

TUFTS HEALTH PLAN SENIOR CARE OPTIONS (HMO SNP) | 2018

Summary of Benefits

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call Customer Relations to request the “Evidence of Coverage”, or visit www.thpmp.org/sco.

SUMMARY OF BENEFITS

January 1, 2018 – December 31, 2018

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as Tufts Health Plan Senior Care Options (HMO SNP)).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what Tufts Health Plan Senior Care Options (HMO SNP) covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Things to Know About Tufts Health Plan Senior Care Options (HMO SNP)

Hours of operation

- From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.
- From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

Tufts Health Plan Senior Care Options (HMO SNP) phone numbers and website

- If you are a member of this plan, call toll-free 1-855-670-5934.
- If you are not a member of this plan, call toll-free 1-855-670-5935.
- Our website: www.thmp.org/sco

Who can join?

To join Tufts Health Plan Senior Care Options (HMO SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B and MassHealth Standard (Medicaid), and live in our service area.

Our service area includes the following counties in Massachusetts: Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester.

Which doctors, hospitals, and pharmacies can I use?

Tufts Health Plan Senior Care Options (HMO SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan’s provider directory at our website (www.thmp.org/sco). You can see our plan’s pharmacy directory at our website (www.thmp.org/sco). Or, call us and we will send you a copy of the provider and pharmacy directories.

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

This document may be available in a non-English language. For additional information, call us at 1-855-670-5934.

Your Primary Care Physician (PCP) and what they do for you

When you enroll in our Plan, you must choose a network provider to be your PCP. Your PCP provides your routine care and, along with your Primary Care Team (PCT), will also coordinate other covered services you get as a member. Your PCP, specialists, and care manager are part of your PCT. If you need certain services, your PCP may refer you to a specialist with whom s/he works on a regular basis to assure your medical care is coordinated effectively. If you need Skilled Nursing Facility, Long Term Care or Home and Community Based services, your PCT will direct you to a subset of the facilities in our Tufts Health Plan SCO network, who can best coordinate your care and meet your individual needs. That means, in most cases, you may not have access to the entire Tufts Health Plan network, except for emergency or urgent care situations, out-of-area renal dialysis, or other services. Your PCP's referral may be time limited. In some cases, your PCP will also need to get prior authorization (prior approval) from us.

24/7 Access

If you need to talk to a healthcare professional before you receive care, our Plan's Care Management team is available 24 hours a day, 7 days a week.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers—*and more*.

- Our plan members get *all* of the benefits covered by Original Medicare.
- Our plan members also get *more* than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, all plans cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, www.thmp.org/sco/drug-coverage.
- Or, call us and we will send you a copy of the formulary.

Monthly Plan Premium	
	\$0 per month.
Deductible	
	This plan does not have a deductible
Maximum Out-of-Pocket Responsibility (<i>does not include prescription drugs</i>)	
	\$3,400 annually
<i>What You Should Know</i>	Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.

INPATIENT AND OUTPATIENT CARE AND SERVICES

Inpatient Hospital	
	You pay nothing
<i>What You Should Know</i>	Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. Additional coverage is provided by MassHealth.
Outpatient Surgery	
Ambulatory surgical center	You pay nothing Prior authorization may be required.
Outpatient hospital	You pay nothing Prior authorization may be required.
Doctor Visits	
Primary care physician	You pay nothing
Specialist	You pay nothing
<i>What You Should Know</i>	Before you receive services from a specialist, you must obtain a referral from your PCP.
Preventive Care	
Preventive care, including annual physical	You pay nothing
<i>What You Should Know</i>	Any additional preventive services approved by Medicare during the contract year will be covered. Includes but not limited to: <ul style="list-style-type: none"> • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram)

INPATIENT AND OUTPATIENT CARE AND SERVICES

Preventive Care, continued

<i>What You Should Know</i>	<ul style="list-style-type: none"> • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings: (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Prostate cancer screenings (PSA) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • “Welcome to Medicare” preventive visit (one-time) • Yearly “Wellness” visit
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Emergency Care

	You pay nothing
<i>What You Should Know</i>	Your plan includes worldwide coverage for emergency care.

Urgently Needed Services

	You pay nothing
<i>What You Should Know</i>	<p>Urgently needed care may be furnished by in-network providers or by out-of-network providers when network providers are temporarily unavailable or inaccessible.</p> <p>Your plan includes worldwide coverage for urgently needed care.</p>

Diagnostic Services/Labs/Imaging

Diagnostic radiology services (such as MRIs, CT scans)	You pay nothing
Therapeutic Radiology	You pay nothing
Diagnostic tests and procedures	You pay nothing
Lab services	You pay nothing
Outpatient X-rays	You pay nothing

INPATIENT AND OUTPATIENT CARE AND SERVICES

Hearing Services

Exam to diagnose and treat hearing and balance issues	You pay nothing
Routine hearing exam (<i>for up to 1 every year</i>)	You pay nothing
Hearing Aids	You pay nothing for hearing aids or instruments, services related to the care, maintenance, and repair of hearing aids or instruments and supplies
<i>What You Should Know</i>	<p>Before you receive a diagnostic hearing exam from a specialist, you must obtain a referral from your PCP.</p> <p>Except in an emergency, prior authorization from Tufts Health Plan Senior Care Options is required before you get hearing aid services.</p>

Dental Services

	You pay nothing
<i>What You Should Know</i>	<p>Except in an emergency or for routine treatment, prior authorization from Tufts Health Plan Senior Care Options may be required before you get certain services.</p> <p>Services must be performed by a DentaQuest provider.</p>

Vision Services

Routine eye exam (<i>for up to 1 every year</i>)	You pay nothing
Exam to diagnose and treat diseases and conditions of the eye (<i>including yearly glaucoma screening</i>)	You pay nothing
Annual eyewear benefit	\$300 allowance for eyeglasses (lenses and frames) and contact lenses per calendar year
<i>What You Should Know</i>	<p>You must use a participating Vision Care provider (EyeMed Vision Care) to receive the covered Routine Eye Exam benefit. You must purchase your lenses and frames from a participating vision provider (EyeMed Vision Care) to receive the \$300 allowance. Otherwise, the benefit will be limited to \$180 per year.</p> <p>Referral required for diagnostic eye exams. Referral not required for routine eye exams.</p>

INPATIENT AND OUTPATIENT CARE AND SERVICES

Mental Health Services

Inpatient visit	You pay nothing
Outpatient group or individual therapy visit	You pay nothing
Emergency screening services	You pay nothing
Diversionary Services (including community support, crisis stabilization, and SOAP (structured outpatient addiction programs))	You pay nothing
<i>What You Should Know</i>	<p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Before you receive individual or group therapy you must obtain a referral from your PCP.</p> <p>Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>MassHealth Standard (Medicaid) benefits cover all approved stays in excess of the Medicare limit.</p>

Skilled Nursing Facility (SNF)

	You pay nothing
<i>What You Should Know</i>	<p>Our plan covers up to 100 days in a SNF.</p> <p>Your PCT will direct you to a subset of the facilities in our Tufts Health Plan SCO network, who can best coordinate your care and meet your individual needs. This means in most cases you will not have full access to the network facilities for these services.</p> <p>MassHealth Standard (Medicaid) benefits cover all approved stays in excess of the Medicare limit.</p>

INPATIENT AND OUTPATIENT CARE AND SERVICES

Physical Therapy

Occupational therapy	You pay nothing
Physical therapy	You pay nothing
Speech and language therapy	You pay nothing
Hearing therapy	You pay nothing
<i>What You Should Know</i>	Before you receive physical therapy services, you must obtain a referral from your PCP.

Ambulance

	You pay nothing Prior authorization may be required for non-emergency ambulance services.
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Transportation

	You pay nothing
<i>What You Should Know</i>	Ambulance, taxi, and chair car transport for non-emergent medical appointments. Mode of transportation determined by medical necessity.

INPATIENT AND OUTPATIENT CARE AND SERVICE

Medicare Part B Drugs

For Part B drugs such as chemotherapy drugs: You pay nothing
Other Part B drugs: You pay nothing

PRESCRIPTION DRUG BENEFITS

How much do I pay?	
	<p>For Part B drugs such as chemotherapy drugs: You pay nothing</p> <p>Other Part B drugs: You pay nothing</p> <p>The Plan will generally cover your drugs at no cost if:</p> <ul style="list-style-type: none">• Your prescription is written by a doctor or other prescriber• You use a network pharmacy to fill your prescription• Your drug is on the plan’s List of Covered Drugs (Formulary)• Your drug is used for a medically accepted indication
Initial and Catastrophic Coverage	
	<p>For all drugs: You pay nothing</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>In most cases, your prescriptions are covered only if they are filled at the plan’s network pharmacies. You may get drugs from an out-of-network pharmacy <i>only</i> when you are not able to use a network pharmacy.</p>

ADDITIONAL BENEFITS

Acupuncture

Acupuncture services when provided by a licensed acupuncturist	You pay nothing for up to 20 office visits for pain management. Prior authorization is required beyond 20 visits. Additional coverage provided under the Wellness Allowance reimbursement after this benefit is exhausted. See "Wellness Programs" for more information.
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Chiropractic Care

Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position)	You pay nothing
Chiropractic manipulative treatment and radiology services	You pay nothing for up to 20 office visits or chiropractic manipulation treatments
<i>What You Should Know</i>	Before you receive services from a specialist, you must obtain a referral from your PCP.

Community-based services

	You pay nothing
<i>What You Should Know</i>	Includes services such as: Adult Day Health, Group Foster Care, Personal Care Attendant (PCA) Services These services are provided based on assessment of need.

Foot Care (*podiatry services*)

Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions	You pay nothing
<i>What You Should Know</i>	Before you receive podiatry services, you must obtain a referral from your PCP.

Home Health Services

Home Health Agency Care	You pay nothing
Home Health Physical Therapy Services	You pay nothing

ADDITIONAL BENEFITS	
Hospice	
	You pay nothing
<i>What You Should Know</i>	Hospice services covered by Medicare or the plan. Please contact us for more details.
Institutional Care	
	You pay nothing
Medical Equipment/Supplies	
Durable Medical Equipment (e.g., wheelchairs, oxygen)	You pay nothing
Prosthetic Devices (braces, artificial limbs, etc.)	You pay nothing
Diabetes Supplies	You pay nothing
<i>What You Should Know</i>	<p>The following additional items are covered by the plan:</p> <ul style="list-style-type: none"> • Wigs for members who experience hair loss due to cancer treatment: up to \$350 per calendar year • An additional pair of therapeutic, custom-molded shoes for members with diabetes who have severe diabetic foot disease and meet the requirements as defined by Medicare. • Personal Emergency Response Systems (PERS) • Wander Response System • Compression stockings & mastectomy sleeves <p>Medical equipment/supplies are covered when medically necessary. Prior authorization may be required. Referral required for diabetes self-management training only.</p>
Outpatient Substance Abuse	
Group or individual therapy visit	You pay nothing
<i>What You Should Know</i>	<p>You may need to obtain a referral from your PCP before you receive certain outpatient substance abuse services from a specialist.</p> <p>Additional coverage provided by MassHealth.</p>

ADDITIONAL BENEFITS

Over the Counter (OTC) Items

OTC prescription medications covered by MassHealth	Before you receive services, you must first obtain a prescription from your treating provider. Please see MassHealth Standard (Medicaid) OTC drug list.
Additional Coverage for OTC Prescriptions	The plan provides coverage for the following drugs: <ul style="list-style-type: none">• Methylsulfonylmethane (MSM)• Glucosamine/Chondroitin/MSM• Glucosamine/MSM• Chondroitin/MSM• Omega 3/Fish Oil• Coenzyme-Q10 You pay nothing. Before you receive services, you must first obtain a prescription from your treating provider.
Instant Savings OTC Card Allowance	You pay nothing. \$72/quarter You may use this allowance toward the purchase of Medicare-approved OTC items from a participating store. You may purchase items such as first aid supplies, dental care, cold symptoms supplies, and others.

Wellness Programs

Weight Management Program	The plan provides up to a \$200 annual reimbursement towards weight management program fees for weight loss programs such as WeightWatchers, Jenny Craig, iDiet, DASH for Health or a hospital-based weight loss program.
Wellness Allowance	The plan provides up to a \$200 annual wellness reimbursement toward approved wellness activities—health club memberships, nutritional counseling, acupuncture, or fitness classes like Pilates, Tai Chi, or aerobics, and wellness programs, including memory fitness activities.

Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Tufts Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Tufts Health Plan at 1-855-670-5934 (TTY: 711).

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Tufts Health Plan, Attention:

Civil Rights Coordinator Legal Dept.

705 Mount Auburn St. Watertown, MA 02472

Phone: 1-888-880-8699 ext. 48000, (TTY number—711 or 1-800-439-2370. Español: 866-930-9252)

Fax: 617-972-9048

Email: OCRCoordinator@tufts-health.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

thpmp.org/sco | 1-855-670-5934

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-670-5934 (TTY: 711).

Arabic: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-670-5934 (رقم هاتف الصم والبكم: 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-670-5934 (TTY 711)。
Farsi: توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.
1-855-670-5934 (TTY: 711) با تماس بگیرید.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-670-5934 (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-670-5934 (TTY: 711).

Greek: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-670-5934 (TTY: 711).

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-670-5934 (TTY: 711).

Haitian Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-670-5934 (TTY: 711).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-670-5934 (TTY: 711).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
1-855-670-5934 (TTY: 711) まで、お電話にてご連絡ください。

Khmer (Cambodian): ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អូល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-855-670-5934 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-855-670-5934 (TTY: 711) 번으로 전화해 주십시오.

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-855-670-5934 (TTY: 711).

Navajo: Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę, t'áá jiikeh, éí ná hóló, koji' hódíílnih 1800-701-9000 (TTY: 711.)

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-670-5934 (TTY: 711).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-670-5934 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-670-5934 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-670-5934 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-670-5934 (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-670-5934 (TTY: 711).

QUESTIONS?

Call 1-855-670-5934 // TTY 711

Representatives are available Monday – Friday, 8 a.m. – 8 p.m. (From October 1 – February 14, representatives are available 7 days a week, 8 a.m. – 8 p.m.). After hours and on holidays, please leave a message and a representative will return your call on the next business day.

VISIT US AT: www.thpmp.org/sco

Tufts Health Plan is an HMO-SNP plan with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in Tufts Health Plan depends on contract renewal. Tufts Health Plan Senior Care Options is a voluntary MassHealth (Medicaid) program in association with the Executive Office of Health and Human Services (EOHHS) and Centers for Medicare & Medicaid Services (CMS).

This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copayments, and restrictions may apply.

Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year.

This information may be available in alternate formats. Contact the plan for more information.



705 Mount Auburn Street,
Watertown, MA 02472