

Tufts Health One Care
(Medicare-Medicaid Plan)

2024

Summary of Benefits

Phone: **1-855-393-3154** (TTY:711)



a **Point32Health** company

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DISCRIMINATION IS AGAINST THE LAW



a Point32Health company

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, sex, sexual orientation, or gender identity.

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 and information written in other languages

If you need these services, contact Tufts Health Plan at **855.393.3154**.

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.

1 Wellness Way

Canton, MA 02021-1166

Phone: 888.880.8699 ext. 48000, [TTY number— 711 or 800.439.2370]

Fax: 617.972.9048

Email: OCRCoordinator@point32health.org

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

Phone: 800.368.1019, 800.537.7697 (TDD)

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

TuftsHealthOneCare.org | **855.393.3154**

We can give you information in other formats, such as braille and large print, and also in different languages upon request.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. Someone who speaks English can help you. This is a free service.

Spanish: Contamos con servicios gratuitos de interpretación para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o de medicamentos. Para conseguir un intérprete, solo tiene que llamarnos al 855-393-3154 (TTY: 711), los siete días de la semana, de 8:00 a. m. a 8:00 p. m. Alguien que habla español podrá ayudarle. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费口译服务，可回答您关于我们健康或药品计划的任何问题。如需口译人员，敬请拨打 855-393-3154 (TTY: 711) 联系我们，服务时间为周一至周日早 8 点至晚 8 点。会讲普通话的工作人员将为您提供帮助。此服务免费。

Chinese Cantonese: 我們提供免費口譯服務來回答您對我們的健康或藥物計畫的疑問。如需口譯人員，請致電 855-393-3154 (TTY: 711) 聯絡我們，營業時間一週七天，早上 8 點至晚上 8 點。將有會說粵語的人士為您提供幫助。此為免費服務。

Tagalog: Mayroon kaming libreng serbisyo ng interpreter para sagutin ang anumang mga katanungan na maaaring mayroon ka tungkol sa aming plano sa kalusugan o gamot. Para makakuha ng interpreter, tawagan lang kami sa 855-393-3154 (TTY: 711), pitong araw sa isang linggo, mula 8 a.m. hanggang 8 p.m. Maaaring makatulong sa iyo ang isang taong nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French: Nous mettons des services d'interprétation gratuits à votre disposition pour répondre aux questions que vous pourriez poser sur notre régime d'assurance-maladie ou de médicaments. Pour obtenir l'aide d'un interprète, appelez simplement le 855-393-3154 (TTY : 711), sept jours sur sept, de 8 a.m. à 8 p.m. Une personne parlant français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có các dịch vụ phiên dịch miễn phí để trả lời bất kỳ câu hỏi nào mà quý vị đặt ra về chương trình sức khỏe hay chương trình thuốc của chúng tôi. Để nhận người phiên dịch, chỉ cần gọi cho chúng tôi theo số 855-393-3154 (TTY: 711), bảy ngày một tuần, từ 8 giờ sáng đến 8 giờ tối. Họ sẽ nói tiếng Việt để có thể giúp bạn. Đây là dịch vụ miễn phí.

German: Wir stellen Ihnen einen kostenlosen Dolmetscherservice zur Verfügung, der Ihnen alle Fragen zu unserem Gesundheits- oder Medikamentenplan beantwortet. Wenn Sie einen Dolmetscher benötigen, rufen Sie uns unter 855-393-3154 (TTY: 711) an, und zwar an sieben Tagen in der Woche von 8 bis 20 Uhr. Jemand, der Deutsch spricht, kann Ihnen helfen. Dieser Service ist kostenlos.

Korean: 건강 또는 약품 플랜에 관한 문의에 답변해 드리기 위해 무료 통역 서비스를 제공합니다. 통역 서비스를 제공받으려면 요일에 상관 없이 오전 8시~오후 8시에 855-393-3154 (TTY: 711)로 전화해 주십시오. 한국어를 구사하는 직원이 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

Russian: Мы предоставляем бесплатную услугу устного перевода, чтобы ответить на вопросы о медицинской страховке или плане получения рецептурных препаратов. Чтобы вам предоставили переводчика, позвоните по телефону 855-393-3154 (TTY: 711). Операторы принимают звонки с 8 утра до 8 вечера, без выходных. Вам поможет сотрудник, говорящий на русском языке. Это — бесплатная услуга.

Multi-language Interpreter Services

Arabic:

لدينا خدمات ترجمة فورية مجانية متاحة للإجابة عن أي أسئلة قد تكون لديك حول خطتنا الصحية أو الدوائية. للحصول على مترجم فوري، فقط اتصل بنا على الرقم **855-393-3154** (بالنسبة لمستخدمي الهواتف النصية (TTY): 711)، على مدار سبعة أيام في الأسبوع، من الساعة 8 صباحًا حتى الساعة 8 مساءً. يمكن لشخص يتحدث اللغة العربية مساعدتك. هذه الخدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा योजना के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास निःशुल्क दुभाषिया सेवाएँ हैं। दुभाषिया प्राप्त करने के लिए, बस हमें 855-393-3154 (TTY: 711), पर सप्ताह के सातों दिन, सुबह 8 बजे से रात 8 बजे तक कॉल करें। कोई व्यक्ति जो हिन्दी बोलता है वह आपकी सहायता कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Disponiamo di servizi di interpretariato gratuito in merito al nostro piano sanitario e medicinale. Per richiedere un interprete, basta chiamare al numero 855-393-3154 (TTY: 711), 7 giorni su 7, dalle 8:00 alle 20:00. Una persona che parla italiano può aiutarla. Questo servizio è gratuito.

Portuguese: Dispomos de serviços de intérpretes gratuitos para responder a quaisquer perguntas que possa ter sobre o nosso plano de saúde ou de medicamentos. Para obter um intérprete, basta contactar-nos através do número 855-393-3154 (TTY: 711), sete dias por semana, das 8h00 às 20h00. Alguém que fale português pode ajudá-lo. É um serviço gratuito.

French Creole: Nou genyen sèvis entèpretasyon gratis pou repons ak tout kesyon ou kapab genyen sou plan sante oswa plan medikaman nou an. Pou w kapab jwenn yon entèprèt, sèlman rele nou nan 855-393-3154 (TTY: 711), sèt jou sou sèt, sòti 8è nan maten rive 8è nan aswè. Yon moun ki pale Kreyòl Ayisyen ap kapab ede w. Sa a se yon sèvis gratis.

Polish: Oferujemy bezpłatne usługi tłumacza, który odpowie na wszelkie pytania związane z naszym planem zdrowotnym lub dotyczącym leków. Aby skorzystać z pomocy tłumacza, wystarczy zadzwonić do pod numer 855-393-3154 (TTY: 711); usługa jest dostępna siedem dni w tygodniu w godzinach 8:00-20:00. Osoba mówiąca po polsku udzieli Ci pomocy. Jest to usługa bezpłatna.

Japanese: 医療保険や医薬品プランに関するご質問にお答えするため、無料の通訳サービスをご用意しています。通訳をご希望の方は、855-393-3154までご連絡ください (TTY: 711),午前8時から午後8時まで、年中無休で日本語でサポートします。これは無料のサービスです。

Laotian: ພວກເຮົາມີການບໍລິການນາຍພາສາຟຣີ ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນການສຸຂະພາບ ຫຼື ຢາຂອງພວກເຮົາ. ເພື່ອຮັບນາຍພາສາ, ພາຍໃຈຕໍ່ໂທຫາພວກເຮົາທີ່ເບີ 855-393-3154 (TTY: 711), ເຈັດມື້ຕໍ່ອາທິດ, ຈາກ 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ. ເຮາມີຄົນທີ່ເວົ້າລາວສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການຟຣີ.

Cambodian: យើងមានសេវាកម្មបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយរាល់សំណួរដែលអ្នកអាចមានអំពីគម្រោងសុខភាព ឬឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់សូមទូរសព្ទមកយើងតាមរយៈលេខ 855-393-3154 (TTY: 711) ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីម៉ោង 8 ព្រឹក ដល់ម៉ោង 8 ល្ងាច។ នរណាម្នាក់ដែលនិយាយភាសាខ្មែរអាចជួយអ្នកបាន។ នេះជាសេវាកម្មមិនគិតថ្លៃនោះទេ។

Tufts Health One Care (Medicare-Medicaid): Summary of Benefits 2024

Introduction

This document is a brief summary of the benefits and services covered by Tufts Health One Care. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Tufts Health One Care. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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If you have questions, please call Tufts Health One Care at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. For more information, visit TuftsHealthOneCare.org.

Tufts Health One Care (Medicare-Medicaid): Summary of Benefits 2024

A. Disclaimers



This is a summary of health services covered by Tufts Health One Care for 2024. This is only a summary. Please read the *Member Handbook* for the full list of benefits. Contact Member Services at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. to get a Member Handbook. Access the Member Handbook anytime online at [TuftsHealthOneCare.org](https://www.tuftshealthonecare.org).

- ❖ Tufts Health One Care is a health plan that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees. It is for people who have with both Medicare and MassHealth ages 21 through 64 at the time of enrollment. Enrollees must live in our current Service Area and may not have any private health insurance or participate in a Home and Community-Based Services (HCBS) waiver.
- ❖ Under Tufts Health One Care you can get your Medicare and MassHealth services in one health plan called a One Care plan. A Cityblock Care Coordinator will help manage your health care needs.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the *Member Handbook*.
- ❖ Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.
- ❖ ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free.
- ❖ Si habla español, tiene disponible los servicios de asistencia de idioma gratis. Llame al 1-855-393-3154 (TTY: 711), siete días de la semana, de 8 a.m. a 8 p.m. La llamada es gratuita.
- ❖ You can get this document for free in other formats, such as large print, formats that work with screen reader technology, braille, or audio. Call 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free.
- ❖ Call Member Services to request materials in languages other than English or in an alternate format or to request future mailings in the alternate language or format. We will keep your standing request in our records so you will not need to make a separate request each time. You can also call Member Services to change your standing request for preferred language and/or format.



If you have questions, please call Tufts Health One Care at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. For more information, visit [TuftsHealthOneCare.org](https://www.tuftshealthonecare.org).

Tufts Health One Care (Medicare-Medicaid): Summary of Benefits 2024

B. Frequently Asked Questions

The following chart lists frequently asked questions.

| Frequently Asked Questions (FAQ) | Answers |
|--|--|
| What is a One Care Plan? | A One Care Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services and supports, and other providers. It also has Care Coordinators to help you manage all your providers and services and supports. They all work together to provide the care you need. Tufts Health One Care (Medicare-Medicaid Plan) is a One Care Plan that provides benefits of MassHealth and Medicare to enrollees in the One Care program. |
| What is a Cityblock Care Coordinator? | A Cityblock Care Coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need. |
| What are long-term services and supports? | Long-term services and supports are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. |
| What is a Long-term Supports (LTS) Coordinator? | A Tufts Health One Care LTS Coordinator is a person for you to contact and have on your Care Team who is an expert in long-term services and supports and/or recovery services. This person helps you get services that help you live independently in your home. |



If you have questions, please call Tufts Health One Care at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. For more information, visit TuftsHealthOneCare.org.

Tufts Health One Care (Medicare-Medicaid): Summary of Benefits 2024

| Frequently Asked Questions (FAQ) | Answers |
|--|---|
| Will I get the same Medicare and MassHealth benefits in Tufts Health One Care that I get now? | <p>You will get your covered Medicare and MassHealth benefits directly from Tufts Health One Care. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change. You may also get other benefits the same way you do now, directly from a state agency like the Department of Mental Health or the Department of Developmental Services.</p> <p>When you enroll in Tufts Health One Care, you and your Care Team will work together to develop an Individualized Care Plan (ICP) to address your health and support needs, reflecting your personal preferences and goals. If you are taking any Medicare Part D prescription drugs that Tufts Health One Care does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for Tufts Health One Care to cover your drug if medically necessary. For all other services, you can keep using your doctors and getting your current services for 90 days, or until your ICP is complete.</p> |
| Can I use the same doctors I use now? | <p>Often that is the case. If your providers (including doctors, therapist, pharmacies, and other health care providers) work with Tufts Health One Care and have a contract with us, you can keep using them.</p> <ul style="list-style-type: none">• Providers with an agreement with us are “in-network.” You must use the providers in Tufts Health One Care’s network.• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Tufts Health One Care’s plan. <p>To find out if your doctors are in the plan’s network, call Member Services or read Tufts Health One Care’s <i>Provider and Pharmacy Directory</i> on the plan’s website at TuftsHealthOneCare.org.</p> <p>If Tufts Health One Care is new for you, we will work with you to develop an Individualized Care Plan (ICP) to address your needs. You can continue using the doctors you use now for 90 days or until your ICP is completed.</p> |



If you have questions, please call Tufts Health One Care at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. For more information, visit [TuftsHealthOneCare.org](https://www.tuftshealthonecare.org).

Tufts Health One Care (Medicare-Medicaid): Summary of Benefits 2024

| Frequently Asked Questions (FAQ) | Answers |
|---|--|
| What happens if I need a service but no one in Tufts Health One Care’s network can provide it? | Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Tufts Health One Care will pay for the cost of an out-of-network provider. |
| Where is Tufts Health One Care available? | The service area for this plan includes: Barnstable, Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties, Massachusetts. You must live in one of these areas to join the plan. Call Member Services for more information about whether the plan is available where you live. |
| Do I pay a monthly amount (also called a premium) under Tufts Health One Care? | You will not pay any monthly premiums to Tufts Health One Care for your health coverage. If you pay a premium to MassHealth for CommonHealth, you must continue to pay the premium to MassHealth to keep your coverage. |
| What is prior authorization (PA)? | PA means that you must get approval from Tufts Health One Care before Tufts Health One Care will provide coverage for a specific service, item, or drug or out-of-network provider. Tufts Health One Care may not cover the service, item or drug if you don’t get PA. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first. Tufts Health One Care can provide you with a list of services or procedures that require you to get PA from Tufts Health One Care before the service is provided. Refer to Chapter 3 of the <i>Member Handbook</i> to learn more about PA. Refer to the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a PA. |
| Do I pay a deductible? | No. You do not pay deductibles in Tufts Health One Care. |



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| Frequently Asked Questions (FAQ) | Answers |
|---|---|
| Do I have a coverage gap for drugs? | No. A “coverage gap” means that after people with Medicare and their plans have spent a certain amount of money for covered drugs, the person with Medicare has to pay a portion of costs out-of-pocket for their drugs while they are in the “gap.” Because you have MassHealth you will not have a coverage gap stage for your drugs. |
| Who should I contact if I have questions or need help? | <p>If you have general questions or questions about our plan, services, service area, billing, or member cards, please call Tufts Health One Care Member Services:</p> <p>CALL 1-855-393-3154</p> <p>Calls to this number are free. Member Services representatives are available Monday through Friday, from 8 a.m. to 8 p.m. After business hours and on federal holidays, please leave a message and we will get back to you the next business day.</p> <p>Free language interpreters are available for people who do not speak English.</p> <p>TTY 711</p> <p>This number is for people who are deaf, hard of hearing, or speech disabled. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. Member Services representatives are available Monday through Friday, from 8 a.m. to 8 p.m. After business hours and on federal holidays, please leave a message and we will get back to you the next business day</p> <p style="text-align: right;">This section is continued on the next page</p> |



If you have questions, please call Tufts Health One Care at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. For more information, visit TuftsHealthOneCare.org.

Tufts Health One Care (Medicare-Medicaid): Summary of Benefits 2024

| Frequently Asked Questions (FAQ) | Answers |
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| Who should I contact if I have questions or need help? (continued) | <p>If you have questions about your health, please call the On-Call Care Coordinator:</p> <p>CALL 1-833-904-2273</p> <p>Calls to this number are free.</p> <p>Cityblock Care Coordinators and clinicians are available 24 hours a day, seven days a week. You can reach the Nurse Advice Call Line or leave a message with a member of Cityblock’s team.</p> <p>Free language interpreters are available for people who do not speak English.</p> <p>TTY 1-800-720-3479</p> <p>This number is for people who are deaf, hard of hearing, or speech disabled. You must have special telephone equipment to call it.</p> <p>Calls to this number are free.</p> <p>Cityblock Care Coordinators and clinicians are available 24 hours a day, seven days a week. You can reach the Nurse Advice Call Line or leave a message with a member of Cityblock’s team.</p> <p style="text-align: right;">This section is continued on the next page</p> |



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| Frequently Asked Questions (FAQ) | Answers |
|--|--|
| Who should I contact if I have questions or need help? (continued) | <p data-bbox="705 240 1955 310">If you need immediate behavioral health services, please call the Behavioral Health Crisis Line:</p> <p data-bbox="720 347 1073 380">CALL 1-855-393-3154</p> <p data-bbox="856 423 1892 542">Calls to this number are free. Seven days a week, from 8 a.m. to 8 p.m. After business hours, there is an answering service that can connect you with a nurse or Care Coordinator</p> <p data-bbox="856 578 1776 610">We have free interpreter services for people who do not speak English.</p> <p data-bbox="856 646 1906 711">You can also call or chat the Massachusetts Behavioral Health Help Line (BHHL) at 833-773-2455.</p> <p data-bbox="856 748 1906 824">The BHHL is available in more than 200 languages 24 hours a day, seven days a week.</p> <p data-bbox="720 862 905 894">TTY 711</p> <p data-bbox="856 932 1913 1003">This number is for people who are deaf, hard of hearing, or speech disabled. You must have special telephone equipment to call it.</p> <p data-bbox="856 1040 1892 1166">Calls to this number are free. Seven days a week, from 8 a.m. to 8 p.m. After business hours, there is an answering service that can connect you with a nurse or Care Coordinator.</p> |



If you have questions, please call Tufts Health One Care at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. For more information, visit TuftsHealthOneCare.org.

Tufts Health One Care (Medicare-Medicaid): Summary of Benefits 2024

C. Overview of Services

The following chart is a quick overview of what services you may need, your costs, and rules about the benefits. [

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) [|
|--------------------------|--|-------------------------------------|--|
| You want a doctor | Visits to treat an injury or illness | \$0 | |
| | Wellness visits, such as a physical | \$0 | |
| | Transportation to a doctor's office | \$0 | Call Member Services or your Cityblock Care Coordinator to request transportation under 50 miles from your pick-up address. Prior authorization is required for transportation farther than 50 miles from your pick-up address. |
| | Specialist care | \$0 | |
| | Care to keep you from getting sick, such as flu shots | \$0 | Not covered if required for travel outside the U.S. and its territories |
| | "Welcome to Medicare" (preventive visit one time only) | \$0 | Preventive visit, one time only |



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Tufts Health One Care (Medicare-Medicaid): Summary of Benefits 2024

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) [|
|--|--|-------------------------------------|--|
| You need medical tests | Lab tests, such as blood work | \$0 | Prior authorization required for some services |
| | X-rays or other pictures, such as CAT scans | \$0 | Prior authorization required for some services |
| | Screening tests, such as tests to check for cancer | \$0 | Some screenings may require prior authorization; see Chapter 4 of your <i>Member Handbook</i> for more information on specific screening coverage. |
| You need drugs to treat your illness or condition | Generic drugs (no brand name) | \$0 for a 30-day supply. | <p>There may be limitations on the types of drugs covered. Please refer to Tufts Health One Care's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan's <i>List of Covered Drugs (Formulary)</i>. Our plan covers most Part D vaccines at no cost to you.</p> <p>Most prescriptions can be filled for a 30-day, 60-day, or 90-day supply. However, some drugs may be limited to a 30-day supply. Please see Tufts Health One Care List of Covered Drugs (Drug List) for more information. If you have been in a nursing facility for at least 90 days, you will not have any copays for prescription drugs.</p> <p style="text-align: right;">This section is continued on the next page</p> |



If you have questions, please call Tufts Health One Care at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. For more information, visit TuftsHealthOneCare.org.

Tufts Health One Care (Medicare-Medicaid): Summary of Benefits 2024

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) [|
|---|---|-------------------------------------|---|
| <p>You need drugs to treat your illness or condition (continued)</p> | Brand name drugs | \$0 for a 30-day supply. | <p>There may be limitations on the types of drugs covered. Please refer to Tufts Health One Care’s <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Retail drugs (up to a 90-day supply) are available at network pharmacy locations. Please see your Provider and Pharmacy Directory to find out which pharmacies in our network can give you a long-term supply of maintenance drugs (up to a 90-day supply). Mail-order drugs (up to a 90-day supply) are available.</p> <p>If you have been in a nursing facility for at least 90 days, you will not have any copays for prescription drugs.</p> |
| | Over-the-counter drugs | \$0 | <p>There may be limitations on the types of drugs covered. Please refer to Tufts Health One Care’s <i>List of Covered Drugs</i> (Drug List) for more information.</p> |
| | Medicare Part B prescription drugs | \$0 | <p>Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs</p> |
| <p>You need therapy after a stroke or accident</p> | Occupational, physical, or speech therapy | \$0 | <p>Prior authorization required after 11 visits for occupational and physical therapy, not including initial visit. Prior authorization required after 30 speech therapy visits per benefit year.</p> |



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Tufts Health One Care (Medicare-Medicaid): Summary of Benefits 2024

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) [|
|--------------------------------|-------------------------|-------------------------------------|--|
| You need emergency care | Emergency room services | \$0 | Covered for medical and behavioral health emergency services provided within the U.S. and its territories. You or your appointed representative should contact Tufts Health One Care within 48 hours to tell us about your emergency. No prior authorization required for in-network or out-of-network emergency room services. |
| | Ambulance services | \$0 | Emergency transport only |
| | Urgent care | \$0 | If you require urgently needed care, you should first try to get it from a network provider. However, you can use out-of-network providers for urgent care services without prior authorization when you cannot get to a network provider. Our plan does not cover urgently needed care or any other care that you get outside the United States. You can call the Nurse Advice Call Line at 1-833-904-2273 24 hours a day, 7 days a week. |
| You need hospital care | Hospital stay | \$0 | Prior authorization required for certain in-network inpatient hospital services. Prior authorization required for all out-of-network inpatient hospital services. Elective admissions require submission of prior authorization at least 5 business days prior to admission. |
| | Doctor or surgeon care | \$0 | Includes outpatient, surgical, related diagnostic, medical, and dental services. Prior authorization varies based on specific service. |



If you have questions, please call Tufts Health One Care at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. For more information, visit TuftsHealthOneCare.org.

Tufts Health One Care (Medicare-Medicaid): Summary of Benefits 2024

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) [|
|--|---|-------------------------------------|--|
| You need help getting better or have special health needs | Rehabilitation services | \$0 | Prior authorization is required |
| | Chiropractic care | \$0 | The plan covers adjustments of the spine to correct alignment, office visits, and radiology services. |
| | Medical equipment for home care | \$0 | Includes medical and surgical supplies. Prior authorization for in-network services varies based on specific service. Your PCP should check. |
| | Skilled nursing care and home health services | \$0 | Prior authorization required |
| | Family planning | \$0 | Covered for basic services like birth control, intrauterine devices (IUDs), medical counseling services, follow-up health care, outreach, and community education. Infertility services are covered for the diagnosis of infertility and treatment for medical conditions of infertility. (Family planning does not include artificial ways to become pregnant.) |
| | Nurse midwife services | \$0 | Prior authorization is not required |
| | Abortion services | \$0 | Prior authorization is not required |

This section is continued on the next page



If you have questions, please call Tufts Health One Care at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. For more information, visit TuftsHealthOneCare.org.

Tufts Health One Care (Medicare-Medicaid): Summary of Benefits 2024

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) [|
|--|---------------------------|-------------------------------------|---|
| You need help getting better or have special health needs (continued) | Dialysis services | \$0 | Includes labs, drugs, tubing change, adapter change, training related to hemodialysis, and peritoneal dialysis (intermittent, continuous cycling, and continuous ambulatory). Dialysis services must be rendered by a Medicare- approved provider. |
| | Podiatry | \$0 | We cover routine foot care for members with conditions affecting the legs, such as diabetes. |
| | Prosthetics | \$0 | Prior authorization for in-network services varies based on specific service. Your Primary Care Provider (PCP) should check. |
| | Orthotic services | \$0 | Prior authorization required. Shoe inserts covered for diabetics only. |
| You need eye care | Eye exams | \$0 | Routine eye examination for members once per benefit year. |
| | Glasses or contact lenses | \$0 | <p>Eye glasses or contact lenses once every two years. \$80 allowance towards frames. \$80 allowance towards traditional contact lenses or \$100 towards disposable contact lenses.</p> <p>Members receive discounts on glasses and contact lenses over the allowance amount through providers in the EyeMed network.</p> |
| | Other vision care | \$0 | Prior authorization may be required. |



If you have questions, please call Tufts Health One Care at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. For more information, visit TuftsHealthOneCare.org.

Tufts Health One Care (Medicare-Medicaid): Summary of Benefits 2024

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) [|
|--|---------------------------------------|-------------------------------------|--|
| You need dental care | Dental check-ups and preventive care | \$0 | Two cleanings per year and one X-ray panel every two years. |
| | Restorative and emergency dental care | \$0 | Includes emergency dental services and oral surgery performed in an outpatient setting to treat a medical condition. Prior authorization required for certain dental services. |
| You need hearing/auditory services | Hearing screenings | \$0 | Prior authorization is not required. |
| | Hearing aids | \$0 | Prior authorization required for in-network for monaural (one ear) if more than \$500 or binaural (two ears) if more than \$1,000. |
| You have a chronic condition, such as diabetes or heart disease | Services to help manage your disease | \$0 | Includes services by a physician or other accredited provider (registered nurse, physician assistant, nurse practitioner, licensed dietitian) |
| | Diabetes supplies and services | \$0 | Prior authorization may be required. |
| You have a behavioral health condition | Behavioral health services | \$0 | Prior authorization may be required unless an emergency. |
| You have a substance use disorder | Substance use services | \$0 | Prior authorization may be required unless an emergency. |



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Tufts Health One Care (Medicare-Medicaid): Summary of Benefits 2024

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) [|
|--|---|-------------------------------------|--|
| You need long-term behavioral health services | Inpatient and outpatient care and community-based services for people who need behavioral health care | \$0 | Prior authorization may be required unless an emergency. |
| You need durable medical equipment (DME) Note: This is not a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the <i>Member Handbook</i> . | Wheelchairs, crutches, and walkers | \$0 | Prior authorization may be required |
| | Nebulizers | \$0 | No prior authorization is required. |
| | Oxygen equipment and supplies | \$0 | Prior authorization required. |
| You need help living at home | Home services, such as cleaning or housekeeping | \$0 | Prior authorization required. |
| | Changes to your home, such as ramps and wheelchair access | \$0 | Prior authorization required. |
| | Day Habilitation services | \$0 | Prior authorization required. <p style="text-align: right;">This section is continued on the next page</p> |



If you have questions, please call Tufts Health One Care at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. For more information, visit TuftsHealthOneCare.org.

Tufts Health One Care (Medicare-Medicaid): Summary of Benefits 2024

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) [|
|---|---|-------------------------------------|--|
| You need help living at home (continued) | Services to help you live on your own (Home health care services or personal care attendant services) | \$0 | Prior authorization required. |
| | Adult Day Health or other support services | \$0 | Prior authorization required. |
| | Adult Foster Care and Group Adult Foster Care | \$0 | Prior authorization required. |
| You need a place to live with people available to help you | Nursing home care | \$0 | Prior authorization required. |
| Your caregiver needs some time off | Respite care | \$0 | Covered for up to 360 hours per calendar year. Prior authorization required. |



If you have questions, please call Tufts Health One Care at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. For more information, visit TuftsHealthOneCare.org.

Tufts Health One Care (Medicare-Medicaid): Summary of Benefits 2024

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) [|
|------------------------------------|--|-------------------------------------|--|
| You need transportation | Emergency transportation | \$0 | Covered for land, air, and specialty care transport. |
| | Transportation to medical appointments | \$0 | Call Member Services or your Cityblock Care Coordinator to request transportation under 50 miles from your pick-up address. Prior authorization is required for transportation farther than 50 miles from your pick-up address. |
| | Transportation to other services | \$0 | Nonmedical transportation to other places may be covered if it is determined that it is necessary for your health goals, listed in your Individualized Care Plan (ICP), and approved in advance. Please contact your Care Coordinator for more information at least 48 hours before the trip. |
| Additional covered services | Community support programs (CSP) | \$0 | Covered for members with a long-standing history of psychiatric or substance use disorder and for members at varying degrees of medical risk who have behavioral health issues that challenge their ability to function in a home or community setting. Does not require prior authorization for the initial six months of service. Prior authorization is required for additional services beyond six months. |
| | Hospice | \$0 | Prior authorization required. <p style="text-align: right;">This section is continued on the next page</p> |



If you have questions, please call Tufts Health One Care at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. For more information, visit [TuftsHealthOneCare.org](https://www.tuftshealthonecare.org).

Tufts Health One Care (Medicare-Medicaid): Summary of Benefits 2024

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) [|
|--|---|-------------------------------------|---|
| Additional covered services (continued) | Maternity care/Prenatal and postpartum services | \$0 | Providers must submit a Prenatal Registration Form. |
| | Pain management | \$0 | Prior authorization is not required. |
| | Programs of assertive community treatments (PACT) | \$0 | Covered for members recovering from serious mental health illness who experience symptoms that interfere with daily activities, such as employment, personal affairs, and interpersonal relationships. Prior authorization is not required. |
| | Tobacco cessation | \$0 | Covered for individual and group tobacco- cessation counseling by an in-network provider. Includes specific medication obtained from a pharmacy and nicotine replacement therapy. |

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read the Tufts Health One Care *Member Handbook*. If you have questions, you can also call Tufts Health One Care Member Services.



If you have questions, please call Tufts Health One Care at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. For more information, visit TuftsHealthOneCare.org.

Tufts Health One Care (Medicare-Medicaid): Summary of Benefits 2024

D. Benefits covered outside of Tufts Health One Care

This is not a complete list. Call Member Services to find out about other services not covered by Tufts Health One Care but available through Medicare, MassHealth, or a State Agency.

| Other services covered by Medicare, MassHealth, or a State Agency | Your costs |
|--|------------|
| Certain hospice care services covered outside of Tufts Health One Care | \$0 |
| Psychosocial rehabilitation | \$0 |
| Targeted case management | \$0 |
| Rest home room and board | \$0 |

E. Services that Tufts Health One Care, Medicare, and MassHealth do not cover

This is not a complete list. Call Member Services to find out about other excluded services.

| Services Tufts Health One Care, Medicare, and MassHealth do not cover | |
|---|--|
| Cosmetic surgery | |
| Experimental services | Includes experimental drugs, devices, treatments, or investigational procedures unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. For more information, see a list of noncovered experimental services in the Member Handbook. |
| Medical services outside the United States and its territories | |



If you have questions, please call Tufts Health One Care at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. For more information, visit TuftsHealthOneCare.org.

Tufts Health One Care (Medicare-Medicaid): Summary of Benefits 2024

F. Your rights and responsibilities as a member of the plan

As a member of Tufts Health One Care, you have certain rights concerning your health care. You also have certain responsibilities to the health care providers who are taking care of you. Regardless of your health condition, you cannot be refused Medically Necessary treatment. You can exercise these rights without being punished or adversely affecting the way Tufts Health One Care and its providers treat you. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*.

Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
 - get covered services without concern about race, ethnicity, national origin, religion, gender, age, health status, mental, physical, or sensory disability, sexual orientation, genetic information, ability to pay, or ability to speak English. No health care provider should engage in any practice, with respect to any member that constitutes unlawful discriminations under any state or federal law or regulation.
 - receive, at your request information in other formats (e.g., large print, braille, audio) free of charge.
 - be free from any form of physical restraint or seclusion.
 - not be billed by network providers.
 - have your questions and concerns answered completely and courteously.
 - apply your rights freely without any negative affect on the way Tufts Health One Care or your provider treats you.
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information should be in a format and language you can understand. These rights include getting information on:
 - Tufts Health One Care
 - the services we cover.
 - how to get services.
 - how much services will cost you.
 - names of health care providers and Care Coordinators.



If you have questions, please call Tufts Health One Care at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. For more information, visit TuftsHealthOneCare.org.

Tufts Health One Care (Medicare-Medicaid): Summary of Benefits 2024

- your rights and responsibilities.
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - choose a primary care provider (PCP) and change your PCP at any time during the year. You can call 1-855-393-3154 (TTY: 711) if you want to change your PCP.
 - choose a Long-term Supports (LTS) Coordinator.
 - use a women's health care provider without a referral.
 - get your covered services and drugs quickly.
 - know and receive all benefits, services, rights and responsibilities you have under Tufts Health One Care, Medicare and MassHealth.
 - know what the outcome of your treatment options may be.
 - refuse treatment as far as the law allows, even if your doctor advises against it.
 - stop taking medicine.
 - ask for a second opinion about any health care that your PCP or your Care Team advises you to have. Tufts Health One Care will pay for the cost of your second opinion visit.
 - create and apply and advance directive, such as a will or health care proxy.
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - get medical care for covered services within the time frames described in the *Member Handbook*, and to file an appeal if you do not receive your care within those timeframes.
 - get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act.
 - have interpreters to help with communication with your doctors, other providers, and your health plan. Call 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. if you need help with this service.



If you have questions, please call Tufts Health One Care at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. For more information, visit TuftsHealthOneCare.org.

Tufts Health One Care (Medicare-Medicaid): Summary of Benefits 2024

- have your *Member Handbook* and any printed materials from Tufts Health One Care translated into your primary language, and/or to have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
- be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience or retaliation.
- **You have the right to emergency and urgent care when you need it.** This means you have the right to:
 - get emergency and urgent care services, 24 hours a day, 7 days a week, without prior approval.
 - use an out-of-network urgent or emergency care provider, when necessary.
- **You have a right to confidentiality and privacy.** This includes the right to:
 - ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected.
 - have your personal health information kept private, as well as anything you discuss with them. No personal health information will be released to anyone without your consent, unless required by law.
 - have privacy during treatment.
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - access an easy process to voice your concerns, and to expect follow-up by Tufts Health One Care.
 - file a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers.
 - ask for a state fair hearing from the state of Massachusetts.
 - get a detailed reason why services were denied.
 - disenroll from Tufts Health One Care and change to another plan by calling Massachusetts Customer Service Center at 1-800-841-2900. TTY users may call 711.



If you have questions, please call Tufts Health One Care at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. For more information, visit TuftsHealthOneCare.org.

Tufts Health One Care (Medicare-Medicaid): Summary of Benefits 2024

Your responsibilities include, but are not limited to, the following:

- **You have a responsibility to treat others with respect, fairness and dignity.** You should:
 - treat your health care providers with dignity and respect.
 - keep appointments, be on time, and call in advance if you're going to be late or have to cancel.
- **You have the responsibility to give information about you and your health.** You should:
 - tell your health care provider your health complaints clearly and provide as much information as possible.
 - tell your health care provider about yourself and your health history.
 - tell your health care provider that you are a Tufts Health One Care member.
 - talk to your PCP, Care Team, Care Coordinator, or other appropriate person about seeking the services of a specialist before you go to a hospital (except in cases of emergencies or when you refer yourself for certain covered services).
 - tell your PCP, Care Team, Care Coordinator, or other appropriate person within 48 hours of any emergency or out-of-network treatment.
 - notify Tufts Health One Care's Member service department if there are any changes in your personal information, such as your address or phone number.
- **You have the responsibility to make decisions about your care, including refusing treatment.** You should:
 - learn about your health problems and any recommended treatment, and consider the treatment before it's performed.
 - partner with your Care Team and work out treatment plans and goals together.
 - follow the instructions and plans for care that you and your health care provider have agreed to, and remember that refusing treatment recommended by your health care provider might harm your health.
- **You have the responsibility to obtain your services from Tufts Health One Care.** You should:
 - get all your health care from Tufts Health One Care, except in cases of emergency, urgent care, out-of-area dialysis services, or family planning services, unless Tufts Health One Care provides a PA for out-of-network care.
 - not allow anyone else to use your Tufts Health One Care Member ID Card to obtain healthcare services.
 - notify Tufts Health One Care when you believe that someone has purposely misused Tufts Health One Care benefits or services.



If you have questions, please call Tufts Health One Care at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. For more information, visit TuftsHealthOneCare.org.

Tufts Health One Care (Medicare-Medicaid): Summary of Benefits 2024

You may be responsible for payment of services not covered by Tufts Health One Care. A full list of the covered services is available in the *Member Handbook*.

For more information about your rights, you can read the Tufts Health One Care *Member Handbook*. If you have questions, you can also call Tufts Health One Care Member Services.

G. How to file a complaint or appeal a denied service

If you have a complaint or think Tufts Health One Care should cover something we denied, call Tufts Health One Care at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the Tufts Health One Care *Member Handbook*. You can also call Tufts Health One Care Member Services.

For information about complaints, grievances, and appeals call 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m.

H. What to do if you want independent help with a complaint or concern

My Ombudsman is an independent program that can help you if you have questions, concerns, or problems related to One Care. You can contact My Ombudsman to get information or assistance. My Ombudsman services are free. My Ombudsman staff:

- can answer your questions or refer you to the right place to find what you need.
- can help you address a problem or concern with One Care or your One Care plan, Tufts Health One Care. My Ombudsman staff will listen, investigate the issue, and discuss options with you to help solve the problem.
- help with appeals. An appeal is a formal way of asking your One Care plan, MassHealth, or Medicare to review a decision about your services. My Ombudsman staff can talk with you about how to make an appeal and what to expect during the appeal process.



If you have questions, please call Tufts Health One Care at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. For more information, visit TuftsHealthOneCare.org.

Tufts Health One Care (Medicare-Medicaid): Summary of Benefits 2024

You can call, write, or visit My Ombudsman at its office.

- Call 1-855-781-9898, Monday through Friday from 9:00 A.M. to 4:00 P.M.
 - Use 7-1-1 to call 1-855-781-9898. This number is for people who are deaf, hard of hearing, or speech disabled.
 - Use Videophone (VP) 339-224-6831. This number is for people who are deaf or hard of hearing.
- Email info@myombudsman.org
- Write to or visit the My Ombudsman office at 25 Kingston Street, 4th floor, Boston, MA 02111
 - Please refer to the My Ombudsman website or contact them directly for updated information about location and walk-in hours.
- Visit My Ombudsman online at www.myombudsman.org

I. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Tufts Health One Care Member Services. Phone numbers are on the cover of this summary.
- Or, call the MassHealth Customer Service Center at 1-800-841-2900. TTY users may call 711.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.



If you have questions, please call Tufts Health One Care at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. For more information, visit TuftsHealthOneCare.org.