

TUFTS HEALTH PLAN SENIOR CARE OPTIONS (HMO SNP) | 2017

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 tuftsmedicarepreferred.org.

Effective January 1, 2017–December 31, 2017

H2256_S_2017_2 Accepted



SUMMARY OF BENEFITS

January 1, 2017 – December 31, 2017

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: tuftsmedicarepreferred.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 (tuftsmedicarepreferred.org/sco). You can see our plan’s pharmacy directory at our website (tuftsmedicarepreferred.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. 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, tuftsmedicarepreferred.org/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 Coverage	
	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.

Doctor’s 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) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings: (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)

INPATIENT AND OUTPATIENT CARE AND SERVICES

Preventive Care, continued

<i>What You Should Know</i>	<ul style="list-style-type: none"> • 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 <i>(such as MRIs, CT scans)</i>	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>Prior authorization required for certain dental services except routine and emergency treatment. Includes but not limited to:</p> <ul style="list-style-type: none"> • preventive • dental X-rays • emergency care, extractions, fillings, dentures, root canal, crowns, implants, and bridges • oral surgery <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	Up to \$150 allowance for frames per calendar year. Lenses are covered in full.
<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 frames from a participating vision provider (EyeMed Vision Care) to receive the \$150 allowance.</p> <p>Otherwise, the benefit will be limited to \$90 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 Care *(including inpatient)*

Inpatient visit	You pay nothing
Outpatient group or individual therapy visit	You pay nothing
Emergency screening services	You pay nothing
Diversionsary 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>Additional coverage is provided by MassHealth.</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>Additional coverage is provided by MassHealth.</p>

Rehabilitation Services

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>	<p>Before you receive rehabilitation services, you must obtain a referral from your PCP.</p>

INPATIENT AND OUTPATIENT CARE AND SERVICES

Ambulance

You pay nothing

Transportation

You pay nothing

What You Should Know

Ambulance, taxi, and chair car transport for non-emergent medical appointments.

Foot Care (*podiatry services*)

Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions

You pay nothing

What You Should Know

Before you receive podiatry services, you must obtain a referral from your PCP.

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

What You Should Know

The following additional items are covered by the plan:

- 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

Prior authorization may be required.

Referral required for diabetes self-management training only.

INPATIENT AND OUTPATIENT CARE AND SERVICE

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.

Medicare Part B Drugs

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

How much do I pay?

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

Other Part B drugs: You pay nothing

The Plan will generally cover your drugs at no cost if:

- Your prescription is written by a doctor or other prescriber
- You use a network pharmacy to fill your prescription
- Your drug is on the plan's List of Covered Drugs (Formulary)
- Your drug is used for a medically accepted indication

Initial Coverage

For all drugs: You pay nothing

You may get your drugs at network retail pharmacies and mail order pharmacies.

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

You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.

In most cases, your prescriptions are covered only if they are filled at the plan's network pharmacies.

Catastrophic Coverage

You pay nothing

ADDITIONAL BENEFITS

Acupuncture

Acupuncture services when provided by a licensed acupuncturist

Plan reimburses you up to \$500 per calendar year towards acupuncture visits by a licensed acupuncturist.
Additional coverage provided under the Wellness Allowance reimbursement after this benefit is exhausted. See "Wellness Programs" for more information.

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

What You Should Know

Before you receive services from a specialist, you must obtain a referral from your PCP.

Community-based services

You pay nothing

What You Should Know

Includes services such as: Adult Day Health, Group Foster Care, Personal Care Attendant (PCA) Services

Home Health Services

Home Health Agency Care

You pay nothing

Home Health Physical Therapy Services

You pay nothing

Hospice

You pay nothing

What You Should Know

Hospice services covered by Medicare or the plan.
Please contact us for more details.

ADDITIONAL BENEFITS

Institutional Care

You pay nothing

Outpatient Substance Abuse

Group or individual therapy visit

You pay nothing

What You Should Know

Before you receive services from a specialist, you must obtain a referral from your PCP. Additional coverage provided by MassHealth.

Outpatient Surgery

Ambulatory surgical center

You pay nothing

Outpatient hospital

You pay nothing

Over the Counter (OTC) Items

OTC prescription medications covered by MassHealth

You pay nothing.
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:

- Methylsulfonylmethane (MSM)
- Glucosamine/Chondroitin/MSM
- Glucosamine/MSM
- Chondroitin/MSM
- Omega 3/Fish Oil

You pay nothing.
Before you receive services, you must first obtain a prescription from your treating provider.

Instant Savings OTC Card Allowance

\$38/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.

Outpatient Surgery

You pay nothing

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 1-855-670-5936).

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>.

thmp.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: 1-855-670-5936).

Arabic: مقرب لصلتا. ناجم اب كل رفاوتت ةيوغلل ا ةدعاسم ا تامدخ ناف، ةغلل ركذا ثدحتت تنك اذا. ةظوح لم (1-855-670-5934). مكبل او مصل ا فتاه مقر (1-855-670-5936).

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 1-855-670-5936)。

Farsi: امش ی ارب ناگیار تروصب ینابز تالی هسرت، دینک یم وگتفگ یسراف نابز هب رگا: هجوت (1-855-670-5934) (TTY: 1-855-670-5936) دیری گب سامت اب. دشاب یم مهارف.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-670-5934 (ATS : 1-855-670-5936).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-670-5934 (TTY: 1-855-670-5936).

Greek: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-670-5934 (TTY: 1-855-670-5936).

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો (1-855-670-5934) (TTY: 1-855-670-5936).

Haitian Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-670-5934 (TTY: 1-855-670-5936).

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: 1-855-670-5936).

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: 1-855-670-5936) まで、お電話にてご連絡ください。

Khmer (Cambodian): ប្រយោជន៍: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសាសំរាប់អ្នកនិយាយភាសាខ្មែរ គឺឥតគិតថ្លៃ គឺឥតគិតថ្លៃសំរាប់អ្នកនិយាយភាសាខ្មែរ។ ចូរទូរស័ព្ទ 1-855-670-5934 (TTY: 1-855-670-5936)។

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-670-5934 (TTY: 1-855-670-5936) 번으로 전화해 주십시오.

Laotian: ໂປດຊາບ: ຖ້າ ວ່າ ທ່ານ ເວົ້າ ພາສາ ລາວ, ການບໍລິການ ວ່າ ທ່ານ ວ່າ ພາສາ, ໂດຍ ບໍ່ ຈ່າ ວ່າ, ແມ່ນ ມີ ບໍ່ ຈ່າ ວ່າ ທ່ານ. ໂທ 1-855-670-5934 (TTY: 1-855-670-5936).

Navajo: Díí baa akó nínizin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódílnih 1800-701-9000 (TTY: 1-855-670-5936.)

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-670-5934 (TTY: 1-855-670-5936).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-670-5934 (TTY: 1-855-670-5936).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-670-5934 (телетайп: 1-855-670-5936).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-670-5934 (TTY: 1-855-670-5936).

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: 1-855-670-5936).

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: 1-855-670-5936).

QUESTIONS?

Call 1-855-670-5934 // TTY 1-855-670-5936

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. Enrollment in Tufts Health Plan depends on contract renewal. Tufts Health Plan Senior Care Options is a voluntary MassHealth (Medicaid) benefit in association with the Executive Office of Health and Human Services (EOHHS) and the 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.

This information is available for free in other languages. Please call our Customer Relations number at 1-855-670-5934 or, for TTY users, 1-855-670-5940, Monday - Friday 8:00 a.m. - 8:00 p.m. (from Oct. 1 - Feb. 14 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 on the next business day.

Esta información está disponible gratuitamente en otros idiomas. Sírvase llamar a nuestro número de Servicio al Cliente al 1-855-670-5940, o, para usuarios con problemas auditivos (TTY), al 1-800-208-9562, de lunes a viernes, desde las 8:00 a.m. hasta las 8:00 p.m. (desde el 1 de octubre hasta el 14 de febrero hay representantes disponibles los 7 días de la semana, desde las 8:00 a.m. hasta las 8:00 p.m.). Después del horario de atención y en días feriados, por favor deje un mensaje y un representante le devolverá su llamada el día laborable siguiente.



705 Mount Auburn Street,
Watertown, MA 02472