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Commonwealth of Massachusetts
Group Insurance Commission

2024-2025 Member Guide Tufts Medicare Preferred




Find everything you need at tuftshealthplan.com/gic



Welcome to Tufts Health Plan

At Tufts Health Plan, we are committed to providing GIC members access to high-quality health care coverage and services to help you stay healthy. Our health plans offer preventive care, behavioral health services, wellness programs, and many other great perks.

We encourage you to use this member guide to:

-  Learn more about your care options
-  See how to register for your secure member account and download our free mobile app
-  Explore wellness programs, like discounts at health facilities and more

You can also visit **tuftshealthplan.com/gic** for resources specific to your plan.

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Tufts Medicare Preferred HMO

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 visit tuftshealthplan.com/gic to view the Evidence of Coverage. You can also request a printed copy by calling Customer Relations at **(855) 852-1016 (TTY: 711)**.

Summary of benefits July 1, 2024–June 30, 2025

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 Medicare Preferred HMO).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what Tufts Health Plan Medicare Preferred HMO GIC 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 [medicare.gov](https://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 [medicare.gov](https://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 **(877) 486-2048**.





Who can join?

To join Tufts Health Plan Medicare Preferred HMO GIC, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

The service area for the plan described in this document 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 Medicare Preferred HMO GIC has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services.

You can see our plan's Provider Directory at our website tuftshealthplan.com/gic.

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

Referral circles

Your PCP works with certain plan specialists, called a "referral circle," to provide the medical care you need. Your PCP will provide most of your care and will help arrange the rest of the covered services you get as a plan member. In most cases, you must get a referral from your PCP before you see any other health care provider. This means you will not have access to the entire Tufts Health Plan Medicare Preferred HMO network, except in emergency or urgent care situations, or for out-of-area renal dialysis.

What do we cover?

We cover everything that Original Medicare covers — and more.

- Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay less in our plan than you would in Original Medicare. For others, you may pay more.
- Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

Tufts Medicare Preferred — Summary of Benefits

July 1, 2024 -June 30, 2025

Premiums	
Plan Premium	See the Group Insurance Commission for premium amount.
Service Area	
Counties of Residence	Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
Copayments	
Primary Care Physician (PCP) Office Visit	\$15 per visit; \$0 for Annual Routine Physical
Specialist Office Visits	\$15 per visit
Chiropractor	\$15 per visit
Podiatry	\$15 per visit
Outpatient Behavioral Health/Substance Use Disorder	\$15 per visit
Hearing Services	\$15 per visit
Vision Care	\$15 per visit
Routine Eye Exams (one per calendar year)	\$15 per visit
Outpatient Services/Surgery	\$0 copay
Emergency Room <i>(waived if admitted within 24 hours for the same condition)</i>	\$50 per visit
Ambulance Services	\$0 copay for Medicare-covered ambulance benefits
Outpatient Rehabilitation Services	\$0 copay for Medicare-covered Occupational, Physical and Speech/Language therapies.
Allowances	
Eyewear Benefit	\$150 per calendar year towards eyewear at an EyeMed Vision Care participating provider, or \$90 per calendar year at non-participating providers.
Wellness Allowance	\$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.
Hearing Aids	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.
Weight Management Programs	\$150 per calendar year towards program fees for weight loss programs such as WeightWatchers 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.

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

Urgently needed services	\$15 copay per visit
What You Should Know	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	
Diagnostic radiology services (such as MRIs, CT scans)	You pay nothing
Diagnostic tests and procedures	You pay nothing
Lab services	You pay nothing
Outpatient X-rays	You pay nothing
What You Should Know	Prior authorization may be required.
Hearing Services	
Exam to diagnose and treat hearing and balance issues	\$15 copay per visit
Routine hearing exam (up to 1 every year)	\$15 copay per visit
Hearing aids	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.
Dental	
Limited Medicare-covered dental services	\$15 copay per visit
What You Should Know	Limited Medicare-covered dental services do not include preventive dental services such as cleaning, routine dental exams, and dental X-rays.
Vision Services	
Routine eye exam	\$15 copay per visit
Exam to diagnose and treat diseases and conditions of the eye	\$15 copay per visit
Annual glaucoma screening	You pay nothing
Annual eyewear benefit	Up to \$150 allowance per calendar year
What You Should Know	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

Inpatient visit	You pay nothing
Outpatient mental health care	\$15 copay per visit
Outpatient group or individual therapy visit	\$15 copay per visit
What You Should Know	<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)

Skilled nursing facility (SNF)	You pay nothing
What You Should Know	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

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

Ambulance

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

Transportation

Transportation	Not covered
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Medicare Part B Drugs

Medicare Part B drugs	<p>For Part B chemotherapy drugs: You pay nothing.</p> <p>Other Part B drugs: You pay nothing.</p>
What You Should Know	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.

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

What You Should Know	<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"> • Raised toilet seat: 1 per member per lifetime • Bathroom grab bars: 2 per member per lifetime • Tub seat: 1 per member per lifetime • The following additional items are covered by the plan: • Gradient compression stockings or surgical stockings: up to 2 pairs every 6 months • Mastectomy sleeves for members with upper limb lymphedema: up to 2 sleeves every 6 months <p>Prior authorization may be required.</p>
Wig allowance (for hair loss due to cancer treatment)	\$350 per calendar year
Diabetes services and supplies	You pay nothing
What You Should Know	<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	
Group or individual therapy visit	\$15 copay per visit
Renal Dialysis	
Renal Dialysis	You pay nothing
Telehealth/Telemedicine Services	
Telehealth/Telemedicine Services	<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	
Weight Management program	The plan provides a \$150 annual Weight Management Allowance towards program fees for weight loss programs such as WeightWatchers® or a hospital-based weight loss program.
Wellness Allowance	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.

Maximize Your Health: Digital Tools & More

1. Access your secure online account

Once your membership becomes effective, be sure to set up your online member account at tuftshealthplan.com/gic.

Use your smartphone, tablet or computer to:

- Get your electronic ID card.
- Choose your primary care provider (PCP).
- Make sure your providers are in your plan's network before upcoming appointments.
- Check your claims and deductible status.

2. Find a doctor or hospital

Login to your secure account at mytuftshealthplan.com to access the Treatment Cost Estimator and Provider Search to:

- Search for doctors or hospitals by name or location.
- Find doctors accepting new patients.
- View doctors by specialty, such as vision, behavioral health and more.
- Check provider tier to find out how much you will pay out of pocket.

3. Save time and money

• Telehealth Services:

Set up your account at

tuftshealthplan.com/teladoc

- Access a U.S.-based, board-certified doctor 24/7, by phone or mobile app worldwide for everyday care, behavioral health and dermatology services.

• Discounts & Savings:

Save on a variety of products and services that can help you stay healthy, including healthy eating and fitness, holistic wellness, vision, hearing, and more.

Visit tuftshealthplan.com/gic.



Quality Care That's Right for You and Meets Your Needs

Health care isn't one-size-fits-all. From minor cuts to a sore eye or even a blood pressure check, knowing where to seek care for your situation can save you time and money. As a Tufts Health Plan member, you and your dependents have access to a variety of options:



When to visit the Emergency Room?

If you think you're having an emergency and your life is in danger, call 911 or go to the nearest emergency room. Common medical emergencies that should be treated in the emergency room include choking, heart attack, or severe abdominal pain.



When to see your Primary Care Provider (PCP)?

For non-urgent needs such as preventive screenings, checkups, immunizations, or chronic conditions, your PCP knows your medical history and coordinates your care. Plus, your provider may also offer virtual health care services.



When to visit an Urgent Care Center?

You can stop by a participating urgent care center for conditions that need immediate treatment but are not considered life-threatening. Examples include minor burns or cuts that may require stitches.



When to go to a Retail Clinic?

Retail clinics such as CVS MinuteClinic® and Walgreens Healthcare Clinic are a good option when you're experiencing mild symptoms such as an ear infection or skin conditions like poison ivy, and you want a health professional to check it out.



Wellness Discounts and Perks

Tufts Health Plan wants to help you reach your wellness goals with discounts on nutrition, mind and body, fitness, and other services related to good health.¹

Start Living Well Today!

Log into mytuftshealthplan.com. If you don't have an account, choose "Register here" to create one. Once logged in, select "Get Started" on the Health & Wellness tile.

- Take your Well-being Assessment
- Connect with a Health Coach
- Participate in monthly challenges and activities to build health habits
- Earn points towards rewards



Fitness and Exercise

Get discounts at over 14,000 health and fitness facilities across the U.S. through the International Fitness Club Network. Tufts Health Plan members can even try before you join with a FREE one-week trial membership at any facility you like.² Members can learn more at preventure.com/ifcn-tufts with password "Fit4You".

Daily Burn

- Get a 30-day free trial followed by 25% off your monthly membership.
- At the end of your 30-day free trial, Daily Burn will automatically charge your card \$14.96 per month until you cancel. No refunds or credits for partial months. Additional taxes may apply.
- Daily Burn offers over 2,500 curated videos and audio-based classes featuring a variety of programming including total-body workouts, barre, kickboxing, prenatal, meditation, strength, and Pilates training. Plus, programs and collections are always being added.
- Available on iOS, Android, AppleTV, Roku, Google Chromecast, Amazon Fire, and Comcast, members can stream At Home from their TV, computer, or mobile app to start a workout.

- Gain access to an online community to chat directly with your trainers and other Daily Burn members.
- All workouts are downloadable on iOS devices, and all are available on-demand to all users, so you're always ready to crush your goals.

Fitness membership reimbursement

Get money back on your fitness membership. Reimbursement details vary by plan — confirm your fitness rebate by viewing your health plan coverage in your secure member account at mytuftshealthplan.com. Reimbursement amounts may vary for some plans; please ask your employer for more details.



Healthy eating and weight management

The Dinner Daily

Save 25% on any Dinner Daily subscription, visit thedinnerdaily.com/thp and use code "THP25" to sign up. The Dinner Daily provides members with customized meal plans that fit members' dietary restrictions and a shopping list that maximizes savings with local grocery store specials.



Mind and body

Ompractice

Access Ompractice virtual yoga and meditation at a discounted rate. Using two-way video via laptop or phone, Ompractice allows members to participate in live yoga and meditation classes with instruction and direction from a teacher, bringing the support, personal interaction and accountability of a studio session wherever you are. Learn more at ompractice.com/tuftshealthplan.

Cambridge Health Alliance Center for Mindfulness and Compassion Discount

Save 15% on Mindfulness and Self-Compassion courses, which can reduce stress and improve your overall well-being. Visit chacmc.org/courses and use access code "THP15" when you register.

Discounts on ChooseHealthy.com

Free shipping and up to 40% discount on wellness products at ChooseHealthy.com. For details on how to get this discount, call Customer Relations or visit choosehealthy.com/public.

Massage therapy and acupuncture

Reconnect your body, mind and spirit with massage therapy or acupuncture. Massage therapy: save 25% off the provider's usual fee, or pay \$15 per 15 minutes of massage therapy, whichever is less. Acupuncture: save 25% off the provider's usual fee. For a list of providers near you, call ChooseHealthy customer service at 1-877-335-2746.

The Center for Mindfulness at UMass Memorial Health

Attend the 8-week, online Mindfulness-Based Stress Reduction (MBSR) or Mindfulness-Based Cognitive Therapy (MBCT) programs with the Center for Mindfulness at UMass Memorial Health and receive 15% off the cost of tuition. Participants have found an increased ability to relax, an enhanced ability to cope with chronic pain and stressful situations, and improved self-confidence. For more information send an email to mindfulness@umassmemorial.org, or visit ummhealth.org/umass-memorial-medical-center/services-treatments/center-for-mindfulness/mindfulness-classes.

More Savings

Home Instead®

Get a one-time \$100 credit toward charges for non-medical support services at participating offices. Home Instead provides personalized services for seniors to help them live safely and comfortably wherever they call home. You can also receive a free home safety inspection once you have contracted for services.

For more information, please contact Home Instead at homeinstead.com or by phone at (888) 580-6676 (toll-free). To get the discount, just show your Tufts Health Plan Member ID card.

Hearing Care Solutions

Hearing Care Solutions (HCS) provides you⁵ with cost-effective hearing care services and products offered by today's leading manufacturers. The HCS program streamlines the hearing care process for members and their dependents by offering discounted prices, as low as \$500, on a wide array of digital hearing aids with varying levels of technology and features.⁶ Along with competitive pricing, you get access to services including:

- A complete hearing exam, hearing aid evaluation and fitting⁷
- 1-year in-office servicing at no charge⁸
- 60-day hearing aid evaluation period
- No interest financing available for 12 months for qualified applicants
- 3-year manufacturers' warranty on hearing aids, including loss, damage and repair⁹
- Battery supply that covers 3 years of use¹⁰

Get started by requesting an appointment and visiting one of the nationwide providers most convenient to you. Visit hearingcaresolutions.com/tufts to learn more.



Key Terms

Premium

This is the monthly cost of your health insurance coverage.

Cost sharing

Cost sharing is what you pay for specific health care services (e.g., office visits, X-rays and prescriptions). Coinsurance, copayments and deductibles are all examples of cost sharing.

Copayments

This is a flat dollar amount you pay for certain services on your plan. You may have different copayments for different services (e.g., primary care visits, specialist visits and prescription drugs). Copayments are normally due when you have your appointment or when you pick up prescriptions from the pharmacy. Your Plan Benefits page will tell you what your copayments are for different services.

Deductible

This is a set amount of money that you have to pay out of your own pocket for certain services. If you have a \$500 annual deductible, for example, you will have to pay \$500 worth of charges before Tufts Health Plan helps pay. If you receive care for services that fall under the deductible, your provider will send you a bill. If prescription drugs fall under your plan's deductible, you'll need to pay for them when you pick them up from the pharmacy. Copayments do not count toward your deductible.

Coinsurance

This is a fixed percentage of costs that you pay for covered services. For example, if you have a plan with coinsurance, you may have to pay 20% of a provider's bill for your care, while Tufts Health Plan pays 80%. Coinsurance is usually something you pay after you have paid an annual deductible.

Out-of-pocket maximum

This is a limit on the total amount of cost sharing you have to pay annually for covered services. This generally includes copayments, coinsurance and deductibles. After you meet your out-of-pocket maximum, Tufts Health Plan will pay all additional covered health care costs.

In-network

Generally, this describes coverage for care that POS and PPO members receive from participating providers in the Tufts Health Plan network. In-network coverage typically costs less than out-of-network coverage. In most cases, if you have a POS plan, you need to have a referral from your primary care provider (PCP) to another participating provider in order for in-network cost sharing to apply.

Out-of-network

Out-of-network coverage applies only to POS and PPO plans. Tufts Health Plan will cover care that POS and PPO members receive from non-participating providers, but it usually costs more than in-network coverage. In addition, if you have a POS plan, you will — in most cases — have out-of-network coverage when you receive care for covered services from participating providers without your primary care provider's referral.

Tier

Medical plans often place providers and hospitals in different categories, or tiers, with different cost sharing amounts. Typically, you'll save money when you see Tier 1 providers.

Additional Details

- 1 This information has been provided by the vendors and has not been independently confirmed by Tufts Health Plan. Check with your health care provider regarding any health or medical condition before beginning any new treatment, exercise, or nutrition regimen. Discounts are subject to change at any time.
- 2 Specialty clubs and studios, such as martial arts, yoga, spin and personal training centers may offer different "trial" offers. Please inquire with the owner or membership department at these centers to verify offer.
- 3 At participating facilities only. Discounts cannot be combined with any other promotion offered by the fitness location or trainer.
- 4 Savings redeemed as 8 consecutive weeks of \$25 US food credits with full planned menu purchase (avg. \$186 US/\$187 CAD) each week. Active program enrollment and eligibility status required. Valid only for new members. Valid at participating centers. No cash value.
- 5 Programs described are for all Tufts Health Plan commercial members, excluding Tufts Health Direct.
- 6 HCS does not place any restrictions on members utilizing the discount program, however, health plan coverage for such products and services may vary by plan. Members not eligible for plan coverage may leverage favorable HCS discounts for hearing care services and products.
- 7 Hearing care services and products coverage varies by plan. If covered, copay or other cost share may apply and referrals may be required.
- 8 Routine service during the first year is with original provider. Any services during the first year that are not administered by original provider are subject to charges at the provider's discretion.
- 9 Hearing care services and products coverage varies by plan and may include frequency limitations. If covered, copay or other cost-share may apply.
- 10 Up to 64 cells per ear, per year. A supply of batteries is only available for non-rechargeable hearing aid models.

Discrimination is Against the Law

Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. 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 full and equal access to covered services under the federal Americans with Disabilities Act of 1990 and Section 504 of the federal Rehabilitation Act of 1973. This includes 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 any of the above services, have questions regarding any provider directory information, or would like to report an inaccuracy or network access issue, please contact Tufts Health Plan Member Services at (800) 462-0224. To report provider directory inaccuracies electronically, please visit <https://tuftshealthplan.com/find-a-doctor> and select your plan. Search or select the Provider whose information you believe needs updating and click "Tell us if something needs to change".

Please note that if you have complaints regarding provider directory inaccuracies or provider network access issues, you also have the right at any time to contact the Commonwealth of Massachusetts Division of Insurance at (877) 563-4467, Option 2 or www.mass.gov/doi.

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 — (800) 439-2370 or 711]
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
(800) 368-1019, (800) 537-7697 (TDD)

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

tuftshealthplan.com | (800) 462-0224

Language Assistance Services

Español (Spanish) ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están a su disposición. Llame al 1-888-333-4742 (TTY: 711).

Português (Portuguese) ATENÇÃO: Se você fala português, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para 1-888-333-4742 (TTY: 711).

Kreyòl Ayisyen (French Creole) ATANSYON: Si nou palé Kreyòl Ayisyen, gen asistans pou sèvis ki disponib nan lang nou pou gratis. Rele 1-888-333-4742 (TTY: 711).

繁體中文 (Traditional 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 1-888-333-4742 (TTY: 711)。

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ quý vị miễn phí. Gọi số 1-888-333-4742 (TTY: 711).

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-333-4742 (телетайп: 711).

العربية (Arabic)
إنتباه: إذا أنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجاناً. إتصل على 1 888-333-4742 (TTY: 711)

ខ្មែរ (Cambodian) ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ ជូរ ទូរស័ព្ទ 1-888-333-4742 (TTY: 711)។

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-333-4742 (ATS: 711).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-333-4742 (TTY: 711).

한국어 (Korean) '알림': 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-333-4742 (TTY: 711) 번으로 전화해 주십시오.

ελληνικά (Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχουν στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε 1-888-333-4742 (TTY: 711).

Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-333-4742 (TTY: 711).

हिंदी (Hindi) ध्यान दीजिए: अगर आप हिंदी बोलते हैं तो आपके लिये भाषाकी सहायता मुफ्त में उपलब्ध है। जानकारी के लिये फोन करे। 1-888-333-4742 (TTY: 711)

ગુજરાતી (Gujarati) ધ્યાન આપો : જો તમે ગુજરાતી બોલતા હો તો આપને માટે ભાષાકીય સહાય તદ્દન મફત ઉપલબ્ધ છે. વિશેષ માહિતી માટે ફોન કરો. 1-888-333-4742 (TTY: 711)

ພາສາລາວ (Lao) ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-333-4742 (TTY: 711).

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-333-4742 (TTY: 711).

Contact Us

If you have questions or need help, just give us a call — please be sure to tell us you are enrolling through the GIC.

Tufts Health Plan Member Services for the GIC

(855) 852-1016 (TTY: 711)

Mon., Tues. & Thurs. 8 a.m. - 6 p.m.

Wed. 10 a.m. - 6 p.m.

Fri. 8 a.m. - 5:30 p.m.

tuftshealthplan.com/gic

If you have questions about enrollment or other benefits call the GIC at (617) 727-2310.

Offered and/or administered by Tufts Associated Health Maintenance Organization, Inc., Tufts Insurance Company, Total Health Plan, Inc., or Tufts Benefit Administrators, Inc., all Tufts Health Plan companies.



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