

# Plan Highlights

## 2023 Partial List of Covered Benefits and Member Cost Sharing Effective July 1, 2023 – June 30, 2024

Please refer to the **2023 GIC Summary of Benefits** booklet for further information.

Premiums	
<b>Plan Premium</b>	See the Group Insurance Commission for premium amount.
Service Area	
<b>Counties of Residence</b>	Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
Copayments	
<b>Primary Care Physician (PCP) Office Visit</b>	\$15 per visit; \$0 for Annual Routine Physical
<b>Specialist Office Visits</b>	\$15 per visit
<b>Chiropractor</b>	\$15 per visit
<b>Podiatry</b>	\$15 per visit
<b>Outpatient Behavioral Health/Substance Use Disorder</b>	\$15 per visit
<b>Hearing Services</b>	\$15 per visit
<b>Vision Care</b>	\$15 per visit
<b>Routine Eye Exams (one per calendar year)</b>	\$15 per visit
<b>Outpatient Services/Surgery</b>	\$0 copay
<b>Emergency Room</b> (waived if admitted within 24 hours for the same condition)	\$50 per visit
<b>Ambulance Services</b>	\$0 copay for Medicare-covered ambulance benefits
<b>Outpatient Rehabilitation Services</b>	\$0 copay for Medicare-covered Occupational, Physical and Speech/Language therapies.
Allowances	
<b>Eyewear Benefit</b>	\$150 per calendar year towards eyewear at an EyeMed Vision Care participating provider, or \$90 per calendar year at non-participating providers.
<b>Wellness Allowance</b>	\$150 per calendar year toward fitness club membership, instructional fitness classes, participation in online instructional fitness classes, nutritional counseling, acupuncture, and/or wellness programs such as memory fitness activities.
<b>Hearing Aids</b>	Members 22 and over — First \$500 covered in full by the plan, then you pay 20% of the next \$1,500 (for both ears combined). Plan coverage is limited to \$1,700 per member every 24 months. Member is responsible for any amount over \$1,700 every two years.
<b>Weight Management Programs</b>	\$150 per calendar year towards program fees for weight loss programs such as WeightWatchers, Jenny Craig, or a hospital-based weight loss program.
Prescription Drug Coverage	

Your prescription drug benefits will be managed by CVS SilverScript®. If you have questions or would like information about the formulary (list of covered drugs), call the CVS SilverScript customer relations department at **(877) 876-7214** or visit [gic.silverscript.com](https://gic.silverscript.com).

Tufts Health Plan is an HMO plan with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. H2256\_2023\_206\_C

**Monthly Plan Premium**

Please contact the Group Insurance Commission for your premium amount.

**Deductible**

There is no deductible for this plan.

**Maximum Out-of-Pocket****Responsibility** (does not include prescription drugs)

\$3,400

**What You Should Know**

Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.

If you reach the limit on out-of-pocket costs, we will pay the full cost of your covered hospital and medical services for the rest of the year. Please note that you will still need to pay your monthly premiums (and cost-sharing for your Part D prescription drugs if applicable).

**Inpatient and Outpatient Care and Services****Inpatient Hospital Care****Inpatient hospital care**

You pay nothing

**What You Should Know**

Our plan covers an unlimited number of days for an inpatient hospital stay. Prior authorization may be required.

**Outpatient Hospital Care****Outpatient hospital services**

You pay nothing

**Outpatient hospital services**  
(services provided at hospital outpatient facilities)

You pay nothing

**Ambulatory surgical center (ASC) services**

You pay nothing

**What You Should Know**

Before you receive services, you must obtain a referral from your PCP. Prior authorization may be required.

**Doctor Visits****Primary care physician**

\$15 copay per visit

**Specialist**

\$15 copay per visit

**What You Should Know**

There is no copay for an annual physical exam with your PCP. Office visit copay applies for surgery services furnished in the physician's office. Before you receive services from a specialist, you must obtain a referral from your PCP.

**Preventive care**

You pay nothing

**What You Should Know**

Any additional preventive services approved by Medicare during the contract year will be covered.

**Emergency care**

\$50 copay per visit

**What You Should Know**

If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care. Outpatient surgery copayment may apply in certain situations. Please refer to your Evidence of Coverage for more information.

Your plan includes worldwide coverage for emergency care.

## Inpatient and Outpatient Care and Services

<b>Urgently needed services</b>	\$15 copay per visit
<b>What You Should Know</b>	Urgently needed care may be furnished by in-network providers or by out-of-network providers when network providers are temporarily unavailable or inaccessible. Copayment is not waived if admitted as an inpatient within 24 hours. Your plan includes worldwide coverage for urgently needed care.
Diagnostic Services/Labs/Imaging	
<b>Diagnostic radiology services</b> (such as MRIs, CT scans)	You pay nothing
<b>Diagnostic tests and procedures</b>	You pay nothing
<b>Lab services</b>	You pay nothing
<b>Outpatient X-rays</b>	You pay nothing
<b>What You Should Know</b>	Prior authorization may be required.
Hearing Services	
<b>Exam to diagnose and treat hearing and balance issues</b>	\$15 copay per visit
<b>Routine hearing exam</b> (up to 1 every year)	\$15 copay per visit
<b>Hearing aids</b>	Members 22 and over - First \$500 covered in full by the plan; member pays 20% of the cost for the next \$1,500 (for both ears combined). Plan coverage is limited to \$1,700 per member every 24 months. Member is responsible for any amount over \$1,700 every two years.
<b>What You Should Know</b>	Before you receive a diagnostic hearing exam from a specialist, you must obtain a referral from your PCP.
Dental	
<b>Limited Medicare-covered dental services</b>	\$15 copay per visit
<b>What You Should Know</b>	Limited Medicare-covered dental services do not include preventive dental services such as cleaning, routine dental exams, and dental X-rays.
Vision Services	
<b>Routine eye exam</b>	\$15 copay per visit
<b>Exam to diagnose and treat diseases and conditions of the eye</b>	\$15 copay per visit
<b>Annual glaucoma screening</b>	You pay nothing
<b>Annual eyewear benefit</b>	Up to \$150 allowance per calendar year
<b>What You Should Know</b>	You must use a participating vision care provider (EyeMed Vision Care) to receive the covered Routine Eye Exam benefit. You must purchase your glasses (prescription lenses, frames, or a combination of lenses and frames) and/or contacts from a participating vision provider (EyeMed Vision Care) to receive the \$150 allowance. Otherwise, the benefit will be limited to \$90 per year. You need a referral from your PCP for a diagnostic eye exam.

## Inpatient and Outpatient Care and Services

### Mental Health Services

<b>Inpatient visit</b>	You pay nothing
<b>Outpatient mental health care</b>	\$15 copay per visit
<b>Outpatient group or individual therapy visit</b>	\$15 copay per visit
<b>What You Should Know</b>	<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 health services provided in a general hospital.</p> <p>Before you receive services from a psychiatrist or outpatient group or individual therapy visits, you must obtain a referral from your PCP. A referral is not required for all other outpatient mental health care services.</p>

### Skilled Nursing Facility (SNF)

<b>Skilled nursing facility (SNF)</b>	You pay nothing
<b>What You Should Know</b>	Our plan covers up to 100 days in an SNF per benefit period. No prior hospital stay is required. Prior authorization may be required.

### Physical Therapy

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

### Ambulance

<b>Ambulance</b>	You pay nothing
<b>What You Should Know</b>	Prior authorization may be required for non-emergency transportation.

### Transportation

<b>Transportation</b>	Not covered
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### Medicare Part B Drugs

<b>Medicare Part B drugs</b>	<p>For Part B chemotherapy drugs: You pay nothing.</p> <p>Other Part B drugs: You pay nothing.</p>
<b>What You Should Know</b>	Part B drugs may be subject to Step Therapy requirements. Prior authorization may be required.

### Prescription Drug Benefits

Your prescription drug benefits will be managed by CVS SilverScript®. If you have questions or would like information about the formulary (list of covered drugs), call the CVS SilverScript customer relations department at **(877) 876-7214**, or visit [gic.silverscript.com](https://gic.silverscript.com).

## Additional Benefits

### Acupuncture

#### Acupuncture services

\$15 copay per visit

#### What You Should Know

Medicare covers up to 12 visits in 90 days for members with chronic low back pain. Eight additional visits covered for those demonstrating an improvement. No more than 20 visits administered annually.

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

The plan will reimburse services rendered and billed directly by a licensed acupuncturist when there is a referral from your PCP.

Additional acupuncture services are eligible for reimbursement under the annual Wellness Allowance benefit. See additional details under "Wellness Programs."

### Chiropractic Care

#### Manual manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position)

\$15 copay per visit

#### What You Should Know

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

### Foot Care (podiatry services)

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

\$15 copay per visit

#### What You Should Know

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

### Home Health Services

#### Home health agency care

You pay nothing

#### Home infusion therapy

You pay nothing

#### What You Should Know

Prior authorization may be required for home infusion therapy services.

### Hospice

Benefit provided by Medicare

#### What You Should Know

You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.

### Medical Equipment/Supplies

#### Durable medical equipment (e.g., wheelchairs, oxygen)

You pay nothing

#### Prosthetic devices (e.g., braces, artificial limbs, etc.)

You pay nothing

## Additional Benefits

<b>What You Should Know</b>	<p>Additional items covered by the plan: bathroom safety equipment for members who have a functional impairment when having the item will improve safety:</p> <ul style="list-style-type: none"> <li>• Raised toilet seat: 1 per member per lifetime</li> <li>• Bathroom grab bars: 2 per member per lifetime</li> <li>• Tub seat: 1 per member per lifetime</li> <li>• The following additional items are covered by the plan:</li> <li>• Gradient compression stockings or surgical stockings: up to 2 pairs every 6 months</li> <li>• Mastectomy sleeves for members with upper limb lymphedema: up to 2 sleeves every 6 months</li> </ul> <p>Prior authorization may be required.</p>
<b>Wig allowance</b> (for hair loss due to cancer treatment)	\$350 per calendar year
<b>Diabetes services and supplies</b>	You pay nothing
<b>What You Should Know</b>	<p>Includes diabetes monitoring supplies, diabetes self-management training, and therapeutic shoes or inserts. Copay may apply if you receive other medical services during the same office visit. Referral required for diabetes self-management training only.</p> <p>Coverage for blood glucose monitors and blood glucose tests strips are limited to the OneTouch products manufactured by Lifescan, Inc. Please note that there is no preferred brand for lancets.</p> <p>Coverage for therapeutic Continuous Glucose Monitors (CGMs) is limited to the FreeStyle Libre products and requires prior authorization.</p> <p>Diabetic testing supplies, including test strips, lancets, glucose meters, and therapeutic Continuous Glucose Monitoring Systems are also covered at participating retail or mail-order pharmacies.</p>
Outpatient Substance Abuse	
<b>Group or individual therapy visit</b>	\$15 copay per visit
Renal Dialysis	
<b>Renal Dialysis</b>	You pay nothing
Telehealth/Telemedicine Services	
<b>Telehealth/Telemedicine Services</b>	<p>Medicare-covered services plus additional telehealth services including PCP services, specialist services, and more.</p> <p>\$0 copay for e-visits and virtual check-ins; For all other telehealth visits, copay is the same as corresponding in-person visit copay. Referral is required for some additional telehealth services.</p>
Wellness Programs	
<b>Weight Management program</b>	The plan provides a \$150 annual Weight Management Allowance towards program fees for weight loss programs such as WeightWatchers®, Jenny Craig®, or a hospital-based weight loss program.
<b>Wellness Allowance</b>	The plan provides a \$150 annual Wellness Allowance toward health club memberships, participation in online instructional fitness classes or membership fees for online fitness subscriptions, such as Peloton, nutritional counseling, acupuncture, or fitness classes like Pilates, tai chi, or aerobics, and wellness programs, including memory fitness activities.