

# **Tufts Health Plan Medicare Preferred Medicare Supplement Certificate**

## **Tufts Medicare Preferred Group Supplement HP, Inc. Plan**

**TUFTS  Health Plan  
Medicare Preferred**

**705 Mount Auburn Street, Watertown, MA 02472-1508**

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## **Tufts Health Plan Medicare Preferred Address and Telephone Directory**

### **TUFTS HEALTH PLAN MEDICARE PREFERRED**

705 Mount Auburn Street  
Watertown, Massachusetts 02472-1508

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 Web site at: [www.medicare.gov](http://www.medicare.gov).

#### **Customer Relations 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 Customer Relations.

Massachusetts Relay (MassRelay): 711

### **IMPORTANT ADDRESSES**

#### **Appeals and Grievances Department:**

If you need to call us about a concern or appeal, contact Customer Relations 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  
705 Mount Auburn Street  
P.O. Box 9181  
Watertown, MA 02471-9181  
**Fax: 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 Web site 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 Customer Relations.

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** សម្រាប់សេវាកម្រៃបដិសេធគ្រប់ភាសាខ្មែរ  
សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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

**Laotian** ສໍາລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.

**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@tufts-health.com**. You can also call our confidential hotline any time at 877-824-7123 or send an anonymous letter to us at:

Tufts Health Plan  
Attn: Fraud and Abuse  
705 Mount Auburn Street  
Watertown, MA 02472

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## Chapter 1: How Your Plan Works

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### OVERVIEW

#### Introduction:

Welcome to the Tufts Health Plan 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 Customer Relations 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 (Parts A and 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 Chapter 3: Benefit Schedule and Covered Services.

#### Benefits under the Plan:

The Plan covers only the services and supplies described as Covered Services in Chapter 3. There are no pre-existing condition limitations under the Plan. You are eligible to use your benefits as of your Effective Date.

#### Your Certificate:

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

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

The benefits described in this Certificate 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 Certificate 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 Web site at [www.medicare.gov](http://www.medicare.gov)

Also, refer to your Medicare 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.



**Calls to Customer Relations:**

The Tufts Health Plan Medicare Preferred Customer Relations Department is committed to excellent service.

Calls to Customer Relations may, on occasion, be monitored to assure quality service.

**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.

**MEMBER IDENTIFICATION CARD****Introduction:**

The Plan gives each Member a Member Identification Card (Member ID).

**Membership Identification Number:**

If you have any questions about your Member ID, please call Customer Relations at 1-800-701-9000.

**Reporting Errors:**

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

**Using Your Card:**

Your Member ID 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

**Identifying Yourself as a Tufts Health Plan Medicare Preferred Member:**

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

**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.

## **When You Need Emergency Care**

### **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.

## **Information Resources for Members**

### **Obtaining information about Tufts Health Plan Medicare Preferred:**

The following information about us is available from the Massachusetts Health Certificate Commissioner's Office of Patient Protection:

- A list of sources of independently published information assessing Member satisfaction and evaluating the quality of health care services offered by Tufts Health Plan Medicare Preferred.
- The percentage of Premium revenue spent by us for health care services provided to Members for the most recent year for which information is available.
- A report that details the following information for the previous calendar year:
  - the total numbers of filed grievances, grievances denied internally, and grievances withdrawn before resolution
  - the total number of external appeals pursued after exhausting the internal grievance process, as well as the resolution of all those external appeals

### **How to Obtain This Information:**

You can obtain this information about us by contacting the Massachusetts Health Policy Commissioner's Office of Patient Protection in the following ways:

- Call 1-800-436-7757.
- Write a letter to the Office. Address it to:  
Health Policy Commissioner  
Office of Patient Protection  
50 Milk Street, 8<sup>th</sup> Floor  
Boston, MA 02109
- Send a fax to the Office. Fax # 1-617-624-5046.
- Send an email to the Office. [HPC-OPP@state.ma.us](mailto:HPC-OPP@state.ma.us).
- View information at the Office's Web site. Go to [www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/patient-protection..](http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/patient-protection..)

## Chapter 2: Eligibility

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### Eligibility

#### Eligibility Rules:

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

- You are eligible for Medicare Parts A and B and 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 only enroll in this Plan if the disability that made you eligible for Medicare is a condition other than end-stage renal disease.

- You meet your Group's and Tufts Health Plan Medicare Preferred's eligibility rules.
- You are not enrolled in any other Individual Medicare Supplement Plan.

#### Proof of Eligibility:

Tufts Health Plan 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

#### When to Enroll

You may enroll yourself for this coverage only:

- during the annual Open Enrollment Period or
- within 31 days of the date you are first eligible for this coverage

#### Effective Date of Coverage:

If Tufts Health Plan Medicare Preferred accepts your application and receives the needed Premium, our coverage starts on date chosen by your Group.

### **Chapter 3: 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 handbook, which describes the services covered under Medicare Part A and Part B. In addition, see all of the sections in this Tufts Health Plan Medicare Preferred Medicare Supplement Certificate.

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

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

#### **Copayments:**

#### **Plan Deductible:**

The amount of your Plan Deductible is \$250 for the calendar year.

The Plan Deductible is the amount you must pay to Tufts Health Plan for certain Covered Services before payments are made by the Plan.

The Plan Deductible applies to the following Covered Services listed in this Benefit Schedule:

- Inpatient admissions (under both the “Hospital Medical and Surgical Care – Inpatient” benefit and the “Mental Health and Substance Abuse” benefit)
- MRI, CAT scan, and PET scan diagnostic radiology services: The Plan deductible applies to Diagnostic Tests, X-rays, and Clinical Laboratory Services
- Ambulance services
- Outpatient Services/Surgery

Once you meet your Plan Deductible in a calendar year, you pay nothing to us for these Covered Services during the remainder of that calendar year.

#### **IMPORTANT NOTES:**

- The Plan Deductible is a separate deductible amount from the Medicare Deductibles you are responsible for paying each year under Medicare Parts A and B.
- Copayments do not count towards the Plan Deductible.

#### **The following footnote applies for all pages in Chapter 3.**

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

<b>Ambulance Services:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
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 following charges, after you meet your \$250 Plan Deductible <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Nothing</b>, after you meet your \$250 Plan Deductible calendar year</li> </ul>

<b>Tufts Medicare Preferred Supplement Covered Services</b>
Once Medicare provides coverage, Tufts Health Plan Medicare Preferred Medicare Supplement provides coverage up to the Allowed Charge for: <ul style="list-style-type: none"> <li>• Medicare-approved transportation in an ambulance to an Emergency medical facility for treatment of an Accident or for Emergency medical care</li> <li>• Other Medically Necessary ambulance transportation approved by Medicare</li> </ul>

<b>Autism Spectrum Disorders – Diagnosis and Treatment:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
<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><b>For rehabilitative or habilitative care (including applied behavioral analysis):</b></p> <ul style="list-style-type: none"> <li>• When covered by Medicare: 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>• 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>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, for rehabilitative or habilitative care</li> <li>• All charges for all other services</li> </ul>

	<p><b>Therapeutic care:</b> See “Short Term Rehabilitation Therapy (Physical, Occupational &amp; Speech-Language)” later in this section.</p>	
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**Tufts Medicare Preferred Supplement 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
- 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 the Tufts Health Plan Mental Health Department at 1-800-208-9565.
- 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
- 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 Customer Relations 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 Customer Relations for information on how to obtain this approval.

<b>Blood Services – Inpatient:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
<p>Medicare benefits in full for Blood Services – Inpatient, <b>except:</b></p> <ul style="list-style-type: none"> <li>• The blood deductible</li> </ul> <p>This deductible is for the first 3 pints of un-replaced blood during a calendar year.</p>	<ul style="list-style-type: none"> <li>• The blood deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>

**Tufts Medicare Preferred Supplement 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.

Note: The Inpatient blood deductible will only apply to you if the Hospital or Skilled Nursing Facility 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 only responsible for paying one blood deductible under Medicare Part A or Part B per calendar year.

**Blood Services – Outpatient:**

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

**Tufts Medicare Preferred Supplement 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 only apply to you 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 only responsible for paying one blood deductible under Medicare Part A or Part B per calendar year.

**Cardiac Rehabilitation Services:**

Medicare Pays	Tufts Medicare Preferred Supplement 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>	<ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>

**Tufts Medicare Preferred Supplement Covered Services**

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

<b>Chemotherapy:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
Medicare benefits for Chemotherapy on an Inpatient basis as described under <b>Hospital Medical and Surgical Care – Inpatient</b>	As described under <b>Hospital Medical and Surgical Care – Inpatient</b>	As described under <b>Hospital Medical and Surgical Care – Inpatient</b>
Medicare benefits on an Outpatient basis as described under <b>Hospital Medical and Surgical Care – Outpatient</b>	As described under <b>Hospital Medical and Surgical Care – Outpatient</b>	As described under <b>Hospital Medical and Surgical Care – Outpatient</b>
<b>Tufts Medicare Preferred Supplement Covered Services</b>		
Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for Inpatient and Outpatient chemotherapy for cancer patients.		

<b>Chiropractor Services:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
Medicare benefits for Chiropractor 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 following charges, minus a \$25 Copayment per visit: <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• A \$25 Copayment per visit</li> </ul>
<b>Tufts Medicare Preferred Supplement Covered Services</b>		
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.		



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

**Tufts Medicare Preferred Supplement 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 strip and monitor accuracy; therapeutic shoes or inserts for Members with severe diabetic foot disease.

Notes:

- Part B diabetes supplies are covered under the “Durable Medical Equipment” 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.
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<b>Diagnostic Tests, X-rays and Clinical Laboratory Services:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement 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 following charges. after you meet your \$250 Plan Deductible <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing after you meet your \$250 Plan Deductible</li> </ul>
<b>Tufts Medicare Preferred Supplement Covered Services</b>		
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.		

<b>Dialysis (Kidney) Services and Supplies:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
Medicare benefits for Dialysis (Kidney) Services and Supplies in full, <b>except:</b> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>
<b>Tufts Medicare Preferred Supplement Covered Services</b>		
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.		

<b>Durable Medical Equipment and Prosthetic Devices:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
Medicare benefits 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 following charges, after you meet your \$250 Plan Deductible <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing after you meet your \$250 Plan Deductible</li> </ul>
<b>Tufts Medicare Preferred Supplement Covered Services</b>		
Once Medicare provides coverage, (including some types of breast prostheses after mastectomy), the Plan provides coverage up to the Allowed Charge for Medicare-approved Durable Medical Equipment and prosthetic devices.		

<b>Emergency Room Care:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
Medicare benefits 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 following charges, minus a \$100 Copayment per visit: <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• A \$100 Copayment per visit</li> </ul>
<b>Tufts Medicare Preferred Supplement Covered Services</b>		
Once Medicare approves the coverage, the Plan provides coverage up to the Allowed Charge for Medicare-approved Emergency Room care. You do not pay the copayment if you are admitted as an Inpatient to the Hospital within 24 hours for the same condition.		
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 Chapter 1. For information about obtaining Emergency care and Urgent Care services outside the United States, please see “Foreign Travel.”		

<b>Enteral Formulas, Low Protein Food Products:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
<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 Deductible</li> <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>• Nothing</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 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:**

<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
<ul style="list-style-type: none"> <li>• Medicare covers nothing for services received outside the United States.</li> </ul>	<ul style="list-style-type: none"> <li>• All expenses Medicare would have paid for if services had been received in the United States, plus the Medicare Part A and B Deductible and Coinsurance.</li> </ul>	<ul style="list-style-type: none"> <li>• The appropriate cost share depending on the services rendered</li> </ul>

**Tufts Medicare Preferred Supplement 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 handbook.

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

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

<b>Home Health Care:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
<b>For Medicare covered home visits,</b> Medicare Home Health Care 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>	<ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>
<b>Tufts Medicare Preferred Supplement Covered Services</b>		
<p>Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for Medicare-approved home health care services.</p> <p><u>Note:</u> The Plan also provides coverage up to the Allowed Charge for Durable Medical Equipment required as part of Medicare-approved home health care services. This coverage is provided once Medicare provides benefits for this equipment.</p>		

<b>Hospice Care:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
<b>When covered by Medicare,</b> <ul style="list-style-type: none"> <li>• Medicare benefits in full for most Hospice Care services</li> </ul>	<b>When Medicare does not provide benefits in full,</b> <ul style="list-style-type: none"> <li>• The difference between the amount Medicare pays and the Allowed Charge</li> </ul>	<b>When covered by Medicare,</b> <ul style="list-style-type: none"> <li>• Nothing</li> </ul>
<b>When not covered by Medicare</b> <ul style="list-style-type: none"> <li>• Nothing</li> </ul>	<b>When not covered by Medicare</b> <ul style="list-style-type: none"> <li>• Covered Services in full</li> </ul>	<b>When not covered by Medicare</b> <ul style="list-style-type: none"> <li>• Nothing</li> </ul>
<b>Tufts Medicare Preferred Supplement Covered Services</b>		

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:

- the following services when they are either provided or arranged 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; Durable Medical Equipment; and drugs
- respite care (care for the terminally ill person to provide relief to the family or other person providing primary care to that person)
- bereavement counseling services for the Member's family

**Hospital Medical and Surgical Care – Inpatient (Including Care for Biologically-Based Mental Disorders):**

<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
<p>Medicare benefits for Hospital Medical and Surgical Care – Inpatient (Including Care for Biologically-Based Mental Disorders) in full in a <b>general Hospital facility per Benefit Period, 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>The following charges after you meet your \$250 Plan Deductible Hospital: a</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 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><b>Per Benefit Period:</b></p> <p>...the following charges, after you meet your \$250 Plan Deductible</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 <b>Physician and other professional Provider services, except:</b></p> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>

**Tufts Medicare Preferred Supplement Covered Services**

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 Health Plan Medicare Preferred Medicare Supplement coverage is provided for:

- the 1<sup>st</sup> 60 days of a Benefit Period
- the 61<sup>st</sup> through 90<sup>th</sup> 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.

\*\*The 365 additional lifetime days are combined for all inpatient stays in general and mental hospitals.

<b>Hospital Medical and Surgical Care - Outpatient (including Ambulatory Surgical Centers):</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
<p>Medicare benefits for Hospital Medical and Surgical Care – Outpatient (including Ambulatory Surgical Centers) in full in a <b>general Hospital facility or Ambulatory Surgical Center, except:</b></p> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<p>...the following charges, after you meet your \$250 Plan Deductible:</p> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing, after you meet your \$250 Plan Deductible</li> </ul>
<p>Medicare benefits in full for <b>Physician and other professional Provider services, except:</b></p> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<p>...the following charges, after you meet your \$250 Plan Deductible</p> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing, after you meet your \$250 Plan Deductible</li> </ul>
<b>Tufts Medicare Preferred Supplement Covered Services</b>		
<p>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 Durable Medical Equipment.</p> <p>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).</p>		

<b>Human Organ Transplants:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
<p>Medicare benefits for Human Organ Transplants on an Inpatient basis as described under <b>Hospital Medical and Surgical Care – Inpatient</b></p> <p>Medicare benefits on an Outpatient basis as described under <b>Hospital Medical and Surgical Care – Outpatient</b></p>	<p>As described under <b>Hospital Medical and Surgical Care – Inpatient</b></p> <p>As described under <b>Hospital Medical and Surgical Care – Outpatient</b></p>	<p>As described under <b>Hospital Medical and Surgical Care – Inpatient</b></p> <p>As described under <b>Hospital Medical and Surgical Care – Outpatient</b></p>

<b>Tufts Medicare Preferred Supplement Covered Services</b>
<p>Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for Medicare-approved human organ transplants.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Medicare Part B provides coverage for cornea and bone marrow transplants.</li> </ul> <p>For more information about this coverage under Medicare Part A and Part B, see your Medicare handbook or contact Medicare.</p>

<b>Medical Care Outpatient Visits by a Physician or Covered Practitioner (Non-Physician):</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
<p>Medicare benefits for Medical Care – Outpatient Visits by a Physician or Covered Practitioner (Non-Physician) 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>The following charges, minus a \$25 Copayment per visit:</p> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• A \$25 Copayment per visit</li> </ul>
<b>Tufts Medicare Preferred Supplement Covered Services</b>		

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

Note: This benefit includes coverage for psychopharmacological services and neuropsychological assessment services.

<b>Mental Health and Substance Abuse Services:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
<b>Treatment for Biologically-based Mental Disorders (includes substance abuse disorders):</b>		
<p>Medicare benefits for Mental Health and Substance Abuse Services in full for <b>Inpatient stay in a general or mental Hospital, 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><u>Note:</u> Medicare benefits in a mental Hospital are limited to 190 days per lifetime.</p> <p>Medicare benefits in full for <b>Inpatient Physician and other covered professional mental health Provider</b> 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><b>Inpatient stay in a general or mental Hospital:</b> ...the following charges, after you meet your \$250 Plan Deductible:</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><b>Inpatient Physician and other covered professional mental health Provider services</b> for as many days as Medically Necessary ...the following charges, after you meet your \$250 Plan Deductible</p> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> <li>• Covered Services in full when benefits provided only by the Plan</li> </ul>	<p><b>Inpatient stay in a general or mental Hospital:</b> ...the following charges, after you meet your \$250 Plan Deductible</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><b>Inpatient Physician and other covered professional mental health Provider services</b></p> <ul style="list-style-type: none"> <li>• Nothing for as many days as Medically Necessary, after you meet your \$250 Plan Deductible</li> </ul>



<p>Medicare benefits in full for <b>Outpatient treatment, except:</b></p> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<p><b>Outpatient treatment for as many days as Medically Necessary</b>  ...the following charges, minus a \$25 Copayment per visit:</p> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> <li>• Covered in full for covered benefits provided only by the Plan, minus a \$25 Copayment per visit</li> </ul>	<p><b>Outpatient treatment for as many days as Medically Necessary</b></p> <ul style="list-style-type: none"> <li>• A \$25 Copayment per visit</li> </ul>
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\*\*The 365 additional lifetime days are combined for all inpatient stays in general and mental hospitals.

**Treatment for other Mental Disorders not included in previous section:**

<p>Medicare benefits Treatment for <u>other</u> Mental Disorders, not included in previous section, in full for <b>Inpatient stay in a general Hospital, 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>Inpatient stay in a general Hospital</b>  ...the following charges, after you meet your \$250 Plan Deductible</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><b>Inpatient stay in a general Hospital</b>  ...the following charges, after you meet your \$250 Plan Deductible</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>
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\*\*The 365 additional lifetime days are combined for all inpatient stays in general and mental hospitals.

<p>Medicare benefits in full for <b>Inpatient stay in a mental Hospital, 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>Inpatient stay in a mental Hospital</b>  ...the following charges, after you meet your \$250 Plan Deductible</p> <p><b>Per Benefit Period:</b></p> <ul style="list-style-type: none"> <li>• The Part A Deductible for day 1-60</li> <li>• The Part A Coinsurance for day 61-90</li> <li>• The Part A Coinsurance for 60 lifetime Reserve Days</li> </ul>	<p><b>Inpatient stay in a mental Hospital</b>  ...the following charges, after you meet your \$250 Plan Deductible</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> </ul>
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<p>Note: Medicare benefits in a mental Hospital are limited to 190 days per lifetime.</p>	<ul style="list-style-type: none"> <li>Covered Services in full up to 120 additional days per Benefit Period 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>	<ul style="list-style-type: none"> <li>Covered Services up to 120 days per Benefit Period in a mental Hospital</li> <li>Then, all charges</li> </ul>
<p>Medicare benefits in full for <b>Inpatient Physician and other covered professional mental health Provider services</b> 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><b>Inpatient Physician and other covered professional mental health Provider services</b> covered by Medicare and the Plan for as many days as Medically Necessary in a general Hospital: ...the following charges, after you meet your \$250 Plan Deductible</p> <ul style="list-style-type: none"> <li>The Part B Deductible</li> <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 in a mental Hospital when covered only by the Plan</li> </ul>	<p><b>Inpatient Physician and other covered professional mental health Provider services</b></p> <ul style="list-style-type: none"> <li>Nothing for as many days as Medically Necessary, after you meet your \$250 Plan Deductible</li> </ul>

**Treatment for other Mental Disorders not included in previous section, continued**

<p>Medicare benefits in full for Medically Necessary <b>Outpatient treatment, <u>except:</u></b></p> <ul style="list-style-type: none"> <li>The Part B Deductible</li> <li>The Part B Coinsurance</li> </ul>	<p><b>Outpatient treatment</b> for as many visits as Medically Necessary</p> <p>...the following charges, minus a \$25 Copayment per visit:</p> <ul style="list-style-type: none"> <li>The Part B Deductible</li> <li>The Part B Coinsurance</li> <li>Covered Services in full when provided only by the Plan, minus a \$25 Copayment per visit</li> </ul>	<p><b>Outpatient treatment</b> for as many visits as Medically Necessary:</p> <ul style="list-style-type: none"> <li>A \$25 Copayment per visit for Medicare and Plan benefits for as many visits as Medically Necessary</li> <li>[A \$25] copayment per visit when covered only by the Plan</li> <li></li> </ul>
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**Tufts Medicare Preferred Supplement 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

Note: Psychopharmacological services and neuropsychological assessment services are covered as medical benefits.

### **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 Health Plan Medicare Preferred Medicare Supplement coverage is provided for:
  - the 1<sup>st</sup> 60 days of a Benefit Period
  - the 61<sup>st</sup> through 90<sup>th</sup> 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” earlier in this chapter.

- 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” earlier in this chapter.

### **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 1<sup>st</sup> 60 days of a Benefit Period
- the 61<sup>st</sup> through 90<sup>th</sup> 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” earlier in this chapter.

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

- Up to 120 days per Benefit Period: 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 Pays	You Pay*
Medicare Part B benefits for Opioid treatment program services covered in full	• Nothing	• Nothing

**Tufts Medicare Preferred Supplement Covered Services**

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

- FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications, if applicable
- Substance use counseling
- Individual and group therapy
- Toxicology testing

<b>Oxygen and Equipment:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
Medicare benefits 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>	<ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>
<b>Tufts Medicare Preferred Supplement Covered Services</b>		
Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for: <ul style="list-style-type: none"> <li>• the rental of oxygen equipment, and</li> <li>• oxygen contents and supplies for the delivery of oxygen</li> </ul>		

<b>Podiatry:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement 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>	<ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance, minus a \$25 copayment per visit</li> </ul>	<ul style="list-style-type: none"> <li>• A \$25 copayment per visit</li> </ul>
<b>Tufts Medicare Preferred Supplement Covered Services</b>		
Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for: <ul style="list-style-type: none"> <li>• Treatment of injuries and diseases of the feet (such as hammer toes and spurs)</li> <li>• Routine foot care** for Members with certain medical conditions affecting the lower limbs</li> </ul> <p>**For information about foot care related to diabetes, see "Diabetes Services and Supplies" in this Benefit Schedule.</p>		

<b>Prescription Drugs – Limited Outpatient Drug Coverage under Medicare Part B:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement 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> <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> <ul style="list-style-type: none"> <li>• Nothing</li> </ul>
<b>Tufts Medicare Preferred Supplement Covered Services</b>		

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

For more information about this Part B benefit, see your Medicare 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.

<b>Preventive Care – Abdominal Aortic Aneurysm Screening:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
Medicare benefits in full for Abdominal aortic aneurysm screening	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>
<b>Tufts Medicare Preferred Supplement Covered Services</b>		
<p>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.</p>		

<b>Preventive Care – Alcohol Screening and counseling to reduce alcohol misuse:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
Medicare benefits in full for Alcohol Screening and counseling to reduce alcohol misuse	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>
<b>Tufts Medicare Preferred Supplement Covered Services</b>		
<p>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.</p> <p>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.</p>		

**Preventive Care – Annual Prostate Cancer Screenings:**

Medicare Pays	Tufts Medicare Preferred Supplement Pays	You Pay*
Medicare benefits for Annual Prostate Cancer Screenings: <ul style="list-style-type: none"> <li>• Full benefit for annual Prostate-Specific Antigen (PSA) test</li> <li>• 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> </li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> <li>• Nothing</li> </ul>

**Tufts Medicare Preferred Supplement 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 age 50 or older
- PSA blood test: one test per year for Members age 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 Pays	You Pay*
Medicare benefits in full for annual screening mammogram	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>

**Tufts Medicare Preferred Supplement 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 age 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” earlier in this chapter.

<b>Preventive Care – Annual Wellness Exam:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
Medicare benefits in full for an Annual Wellness Exam  <u>Note:</u> This benefit applies in years following the initial Welcome to Medicare physical exam.	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>
<b>Tufts Medicare Preferred Supplement Covered Services</b>		
Medicare provides coverage for an annual wellness exam. This benefit applies in years following the initial one-time “Welcome to Medicare” physical exam.		

<b>Preventive Care – Bone Mass Density Testing:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
Medicare benefits in full for screening bone mass density testing	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>
<b>Tufts Medicare Preferred Supplement Covered Services</b>		
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 handbook or contact Medicare.		

<b>Preventive Care – Cardiovascular Screening:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
Medicare benefits in full for routine cardiovascular screening	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>
<b>Tufts Medicare Preferred Supplement Covered Services</b>		
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 Pays	You Pay*
Medicare benefits for routine Colorectal Cancer Screenings: <ul style="list-style-type: none"> <li>• <b>Full</b> benefits for Guaiac-based fecal occult blood test (gFOBT) or Fecal immunochemical test (FIT), flexible sigmoidoscopy, colonoscopy, and DNA based colorectal screening</li> <li>• Barium enema covered, subject to:                             <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> <li>• Nothing</li> </ul>

**Tufts Medicare Preferred Supplement Covered Services**

Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for the following routine colorectal cancer services for Members 50 and older:

- Full benefits for Guaiac-based fecal occult blood test (gFOBT) or Fecal immunochemical test (FIT): one test per year for Members age 50 or older
- Flexible Sigmoidoscopy (or screening barium enema as an alternative): one test every 48 months for Members age 50 or older
  - Colonoscopy: one test every two years for Members determined by Medicare to be at high risk for developing colorectal cancer
  - Colonoscopy: one test every ten years for Members determined by Medicare not to be at high risk of colorectal cancer, but not within 48 months of a screening sigmoidoscopy
  - Barium Enema: one test every four years
  - DNA based colorectal screening: every three years

**Preventive Care – Depression screening:**

Medicare Pays	Tufts Medicare Preferred Supplement Pays	You Pay*
Medicare benefits for Depression screening in full for annual Depression screening	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>

**Tufts Medicare Preferred Supplement 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.

<b>Preventive Care – Diabetes Self-Management Training:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
Medicare benefits in full for diabetes self-management training, except: <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>
<b>Tufts Medicare Preferred Supplement Covered Services</b>		
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.		

<b>Preventive Care – Family Planning:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
For Family Planning Medicare pays: <ul style="list-style-type: none"> <li>• Nothing</li> </ul>	<ul style="list-style-type: none"> <li>• Benefits in full as required by state mandate</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>
<b>Tufts Medicare Preferred Supplement Covered Services</b>		
The Plan provides coverage up to the Allowed Charge for the following family planning services: <ul style="list-style-type: none"> <li>• Consultations, examinations, procedures and medical services, which are related to the use of all contraceptive methods that have been approved by the United State Food and Drug Administration (USFDA)</li> <li>• The injection of birth control drugs, including a prescription drug obtained from the Provider during an office visit</li> <li>• Genetic counseling</li> <li>• Insertion of implantable contraceptives, including levonorgestrel implants: Coverage includes the implant system as well.</li> <li>• Intrauterine devices (IUDs), diaphragms, and any other USFDA-approved contraceptive methods, when these contraceptives are obtained from the Provider during an office visit</li> </ul>		

<b>Preventive Care – Glaucoma Testing:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
Medicare benefits in full for Glaucoma Testing, except: <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>
<b>Tufts Medicare Preferred Supplement Covered Services</b>		
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.		

<b>Preventive Care – HIV Screening:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
Medicare benefits in full for HIV screening	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>
<b>Tufts Medicare Preferred Supplement Covered Services</b>		
Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for HIV screening.		
<ul style="list-style-type: none"> <li>• For people who ask for an HIV screening test or who are at increased risk for HIV infection, one screening exam every 12 months</li> <li>• For women who are pregnant, up to three screening exams during a pregnancy</li> </ul>		

<b>Preventive Care – Immunizations:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
Medicare Part B services benefits in full for Immunizations	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>
<b>Tufts Medicare Preferred Supplement Covered Services</b>		
Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for Immunizations:		
<ul style="list-style-type: none"> <li>• Pneumonia / pneumococcal vaccine</li> <li>• Flu shots, once each flu season in the fall and winter, with additional flu shots if Medically Necessary</li> <li>• Hepatitis B vaccine if you are at high or intermediate risk of getting Hepatitis B</li> <li>• Other vaccines if you are at risk and they meet Medicare Part B coverage rules</li> </ul>		
We also cover some vaccines under our Part D prescription drug benefit.		

<b>Preventive Care - Medical Nutrition Therapy:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
Medicare benefits in full for Medical Nutrition Therapy	• Nothing	• Nothing
<b>Tufts Medicare Preferred Supplement Covered Services</b>		
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.		

<b>Preventive Care – Medicare Diabetes Prevention Program (MDPP):</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
Medicare benefits in full for the Medicare Diabetes Prevention Program	• Nothing	• Nothing
<b>Tufts Medicare Preferred Supplement Covered Services</b>		
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.		

<b>Preventive Care – Obesity Screening and Therapy to Promote Sustained Weight Loss:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
Medicare benefits in full for Obesity screening and therapy to promote sustained weight loss	• Nothing	• Nothing
<b>Tufts Medicare Preferred Supplement Covered Services</b>		
If you have a body mass index of 30 or more, Medicare covers 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 Pays	You Pay*
Medicare benefits in full for Pelvic and Clinical Breast Exams	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>
Medicare benefits in full for Routine Cytology Exam (Pap Smear test) every two years	<ul style="list-style-type: none"> <li>• In full for an annual routine Pap smear test each calendar year (covered in years when Medicare benefits do not cover this test)</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>

**Tufts Medicare Preferred Supplement 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.

<b>Preventive Care – for Screening for Lung Cancer with Low Dose Computed Tomography (LDCT)</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
Medicare benefits in full for screening for Lung Cancer with Low Dose Computed Tomography (LDCT)	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>
<b>Tufts Medicare Preferred Supplement Covered Services</b>		
<p>Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for screening for lung cancer with low dose computed tomography (LDCT)</p> <p><u>Note:</u> For qualified Members, a LDCT is covered every 12 months.</p> <p><b>Eligible Members are:</b> people aged 55 – 77 years who have no signs or symptoms of lung cancer, but who have a history of tobacco smoking of at least 30 pack-years (an average of one pack a day for 30 years) or 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</p> <p>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.</p> <p>Note: There is no Coinsurance, copayment, or Deductible for the Medicare covered counseling and shared decision making visit or for the LDCT.</p>		

<b>Preventive Care – Screening for sexually transmitted infections (STIs) and counseling to prevent STIs:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
Medicare Part B benefits in full for Screening for sexually transmitted infections (STIs) and counseling to prevent STIs	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>
<b>Tufts Medicare Preferred Supplement Covered Services</b>		
<p>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.</p> <p>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.</p>		

<b>Preventive Care – Smoking and Tobacco Use Cessation Counseling:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
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	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>
<p>For Members diagnosed with an illness caused or complicated by tobacco use:</p> <p>Medicare benefits in full except for:</p> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<p>...the following charges, minus a \$25 copayment per visit:</p> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• A \$25 copayment per visit</li> </ul>
<b>Tufts Medicare Preferred Supplement Covered Services</b>		
<p>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.</p>		

<b>Preventive Care – “Welcome to Medicare” Visit (One Time):</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
Medicare benefits in full for a one-time “Welcome to Medicare” physical exam within 12 months after Part B coverage begins	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>
<b>Tufts Medicare Preferred Supplement Covered Services</b>		
Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for a one-time “Welcome to Medicare” visit.		
<u>Note:</u> Medicare covers this exam when a Member receives it within 12 months after enrolling in Medicare Part B.		

<b>Pulmonary Rehabilitation Services:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
Medicare benefits for Pulmonary Rehabilitation 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>	<ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>
<b>Tufts Medicare Preferred Supplement Covered Services</b>		
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.		

<b>Radiation and X-ray Therapy:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
Medicare benefits for Radiation and X-ray Therapy 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 following charges, after you meet your \$250 Plan Deductible <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	...the following charges, after you meet your \$250 Plan Deductible <ul style="list-style-type: none"> <li>• Nothing</li> </ul>
<b>Tufts Medicare Preferred Supplement Covered Services</b>		
Once Medicare provides coverage, the Plan provides coverage up to the Allowed Charge for radiation and x-ray therapy.		



<b>Second Opinions:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
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 following charges, minus a \$25 copayment per visit: <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• A \$25 copayment per visit</li> </ul>
<b>Tufts Medicare Preferred Supplement Covered Services</b>		
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.		

<b>Short Term Rehabilitation Therapy (Physical, Occupational &amp; Speech-Language):</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
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 following charges, minus a \$25 Copayment per visit: The Part B Deductible <ul style="list-style-type: none"> <li>• The Part B Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• A \$25 Copayment per visit]</li> </ul>
<b>Tufts Medicare Preferred Supplement Covered Services</b>		
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.		

<b>Skilled Nursing Facility Services:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
Medicare benefits for Skilled Nursing Facility Services <b>per Benefit Period:</b> <ul style="list-style-type: none"> <li>• in full for days 1-20</li> <li>• In full for days 21-100, <u>except</u> for the Part A Coinsurance</li> <li>• Nothing for days 101 – 365</li> <li>• Nothing for days 366 and beyond</li> </ul>	<b>Per Benefit Period:</b> <ul style="list-style-type: none"> <li>• Nothing</li> <li>• The Part A Coinsurance]</li> <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> <li>• Nothing</li> </ul>	<b>Per Benefit Period:</b> <ul style="list-style-type: none"> <li>• Nothing</li> <li>• Nothing</li> <li>• Balance</li> <li>• Balance</li> <li>• All costs</li> </ul>

**Tufts Medicare Preferred Supplement 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 100<sup>th</sup> day in a Benefit Period. After that, the Plan provides coverage as follows:

- Services from Skilled Nursing facility participating with Medicare for 101<sup>st</sup> through 365<sup>th</sup> 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 101<sup>st</sup> through 365<sup>th</sup> 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:**

<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
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>	As described under <b>Hospital Medical and Surgical Care – Outpatient</b>	As described under <b>Hospital Medical and Surgical Care – Outpatient</b>

**Tufts Medicare Preferred Supplement 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 Pays	You Pay*
Medicare benefits in full 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 following charges, minus a \$25 Copayment per visit: <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• A \$25 Copayment per visit</li> </ul>

**Tufts Medicare Preferred Supplement 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:**

Medicare Pays	Tufts Medicare Preferred Supplement Pays	You Pay*
Medicare benefits for Urgently needed 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 following charges, minus a \$25 Copayment per visit: <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• A \$25 Copayment per visit</li> </ul>

**Tufts Medicare Preferred Supplement 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.

<b>Vision Care:</b>		
<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
<p>Medicare benefits in full for Vision Care 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 services covered under this benefit are:</p> <ul style="list-style-type: none"> <li>• Eyewear after Cataract Surgery</li> <li>• Medicare covered exams</li> <li>• Routine eye exam</li> <li>• Annual routine glasses, contacts</li> </ul>	<p>The following charges, minus the amounts shown for the items below:</p> <ul style="list-style-type: none"> <li>• The Part B Deductible</li> <li>• The Part B Coinsurance</li> <li>• Nothing</li> <li>• All charges, minus a \$25 Copayment per visit</li> <li>• All charges, minus a \$25 Copayment per visit every 24 months</li> <li>• All charges, up to \$150 per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>• The amounts shown for the items below:</li> <li>• Nothing</li> <li>• A \$25 Copayment per visit</li> <li>• A \$25 Copayment per visit every 24 months</li> <li>• All charges above \$150 per calendar year</li> </ul>
<b>Tufts Medicare Preferred Supplement Covered Services</b>		
<p>The Plan provides coverage up to the Allowed Charge for the following:</p> <ul style="list-style-type: none"> <li>• Outpatient physician services for the diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration</li> <li>• 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.</li> <li>• For people with diabetes, screening for diabetic retinopathy is covered once per year.</li> <li>• 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.)</li> </ul>		

**Women’s Health and Cancer Rights Act Coverage:**

<b>Medicare Pays</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
Medicare benefits for Women’s Health and Cancer Rights Act Coverage on an Inpatient basis as described under Hospital Medical and Surgical Care – <b>Inpatient</b>	As described under <b>Hospital Medical and Surgical Care – Inpatient</b>	As described under <b>Hospital Medical and Surgical Care – Inpatient</b>
Medicare benefits on an Outpatient basis as described under Hospital Medical and Surgical Care – <b>Outpatient</b>	As described under <b>Hospital Medical and Surgical Care – Outpatient</b>	As described under <b>Hospital Medical and Surgical Care – Outpatient</b>

**Tufts Medicare Preferred Supplement 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)

<b>Additional Covered Services Provided by the Plan (for benefits not covered under Parts A and B of Medicare):</b>		
<b>Medicare Pays nothing for the following Covered Services provided by the Plan:</b>	<b>Tufts Medicare Preferred Supplement Pays</b>	<b>You Pay*</b>
<ul style="list-style-type: none"> <li>• Routine physical exam: covered for one exam per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>• All charges</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>
<ul style="list-style-type: none"> <li>• Routine hearing exam: covered for one exam per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>• All charges for one annual exam, minus a \$25 Copayment for the exam</li> </ul>	<ul style="list-style-type: none"> <li>• A \$25 Copayment for the exam</li> </ul>
<ul style="list-style-type: none"> <li>• Routine eye exam: covered for one exam every 24 months</li> </ul>	<ul style="list-style-type: none"> <li>• All charges for one exam every 24 months, minus a \$25 Copayment for the exam</li> </ul>	<ul style="list-style-type: none"> <li>• A \$25 Copayment for one exam every 24 months</li> </ul>
<ul style="list-style-type: none"> <li>• Eye glasses (including lenses and frames) or Contact Lenses: covered up to a combined maximum benefit of \$150 per calendar year</li> </ul> <p><b>Note:</b> Please see “Vision Care Services” earlier in this chapter. It explains separate coverage under Medicare Part B for eyeglasses and contact lenses following cataract surgery.</p>	<ul style="list-style-type: none"> <li>• All combined charges up to \$150 per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>• All costs, after the maximum benefit of up to \$150 per calendar year is reached</li> </ul>
<ul style="list-style-type: none"> <li>• Fitness and Nutritional Counseling Benefit</li> </ul>	<ul style="list-style-type: none"> <li>• All combined charges up to a maximum benefit of \$150 per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>• All costs, after the maximum benefit of up to \$150 per calendar year is reached</li> </ul>
<ul style="list-style-type: none"> <li>• Weight Management Programs</li> </ul>	<ul style="list-style-type: none"> <li>• The Plan will cover program fees for weight loss programs such as Weight Watchers, Jenny Craig, 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.</li> </ul>	<ul style="list-style-type: none"> <li>• The Plan will reimburse Members up to an annual maximum of \$150 towards program fees for weight loss program</li> </ul>

<ul style="list-style-type: none"> <li>Hearing aids (other than “Hearing aids for children age 21 and under”: described below):</li> </ul>	<ul style="list-style-type: none"> <li>The first \$500 of a covered hearing aid, and then 80% of the next \$1,500 Coverage is provided up to a maximum benefit of \$1,700 in each 24-month period</li> </ul>	<ul style="list-style-type: none"> <li>After the first \$500 paid by Tufts Health Plan Medicare Supplement, 20% of the next \$1,500 for a covered hearing aid You also pay any balance over that \$1,500.</li> </ul>
<ul style="list-style-type: none"> <li>Hearing aids for children age 21 and under, in accordance with Massachusetts law: See Covered Services below.</li> </ul>	<ul style="list-style-type: none"> <li>All charges. Coverage is provided up to a maximum benefit of \$2,000 per ear every 0-36 months</li> </ul>	<ul style="list-style-type: none"> <li>All costs, after the maximum benefit of \$2,000 per ear every 36 months is reached</li> </ul>
<ul style="list-style-type: none"> <li>Scalp hair prostheses worn for hair loss suffered due to the treatment of any form of cancer or leukemia</li> </ul>	<ul style="list-style-type: none"> <li>All charges up to a maximum benefit of \$350 per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>All costs, after the maximum benefit of up to \$350 per calendar year is reached</li> </ul>
<ul style="list-style-type: none"> <li>Cleft lip or cleft palate treatment and services for children, in accordance with Massachusetts law: See Covered Services below.</li> </ul>	<ul style="list-style-type: none"> <li>All charges</li> </ul>	<ul style="list-style-type: none"> <li>Nothing</li> </ul>
<ul style="list-style-type: none"> <li>Outpatient substance services for medication-assisted treatment, including methadone maintenance</li> </ul>	<ul style="list-style-type: none"> <li>All charges, minus a \$25 copayment per visit</li> </ul>	<ul style="list-style-type: none"> <li>A \$25 Copayment per visit</li> </ul>
<ul style="list-style-type: none"> <li>Medically Necessary diagnosis and antibiotic treatment of chronic Lyme disease</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>All charges, minus a \$25 copayment per visit</li> </ul>	<ul style="list-style-type: none"> <li>A \$20 copayment per visit.</li> </ul>

## Tufts Medicare Preferred Supplement Covered Services

The Plan provides coverage up to the allowed charge for the following services and supplies:

### **Routine physical exam:**

Covers one annual exam.

### **Routine hearing exam:**

Covers one annual exam.

### **Routine Vision Exams:**

The Plan covers one routine vision exam every 24 months to find out if you need corrective lenses, when the exam is furnished by any licensed ophthalmologist or optometrist.

### **Eyeglasses (including lenses and frames) or contact lenses:**

The Plan covers up to \$150 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 \$150 benefit payment includes costs for measurement, fitting, and adjustments. No coverage is provided for: amounts more than \$150 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 \$150 Eyewear reimbursement, please submit a claim form along with an itemized bill from the licensed vision care supplier and paid receipts. Call Customer Relations 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 Customer Relations at the address shown on the claim form. Reimbursement requests must be received by March 31<sup>st</sup> of the following year.

### **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

### **Hearing aids for Children:**



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

In accordance with Massachusetts law, the following services are covered for Children age 21 and under 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

### **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 (This is a combined benefit):

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. Call Customer Relations to request a claim form or go to our website [thmp.org](http://thmp.org). Send the completed claim form, along with the paid receipts, to Customer Relations at the address shown on the claim form.
- Reimbursement requests must be received by Tufts Health Plan Medicare Preferred by no later than March 31<sup>st</sup> of the following year.
- For more information about this benefit, call Customer Relations.

### **Weight Management Programs benefit:**

- The Plan will cover program fees for weight loss programs such as Weight Watchers, Jenny Craig, 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. Call Customer Relations to request a claim form or go to our website [thmp.org](http://thmp.org). Send the completed claim form, along with the paid receipts, to Customer Relations at the address shown on the claim form.
- Reimbursement requests must be received by Tufts Health Plan Medicare Preferred by no later than March 31<sup>st</sup> of the following year.

**Tufts Medicare Preferred Supplement Covered Services****Wigs:**

The Plan will pay for scalp hair prostheses worn for hair loss suffered due to the treatment of any form of cancer or leukemia. The Plan provides this coverage up to a maximum of \$350 per person in a calendar year.

## Tufts Medicare Preferred Supplement Covered Services

### 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 is effective January 1, 2021. Please see our Web site at [www.thmp.org](http://www.thmp.org) for additional information or call Customer Relations.

#### **Fitness Discounts:**

- Fitness Together – New customers pay no fitness evaluation fee and get 10% off the purchase price of any personal training package; Existing customers get 10% discount on personal training packages of 36 sessions or more

#### **Mind & 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

#### **Nutritional Services:**

- Jenny Craig\*:
  - Save \$120 on Jenny Craig Complete Weight Loss Plan (purchase required). \* Visit [www.jennycraig.com/THPMP](http://www.jennycraig.com/THPMP) OR Call 1.877.536.6970 for a free consultation.

\*Please note:

- Savings redeemed as 12 consecutive weeks of \$10 food credits, with weekly full planned menu purchase (average \$182 before discount). Active program enrollment and eligibility status required, which includes meeting with a consultant weekly and adhering to the full Jenny Craig meal plan. Any shipping costs are extra. Food cost subject to change. Valid only at participating centers and Jenny Craig Anywhere. Not valid at [jennycraig.com](http://jennycraig.com). No cash value. Not valid with any other food offers or discounts. Expires 12/30/21
- Nutritional Counseling - 25% discount on unlimited visits with registered dietitians and licensed nutritionists
- Dash for Health Members can sign up for the DASH for Health program for \$34.50 for a 6 month subscription (50% off the regular subscription rate).
- 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. Dinner Daily members can save \$1,200 or more each year on grocery costs, for less than \$1 a week. Eat better dinners, save money and make dinners easy. Members receive 25% on any Dinner Daily subscription – you'll pay as little as 70 cents a week.

The first two weeks are free to make it easy to try. To sign up, or for more information, visit <https://thedinnerdaily.com/tmp> and use **TMP25** to receive your discount.

## Tufts Medicare Preferred Supplement Covered Services

### Discounts and Savings – Preferred Extras:

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#### Health Products & Services:

- CVS Caremark ExtraCare® Health Card – Receive 20% off the price of certain CVS/pharmacy Brand, non-prescription, health related-items by using your ExtraCare Health Card offered by CVS Caremark.
- Home Instead Senior Care – \$100 one-time credit on non-medical home care services
- Lasik Surgery - 15% discount on retail price, or 5% off the promotional price, of LASIK and PRK laser vision correction
- Healing Threads: Members Get 20% off the Original Healing Threads collection of tops and breakaway pants made of soft machine wash and dry polyester micro-fiber
- Life Cycle Transitions - Tufts Health Plan Members can access a 20% discount for home modifications, house cleaning, hoarding assistance, home improvements, independent living assistance, and more through Life Cycle Transitions
- 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.
- Be Safer At Home Personal Emergency Response Systems (PERS) - 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.

#### Hearing Aid Discount :

- Savings up to 63% below retail
- 3-year supply of batteries at no charge
- 1 year in-office servicing at no charge
- 3-year comprehensive warranty
- 60-day hearing aid evaluation period
- Complete hearing aid evaluation at no charge
- No interest financing available for 12 months for qualified applicants
- For details on this discount call Hearing Care Solutions toll-free at 866-344-7756 or call Customer Relations.

#### Memory Fitness Activities Discount Program:

Tufts Medicare Preferred Members can save 17% on a subscription to the BrainHQ application offered by Posit Science. Members access the discount through the following links: <http://www.brainhq.com/reg/tmp>

## Tufts Medicare Preferred Supplement Covered Services

### Discounts and Savings – Preferred Extras:

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#### **What is BrainHQ?**

Over time, it gets harder for the brain to process information from our senses quickly and accurately. BrainHQ is designed to reverse these changes. It increases processing speed and sharpens attention so you can capture information no matter how quickly it comes in. Addressing these core issues helps improve memory and other important cognitive skills, so you can lead an even more fulfilling and independent life.

#### **Be Safer At Home**

Be Safer At Home will offer Members a discount on the installation and monthly fees of a Personal Emergency Response System (PERS). Be Safer At Home provides different PERS units to meet lifestyle and budget needs, including Cellular, Mobile and Fall Detector PERS options. While all the units are very easy to install, Members can schedule a time to have a Be Safer At Home installation technician come to the home to install the unit. To receive the discounted rates, Members can contact Be Safer At Home at 1-866-513-PERS (7377) and provide code TUFTSMP.

**[www.besaferathome.com](http://www.besaferathome.com)**

#### **Cambridge Health Alliance Center for Mindfulness and Compassion (CMC) Discount**

Save 15% on Cambridge Health Alliance Center for Mindfulness and Compassion (CMC) eight-week Mindfulness-Based Stress Reduction (MBSR) and Mindful Self-Compassion (MSC) courses. Experience mindfulness and compassion training to reduce stress and improve your overall well-being. Programs are available to members on an individual basis after CMC conducts a screening process to determine if the program is right for you. For more information and to register, visit <https://www.chacmc.org/courses>. To get your discount, use access code TMP15. The access code will be entered during the registration process. If you have questions, please email [cmc@challiance.org](mailto:cmc@challiance.org) or call 617-591-6132.

#### **Meditation 101**

The Meditation 101 Series is designed for those who are new to meditation. Meditation is a simple and effective way to calm your mind, relax your body, and improve your outlook and concentration. Meditation 101 consists of 10 short audio lessons that provide you with everything you need to know to begin meditating. - Each lesson is approximately 5 minutes long - Listen to the lessons in sequence - Listen to each lesson multiple times to learn each skill before moving to the next. To access this free tool, visit <https://app.wellable.co/meditation101>, and enter the access code TMP.

#### **Mindfulness Stress Reduction Program**

Members can save 15% on the cost of tuition for the 8-week Stress Reduction Program or 8-week Mindfulness-Based Cognitive Therapy at UMass Medical School's Center for Mindfulness in Medicine, Health Care, and Society. The Center for Mindfulness is a leader in mind-body medicine and mindfulness-based treatment and research, being among the first to integrate

## Tufts Medicare Preferred Supplement Covered Services

### 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 is effective January 1, 2021. Please see our Web site at [www.thmp.org](http://www.thmp.org) for additional information or call Customer Relations.

meditation and mindfulness into mainstream medicine and health care. For more information, call the Center at 774-442-4681, or visit The Center for Mindfulness website for Tufts Health Plan members (<http://www.umassmed.edu/cfm/stress-reduction/tufts-health-plan/>). In order to receive the discount, just identify yourself as a Tufts Health Plan member.

#### **Ompractice**

With Ompractice, you can access live, online yoga and meditation classes lead 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. You can sign up for Ompractice for \$14.99/month (a 40% discount off the monthly plan) or \$129.00 for an annual subscription (30% off the regular subscription rate).

These discounts and savings may change over time without notice to Members. To check on current Preferred Extras, call Customer Relations at the number listed on your Member ID Card, or go to [thmp.org/preferred-extras](http://thmp.org/preferred-extras).

## Limitations on Benefits

### **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 handbook or contact Medicare.

### **Exclusions from Benefits**

#### **List of Exclusions:**

Tufts Health Plan 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 earlier in this chapter: 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 earlier in this chapter
 

Note: Breast reconstruction is covered when following a Medically Necessary mastectomy, as described in "Women's Health and Cancer Rights Act Coverage" earlier in this chapter.
- Human organ transplants, except as described earlier in this chapter
- 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 Member 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 age 21 and under as described in Chapter 3: 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

**The following footnote applies for all pages in Chapter 3.**

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



## Chapter 4: When Coverage Ends

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### Overview

#### Introduction:

This chapter tells you when coverage ends.

#### Reasons Coverage Ends:

Coverage ends when any of the following occurs:

- You lose eligibility because you no longer meet your Group's or Tufts Health Plan Medicare Preferred's eligibility rules
- 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 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

### When a Member is No Longer Eligible

#### Loss of Eligibility:

Your coverage ends on the date you no longer meet your Group's or our eligibility rules, or 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.

#### You Choose to Drop Coverage:

Coverage ends if you decide that, for any reason, you no longer want coverage and you meet any qualifying event your Group requires. To end your coverage, notify your Group at least 30 days before the date you want your coverage to end. You must also pay Premiums up through the day your coverage ends.

### 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 Health Plan Medicare Preferred Medicare Supplement Certificate. 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.

### **Membership Termination for Material Misrepresentation**

#### **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).

#### **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

#### **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.

#### **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 your Group.

## **Termination of the Group Contract and Notice**

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

Coverage will terminate if the relationship between your Group and Tufts Health Plan Medicare Preferred ends for any reason, including

- your Group's contract with us terminates
- your Group fails to pay Premiums on time
- We no longer offer this Medicare Supplement Plan or
- we stop operating

Note: In some cases, your Group sponsors this Plan, but we will bill you directly. In this case, if you fail to pay your Premium on time, your Group coverage under this Plan will terminate.

### **Notice of Termination:**

The Group Contract will terminate if your Group fails to pay Premiums on time. If this happens, we will notify you of the termination in writing within 60 days after the Effective Date of termination. The notice will tell you that you can elect to continue your coverage under Temporary Continuation of Coverage (TCC), as well as how to elect that coverage. If you elect Temporary Continuation of Coverage and pay the required Premium, TCC coverage is available to you during the period between:

- the Effective Date of termination of your Group coverage and
- the date we send to you a written notice of termination

The benefits available under Temporary Continuation of Coverage will be identical to those in your Group coverage.

Tufts Health Plan Medicare Preferred may terminate your coverage back to the date the Group Contract terminated, if:

- we send to you a written notice of termination
- we offer you the opportunity to elect Temporary Continuation of Coverage and
- you do not elect that coverage within the time period specified in the notice

If the Group Contract terminates for any reason other than your Group's failure to pay Premiums, we will send a notice of termination to your Group with the Effective Date of termination. Your Group is responsible for notifying you of the termination. We are not responsible if your Group does not notify you.

## **Plant Closing**

### **Description of Termination:**

Under Massachusetts law, Members whose employment is terminated due to a state-certified plant closing or covered partial closing may be eligible for continuation of coverage for a period of 90 days. The Group is responsible for notifying Members of their eligibility.

Please call your Group or Customer Relations for more information about this continuation coverage.

### **31-Day Continuation Coverage When Member Leaves Group**

Under Massachusetts law, a Member who leaves a Group shall be able to continue his or her coverage under the Group Contract for a period of 31 days. If that Member becomes entitled to other health insurance coverage during that 31-day period, this continuation coverage shall end as of the date he or she becomes entitled to the other health insurance coverage. For more information about this continuation coverage, please call your Group or Customer Services.

## Chapter 5: Member Satisfaction

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### **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 Web site 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).

### **Member Satisfaction Process**

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

- Internal Inquiry
- Member Grievances Process
- Internal Member Appeals and
- External Review by the Office of Patient Protection

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

**Tufts Health Plan Medicare Preferred  
Attn: Appeals and Grievances Dept.  
705 Mt. Auburn Street  
P.O. Box 9193  
Watertown, MA 02471-9193**

All calls should be directed to Customer Relations at: 1-800-701-9000.

#### **Internal Inquiry:**

Call Customer Relations to discuss concerns you may have regarding your healthcare. 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 Customer Relations 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.

**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 Customer Relations. 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.

**Administrative Grievances:**

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

**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.

**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 Customer Relations 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.

**“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.

**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 Health Plan 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 Certificate.

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 Customer Relations 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

**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.

Note: If you need help, the Consumer Assistance Resource Program in Massachusetts can help you file your appeal. Contact:

Office of Patient Protection  
50 Milk Street, 8<sup>th</sup> Floor, Boston, MA 02109  
(800) 436-7757 || <http://www.mass.gov/hpc/opp>

### **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.

### **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 Medicare Preferred departments will review your appeal. A Committee within the Appeals and Grievances Department will review appeals involving non-Covered Services.

### **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 practice guidelines and review criteria; notification of the steps for requesting external review by the Office for Patient Protection; 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 Certificate 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.

### **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 Customer Relations. 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 Health Plan 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 Health Plan 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.

### **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.

## **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.

### **External Review by the Office of Patient Protection:**

The Office of Patient Protection, which is not connected in any way with us, administers an independent external review process for final coverage determinations based on Medical Necessity (final adverse determination). Appeals for coverage of services specifically excluded in your Certificate and payment disputes are not eligible for external review.

To request an external review by the Office of Patient Protection you must file your request in writing with the Office of Patient Protection within forty-five (45) days of your receipt of written notice of the denial of your appeal by us. The letter from us notifying you of the denial will contain the forms and other information that you will need to file an appeal with the Office of Patient Protection.

To request an external review by the Office of Patient Protection, you must file your request in writing with the Office of Patient Protection within four (4) months of your receipt of written notice of the denial of your appeal by Tufts Health Plan. The letter from Tufts Health Plan notifying you of the denial will contain the forms and other information that you will need to file an appeal with the Office of Patient Protection. The review panel will make a decision within forty-five (45) calendar days for standard reviews and within seventy-two (72) hours for expedited reviews.

You or your authorized representative may request to have your review processed as an expedited external review. Any request for an expedited external review must contain a certification, in writing, from a Physician, that delay in the providing or continuation of health care services, that are the subject of a final adverse determination, would pose a serious and immediate threat to your health. Upon a finding that a serious and immediate threat to your health exists, the Office of Patient Protection will qualify such request as eligible for an expedited external review.

Your cost for an external review by the Office of Patient Protection is \$25.00. This payment should be sent to the Office of Patient Protection, along with your written request for a review. The Office of Patient Protection may waive this fee if it determines that the payment of the fee would result in an extreme financial hardship to you and shall refund the fee to the insured if the adverse determination is reversed in its entirety. We will pay the remainder of the cost for an external review. Upon completion of the external review, the Office of Patient Protection shall bill us the amount established pursuant to contract between the Department and the assigned external review agency minus the \$25 fee which is your responsibility. You will not be required to pay more than \$75 per Plan year, regardless of the number of external review requests submitted.

You, or your authorized representative, will have access to any medical information and records relating to your appeal, in our possession or under our control.

If the subject matter of the external review involves the termination of ongoing services, you may apply to the external review panel to seek the continuation of coverage for the terminated service during the period the review is pending. The review panel may order the continuation of coverage where it determines that substantial harm to your health may result absent such continuation or for such other good cause, as the review panel shall determine. Any such continuation of coverage will be at our expense regardless of the final external review determination.

The decision of the review panel will be binding on us. If the external review agency overturns a Tufts Health Plan Medicare Preferred decision in whole or in part, we will send you a written notice within five (5) business days of receipt of the written decision from the review agency. This notice will:

- include an acknowledgement of the decision of the review agency
- advise you of any additional procedures that you need to take in order to obtain the requested coverage or services
- advise you of the date by which the payment will be made or the authorization for services will be issued by us and
- include the name and phone number of the person at Tufts Health Plan Medicare Preferred who will assist you with final resolution of the grievance

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 at either the Division of Insurance Bureau of Managed Care or the Health Policy Commission's Office of Patient Protection at:

**Health Policy Commission, Office of Patient Protection**

**50 Milk Street, 8<sup>th</sup> floor**

**Boston, MA 02109**

**Phone: 1-800-436-7757 / Fax: 1-617-624-5046 / Email: [HPC-OPP@state.ma.us](mailto:HPC-OPP@state.ma.us)**

**Internet: [www.ma.gov/hpc.opp](http://www.ma.gov/hpc.opp)**

## **Limitation on Actions**

### **Limitation on Actions:**

You cannot file a lawsuit against Tufts Health Plan 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 Certificate, 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. However, if you choose to pursue external review by the Office of Patient Protection, the days from the date your request is received by the Office of Patient Protection until the date you receive the response are not counted toward the two-year limit.

## **Chapter 6: Other Plan Provisions**

### **Subrogation**

#### **Tufts Health Plan 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 Health Plan 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.

#### **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 MedPay 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.

#### **Tufts Health Plan 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.

**Member Cooperation:**

You further agree:

- 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
- to cooperate with us and provide us with requested information
- to do whatever is necessary to secure our rights of subrogation and reimbursement under this Plan
- 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
- 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.
- 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.
- 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
- 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
- that no court costs or attorney fees may be deducted from our recovery
- 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
- that in the event you or your representative fails to cooperate with Tufts Health Plan Medicare Preferred, you shall be responsible for all benefits provided by this Plan in addition to costs and attorney's fees incurred by Tufts Health Plan Medicare Preferred in obtaining repayment

**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 Health Plan 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 Customer Relations.

**Constructive Trust:**

By accepting benefits from Tufts Health Plan (whether the payment of such benefits is made to you directly or made on your behalf, for example, to a Provider), you hereby agree that if you receive any payment from any responsible party as a result of an injury, illness, or condition, you will serve as a constructive trustee over the funds that constitute such payment. Failure to hold such funds in trust will be deemed a breach of your fiduciary duty to Tufts Health Plan.

**Subrogation Agent:**

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

**Coordination of Benefits**

**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.

**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.

**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.

**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.

**For more information:**

For more information about COB, call Customer Relations: 1-800-701-9000.

## **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 Customer Relations: 1-800-701-9000. Information is also available on our Web site at: [www.thmp.org](http://www.thmp.org)

## **Coverage for Pre-existing Conditions**

Your coverage under this Certificate 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.

## **Circumstances Beyond Tufts Health Plan 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.

## **Group Contract**

### **Acceptance of the Terms of the Group Contract:**

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

### **Payments for Coverage:**

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

Note: If your Group fails to pay the Premium on time, we may cancel your coverage in accordance with this the Group Contract and applicable state law.

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

Note: In some cases, your Group sponsors this Plan, but we will bill you directly. In this case, if you fail to pay your Premium on time, your Group coverage under this Plan will terminate.

### **Changes to This Certificate:**

Tufts Health Plan Medicare Preferred may change this Certificate. 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 your Group 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 Certificate 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 of your Group, not just to you.

**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 Health Plan Medicare Preferred  
705 Mount Auburn Street  
P.O. Box 9181  
Watertown, MA 02471-9181**

**Enforcement of Terms:**

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

**When this Certificate is Issued and Effective:**

This Certificate is issued and effective the Effective Date on or after January 1, 2021, and supersedes all previous Certificates.



## Appendix A: Glossary of Terms

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### Terms and Definitions

This section defines the terms used in this Certificate

#### 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 Certificate.

- For a service eligible for coverage under Medicare: This means the payment amount Medicare establishes for that service. See your Medicare 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."

#### Anniversary Date

The date upon which the Group Contract first becomes effective and each successive annual renewal date

#### Benefit Period

- 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. BCBA's may supervise the work of Board-Certified Assistant Behavior Analysts and other Paraprofessionals who implement behavior analytic interventions.

## **Certificate**

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

## **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 Health Plan Medicare Preferred will pay under this Certificate must be:

- described in Chapter 3
- 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 Health Plan 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, behavioral, related to substance abuse, 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 or
- 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 or
- 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

### **Group**

An employer or other legal entity with which Tufts Health Plan Medicare Preferred has an agreement to provide group coverage. An employer group subject to the Employee Retirement Income Security Act of 1974 (ERISA), as amended, is the ERISA plan sponsor. The Group is your agent and is not our agent.

### **Group Contract**

The agreement between Tufts Health Plan Medicare Preferred and the Group under which:

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

The Group Contract includes this Certificate and any documents.

### **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 Coverage**

Coverage for Member only

### **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

### **Medically Necessary**

- **For a service eligible for coverage under Medicare:** This means “medically necessary” as determined by Medicare. See your Medicare handbook or contact Medicare for more information.
- **For a service that qualifies as a Covered Service under this Tufts Health Plan Medicare Preferred Medicare Supplement Certificate 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 Health Plan 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 with us under the Group Contract

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

## **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-conventional 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)

## **Open Enrollment Period**

The period each year when Tufts Health Plan Medicare Preferred and the Group allow eligible persons to apply for Group coverage in accordance with the Group Contract

## **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 Health Plan Medicare Preferred Medicare Supplement option described in this Certificate

## **Premium**

The total monthly cost of Individual Coverage which the Group pays to Tufts Health Plan Medicare Preferred. Note: In some cases, we will bill you directly for this cost and you will pay us for this coverage.

## **Provider**

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

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; 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**

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 service.

**Tufts Health Plan/Tufts Medicare Preferred.**

Tufts Insurance Company (TIC), a Massachusetts corporation d/b/a Tufts Health Plan 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