost for non-Accu-Chek products. You pay $0 for diabetes self-management training. You pay 50% of the cost for therapeutic shoes or inserts.	You pay $0 for Accu-Chek products manufactured by Roche Diabetes Care, Inc. You pay $0 for Continuous Glucose Monitors (CGMs). You pay 50% of the cost for non-Accu-Chek products and therapeutic shoes or inserts. You pay 45% of the cost for diabetes self-management training.
What you should know	Includes diabetes monitoring supplies, diabetes self-management training and therapeutic shoes or inserts. Additional cost shares may apply if you receive other medical services during the same office visit. Coverage for blood glucose monitors and blood glucose tests strips are limited to the Accu-Chek products manufactured by Roche Diabetes Care, Inc. Please note that there is no preferred brand for lancets. Coverage for therapeutic Continuous Glucose Monitors (CGMs) is limited to Dexcom and FreeStyle Libre products that are considered Durable Medical Equipment (DME) by Medicare. Diabetic testing supplies, including test strips, lancets, glucose meters and CGMs are also covered at participating retail or mail-order pharmacies. Coverage exception requests are required for other brands of test strips, glucose meters and Therapeutic CGMs.	
Outpatient Substance Use Disorder Services		
Group or individual therapy visit	$40 copay per visit	45% of the cost
Renal Dialysis		
Renal Dialysis	20% of the cost	45% of the cost
Telehealth/Telemedicine Services		
Telehealth/Telemedicine Services	Medicare-covered services plus additional telehealth services including PCP services, specialist services and more. You pay $0 for e-visits, virtual check-ins and remote patient monitoring with a PCP or specialist. For all other telehealth visits, the copay is the same as the corresponding in-person visit copay.	Medicare-covered services only. Additional telehealth services are not covered out-of-network. You pay the same cost-share as the corresponding in-person visit cost-share.
Wellness Programs		
Over-the-counter (OTC) credit for Medicare-approved health-related items	Not covered	
Weight Management program	The plan provides a $150 annual Weight Management allowance towards program fees for weight loss programs such as WeightWatchers® or a hospital-based weight loss program.	
Wellness Allowance	Not covered	

As a member of the Tufts Medicare Preferred PPO RX plan, you get exclusive discounts in addition to your plan benefits to help you lead a healthy lifestyle. Save on everything from health products to weight management, and a variety of wellness programs. This list of member discounts is effective January 1, 2027, and may change during the year. Discounts and services included as value added items and services are not plan benefits and are not subject to the Medicare appeals process. Please see our website at **www.thpmp.org/extras** for additional information.

Fitness, Nutrition and Weight Management

Well Balanced Meal Delivery Program

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.

The Dinner Daily

The Dinner Daily 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. Eat better dinners, save money and make dinners easy. Members receive 25% off any Dinner Daily subscription. Plus, your first two weeks are free to make it easy to try.

Daily Burn

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

Independent Living

Be Safer at Home-Personal Emergency Response Systems (PERS)

Receive 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. BSAH has several options to meet your lifestyle and budget needs including; Landline, Cellular, Mobile, Mobile GPS and Fall Detection.

LifeCycle Transitions

Save 20% on a variety of services that help members with chronic health problems stay well at home or transition to a new location.

Home Instead Senior Care

Home Instead provides high quality, trusted home care to help seniors stay in their homes. Receive a one-time $100 credit toward charges for services at participating offices. Tufts Health Plan members also receive a free home safety inspection once you have contracted for services with Home Instead Senior Care.

Mom's Meals

Mom's Meals Affinity Program provides members with access to nutritious, home-delivered meals.

- Shipping included on all orders
- Meals last in the refrigerator for 14 days from delivery and are ready to heat, eat and enjoy in minutes
- Members conveniently order online or by phone

Personal Growth and Development

Ompractice

With Ompractice, 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. Sign up for Ompractice for $14.99/month or $129 for an annual subscription (a 40% discount off the monthly plan). Additionally, members who have an annual Wellness Benefit may use their annual Wellness Allowance to cover the cost of membership.

Health and Wellness Discounts

Massage Therapy

Save 25% on the provider's usual fee.

Acupuncture

Save 25% on the provider's usual fee.

Laser Vision Correction

Get 15% off the retail price, or 5% off the promotional price of LASIK and PRK laser vision correction.

Hearing Aids

Discounts are available through TruHearing on a wide selection of hearing aid choices from major manufacturers

- 2-year supply of batteries at no charge
- 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
- No interest financing available for 12 months for qualified applicants

TUFTS Health Plan
a Point32Health company

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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) o hable con su proveedor.

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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY - Dispositivo das telecomunicações para surdos: 711) ou fale com o seu prestador.

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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO)（文本电话：711）或咨询您的服务提供商。

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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) oswa pale avèk founisè w la.

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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) или обратитесь к своему поставщику услуг.

(Arabic)العربية تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 711 (1-800-701-9000 (PPO) 1-866-623-0172 (HMO)) أو تحدث إلى مقدم الخدمة.

ភាសាខ្មែរ (**Khmer**) សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរ សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) ou parlez à votre fournisseur.

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'1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (tty: 711) o parla con il tuo fornitore.

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. 1-800-701-9000 (HMO)/1-866-623-0172 (PPO)(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) ή απευθυνθείτε στον πάροχό σας.

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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) lub porozmawiaj ze swoim dostawcą.

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। 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

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. 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

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Questions

Visit us at **www.thpmp.org,** or call 1-877-409-3499 (TTY: 711).

TUFTS Health Plan

1 Wellness Way
Canton, MA 02021

Tufts Health Plan is a PPO plan with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal. Benefits eligibility requirements must be met. Not all may qualify. This information is not a complete description of benefits. Call 1-866-623-0172 (TTY: 711) for more information. For questions regarding your benefits or provider network, please contact Member Services. Out-of-network/non-contracted providers are under no obligation to treat Tufts Health Plan members, except in emergency situations. Please call our Member Services number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-623-0172 (TTY: 711).