

2023

*Tufts Health Unify*  
**Annual Notice  
of Changes**



## Tufts Health Unify (Medicare-Medicaid plan) offered by Tufts Health Plan

# Annual Notice of Changes for 2023

## Introduction

You are currently enrolled as a member of Tufts Health Unify. Next year, there will be changes to the plan's benefits, coverage, and rules. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at [tuftshealthunify.org](http://tuftshealthunify.org). 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 Unify 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 [TuftsHealthUnify.org](http://TuftsHealthUnify.org).



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## A. Disclaimers

- ❖ Limitations and restrictions may apply. For more information, call Tufts Health Unify Member Services. This means that you may have to pay for some services and that you need to follow certain rules to have Tufts Health Unify pay for your services.
- ❖ **The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.**
- ❖ Benefits may change on January 1 of each year.

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## B. Reviewing your Medicare and MassHealth coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. Refer to section F2 for more information. **If you are over 65 and you decide to leave One Care, you will not be able to enroll in a One Care plan later.**

Your membership will end on the last day of the month that you tell Medicare or MassHealth you want to leave the plan.

As long as you are still eligible for Medicare and MassHealth, you can leave One Care or your One Care plan and keep your Medicare and MassHealth benefits.

If you leave One Care, you will usually return to getting your Medicare and MassHealth services separately.

- You will have a choice about how to get your Medicare benefits (refer to page 12).
- You will get your MassHealth services directly from doctors and other providers by using your MassHealth card. This is called “fee-for-service.” Your MassHealth services include most long-term services and supports (LTSS) and behavioral health care.

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## B1. Additional resources

- **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), los siete días de la semana, de 8 a.m. a 8 p.m. La llamada es gratuita.
- You can get this *Annual Notice of Changes* 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 all 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.

## B2. Information about Tufts Health Unify

- Tufts Health Unify is a health plan that contracts with both Medicare and MassHealth to provide benefits of both programs to enrollees.
- Coverage under Tufts Health Unify is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information on the individual shared responsibility requirement.
- Tufts Health Unify is offered by Tufts Health Plan. When this *Annual Notice of Changes* says “we,” “us,” or “our,” it means Tufts Health Plan. When it says “the plan” or “our plan,” it means Tufts Health Unify.

### **B3. Important things to do:**

- **Check if there are any changes to our benefits that may affect you.**
  - Are there any changes that affect the services you use?
  - It is important to review benefit changes to make sure they will work for you next year.
  - Look in section D on page 7 for information about benefit changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
  - Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies?
  - It is important to review the changes to make sure our drug coverage will work for you next year.
  - Look in section D2 on page 9 for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
  - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Look in section C on page 6 for information about our *Provider and Pharmacy Directory*.
- **Think about whether you are happy with our plan.**



**If you decide to stay with Tufts Health Unify:**

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

**If you decide to change One Care plans or leave One Care:**

If you decide another One Care plan will better meet your needs, you may be able to switch plans (refer to section F2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month.

If you leave One Care, your membership in the plan will end at the end of the month.

Look in section F3 page 12 to learn more about your choices.

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## C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2023.

**Please review the 2023 *Provider and Pharmacy Directory*** to find out if your providers or pharmacy are still in our network. An updated *Provider and Pharmacy Directory* is located on our website at [TuftsHealthUnify.org](https://TuftsHealthUnify.org). You may also call Member Services at 1.855.393.3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, refer to Chapter 3, Section D3 of your *Member Handbook*.



**If you have questions**, please call Tufts Health Unify 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 [TuftsHealthUnify.org](https://TuftsHealthUnify.org).

## D. Changes to benefits for next year

### D1. Changes to benefits for medical services

We are changing our coverage for certain medical services next year. The following table describes these changes.

	2022 (this year)	2023 (next year)
<b>Prescription Digital Therapeutics</b>	Prescription Digital Therapeutics are <b>not</b> covered.	<p>You pay a <b>\$0</b> copay for the following prescription digital therapy:</p> <p>The plan covers reSET and reSET-O, a 12-week, on demand cognitive behavioral therapy application downloadable to a smartphone.</p> <p>This therapy is indicated for adults being treated in an outpatient treatment program for substance use disorder and opioid use disorder. Treatment with reSET-O should be combined with therapy including transmucosal buprenorphine.</p> <p>Please work with your Provider and One Care Plan to determine if this will work for you. Call the plan's Member Services line for more information.</p>
<b>Ambulatory Detoxification</b>	Requires notification within one business day of admission. Requires prior authorization from us after 14 days.	Does not require notification or prior authorization from us.

**If you have questions**, please call Tufts Health Unify 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



TuftsHealthUnify.org.



	2022 (this year)	2023 (next year)
<b>Community Support Programs (CSP)</b>	Requires prior authorization from us after 60 days or 240 units.	Does not require notification or prior authorization from us for the initial six months of service. Prior authorization is required from us for additional services beyond six months.
<b>Durable Medical Equipment (DME): Diabetic supplies and services – Continuous Glucose Monitors (CGMs)</b>	Covered CGMs include Dexcom and FreeStyle Libre products.	Covered CGMs include FreeStyle Libre products.
<b>Intensive Outpatient Program (IOP)</b>	Notification required after first visit. Medical necessity review required for subsequent visits.	Does not require notification or prior authorization from us.
<b>Part B Step Therapy Drug Categories</b>	<ul style="list-style-type: none"> <li>• Atypical hemolytic uremic syndrome</li> <li>• Autoimmune</li> <li>• Iron Preparations, Parenteral</li> <li>• Leucovorin/ LEVOleucovorin Injection</li> <li>• Lysosomal Storage Disorders</li> <li>• Neutropenia</li> <li>• Oncology</li> <li>• Paroxysmal nocturnal hemoglobinuria</li> <li>• Retinal Disorders</li> <li>• Triamcinolone Acetonide Injection</li> <li>• Viscosupplements</li> </ul>	<ul style="list-style-type: none"> <li>• Rare Diseases</li> <li>• Autoimmune</li> <li>• Iron preparations, Parenteral</li> <li>• Oncology</li> <li>• Oncology, Supportive</li> <li>• Retinal Disorders</li> <li>• Triamcinolone Acetonide Injection</li> <li>• Viscosupplements</li> </ul>
<b>Psychiatric Day Treatment</b>	Notification required after first visit. Medical necessity review required for subsequent visits.	Does not require notification or prior authorization from us.

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	2022 (this year)	2023 (next year)
<b>Structured Outpatient Addiction Program (SOAP)</b>	Notification required after first visit. Medical necessity review required for subsequent visits.	Does not require notification or prior authorization from us.

## D2. Changes to prescription drug coverage

### Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at TuftsHealthUnify.org. You may also call Member Services at 1.855.393.3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. for updated drug information or to ask us to mail you a *List of Covered Drugs*. The *List of Covered Drugs* is also called the “Drug List.”


We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the Drug List to **make sure your prescription drugs will be covered next year** and to find out if there will be any restrictions.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
  - You can call Member Services at 1.855.393.3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. or contact your Care Coordinator to ask for a list of covered drugs that treat the same condition.
  - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.
  - You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber’s supporting statement).
  - To learn what you must do to ask for an exception, refer to Chapter 9 of the *2023 Member Handbook* or call Member Services at 1.855.393.3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m.
  - If you need help asking for an exception, you can contact Member Services or your Care Coordinator. Refer to Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact your Care Coordinator.

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- Ask the plan to cover a temporary supply of the drug.
  - In some situations, we will cover a **temporary** supply of the drug during the first 90 days of the calendar year.
  - This temporary supply will be for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to Chapter 5 of the *Member Handbook*.)
  - When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If we approved a request for an exception, our approval usually is valid until the end of the plan year. This is true as long as your doctor continues to prescribe the drug for you, and the drug continues to be safe and effective for treating your condition.

### Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2023. Read below for more information about your prescription drug coverage.

The following table shows your costs for drugs in each of our 4 drug tiers.

	2022 (this year)	2023 (next year)
Drugs in Tier 1 ( <i>Vaccines</i> )  Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0 per prescription.	Your copay for a one-month (30-day) supply is \$0 per prescription.
Drugs in Tier 2 ( <i>Generic drugs</i> )  Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0 per prescription.	Your copay for a one-month (30-day) supply is \$0 per prescription.

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	2022 (this year)	2023 (next year)
<p>Drugs in Tier 3 <i>(Brand-name drugs)</i></p> <p>Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>
<p>Drugs in Tier 4 <i>(Over-the-counter drugs)</i></p> <p>Cost for a one-month supply of a drug in Tier 4 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>

**Important Message About What You Pay for Vaccines** – Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

## E. Administrative changes

Starting January 1, 2023, our pharmacy benefit manager (PBM) will change from CVS Caremark to OptumRx. A PBM administers your pharmacy benefits by providing services including claims processing and contracting with the pharmacies in our network.

This means OptumRx information will be replacing CVS Caremark information on Tufts Health Unify Member ID cards. You will receive an updated Tufts Health Unify ID card in the mail. Please begin using your updated ID card on 1/1/23.

- To ensure your pharmacy has your most up to date information, please show your new ID card when you fill a prescription for the first time on or after 1/1/23.
- If you don't have your new Tufts Health Unify ID card with you when you fill your prescription, ask the pharmacy to call the plan to obtain the necessary information.
- If the pharmacy is not able to obtain the necessary information, you may have to pay the full cost of the prescription when you pick it up and then submit for reimbursement.

**If you have questions**, please call Tufts Health Unify 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 [TuftsHealthUnify.org](https://TuftsHealthUnify.org).



	2022 (this year)	2023 (next year)
Pharmacy Benefit Manager	CVS Caremark	Optum Rx

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## F. How to choose a plan

### F1. How to stay in our plan

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different One Care plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2023.

### F2. How to change plans

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another One Care plan, or moving to Original Medicare.

### F3. Leaving One Care

As long as you are still eligible for Medicare and MassHealth, you can leave One Care or your One Care plan and keep your Medicare and MassHealth benefits. If you leave One Care, you will usually return to getting your Medicare and MassHealth services separately.

You will get your MassHealth services directly from doctors and other providers by using your MassHealth card. This is called “fee-for-service.” Your MassHealth services include most long-term services and supports (LTSS) and behavioral health care.

You will have a choice about how to get your Medicare benefits.




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**If you have questions**, please call Tufts Health Unify 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 [TuftsHealthUnify.org](https://TuftsHealthUnify.org).

<p><b>1. You can change to:</b></p> <p><b>A Medicare health plan, such as a Medicare Advantage Plan or a Program of All-inclusive Care for the Elderly (PACE)</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048 to enroll in a Medicare health plan or PACE.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users may call 1-800-439-2370.</li> </ul> <p>Your coverage with Tufts Health Unify will end on the last day of the month before your new plan’s coverage begins.</p>
<p><b>2. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare prescription drug plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048 to enroll in Original Medicare with a separate Medicare prescription drug plan.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users may call 1-800-439-2370.</li> </ul> <p>Your coverage with Tufts Health Unify will end on the last day of the month before your Original Medicare coverage begins.</p>

<p><b>3. You can change to:</b></p> <p><b>Original Medicare without a separate Medicare prescription drug plan</b></p> <p><b>NOTE:</b> If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the SHINE Program at 1-800-243-4636. TTY users should call 1-800-439-2370.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048 to enroll in Original Medicare and opt out of a separate Medicare prescription drug plan.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users should call 1-800-439-2370.</li> </ul> <p>Your coverage with Tufts Health Unify will end on the last day of the month before your Original Medicare coverage begins.</p>
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## G. How to get help

### G1. Getting help from Tufts Health Unify

Questions? We're here to help. Please call Member Services at 1.855.393.3154 (TTY: 711). We are available for phone calls seven days a week, from 8 a.m. to 8 p.m. Calls to these numbers are free.

#### Your 2023 Member Handbook

The *2023 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The *2023 Member Handbook* will be available by October 15. An up-to-date copy of the *2023 Member Handbook* is available on our website at [TuftsHealthUnify.org](https://TuftsHealthUnify.org). You may also call Member Services at 1.855.393.3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. to ask us to mail you a *2023 Member Handbook*.

#### Our website

You can also visit our website at [TuftsHealthUnify.org](https://TuftsHealthUnify.org). As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

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**If you have questions**, please call Tufts Health Unify 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 [TuftsHealthUnify.org](https://TuftsHealthUnify.org).



## G2. Getting help from MassHealth Customer Service

MassHealth Customer Service can answer questions you may have about One Care and your other options for getting your services. MassHealth Customer Service can also help you enroll in a One Care plan, switch plans, or leave One Care. You can call MassHealth Customer Service at 1-800-841-2900. TTY: 1-800-497-4648 (for people who are deaf, hard of hearing, or speech disabled). You can call Monday through Friday, 8:00 A.M. to 5:00 P.M.

## G3. Getting help from My Ombudsman

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's services are free. My Ombudsman can:

- Answer your questions or refer you to the right place to find what you need.
- Help you address a problem or concern with One Care or your One Care plan, Tufts Health Unify. My Ombudsman's 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's staff can talk with you about how to make an appeal and what to expect during the appeal process.

You can call, email, 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](mailto:info@myombudsman.org) or contact My Ombudsman through its website at [www.myombudsman.org](http://www.myombudsman.org).
- Write to or visit the My Ombudsman office at 25 Kingston Street, 4<sup>th</sup> floor, Boston, MA 02111.
  - Please refer to the My Ombudsman website or contact them directly for updated information about location, setting up an appointment, and walk-in hours.

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#### **G4. Getting help from the State Health Insurance Assistance Program (called SHINE)**

You can also call SHINE (Serving the Health Insurance Needs of Everyone). SHINE counselors can help you understand your One Care plan choices and answer questions about switching plans. SHINE is not connected with us or with any insurance company or health plan. SHINE has trained counselors in every state, and services are free. The phone number for SHINE is 1-800-243-4636. TTY (for people who are deaf, hard of hearing, or speech disabled): 1-800-439-2370 (Massachusetts only).

#### **G5. Getting help from Medicare**

To get information directly from Medicare, you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

##### **Medicare's Website**

You can visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). If you choose to disenroll from your One Care plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, refer to [www.medicare.gov](http://www.medicare.gov) and click on "Find plans.")

##### **Medicare & You 2023**

You can read the *Medicare & You 2023* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare.

If you don't have a copy of this booklet, you can get it at the Medicare website ([www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](http://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



**If you have questions**, please call Tufts Health Unify 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 [TuftsHealthUnify.org](http://TuftsHealthUnify.org).

# 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, 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](mailto: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>.

TuftsHealthUnify.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.

**English:**

ATTENTION: If you speak English, 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.

**Arabic:**

ملاحظة: إذا كنت تتحدث اللغة العربية ، فستكون خدمات المساعدة اللغوية متوفرة لك مجانًا. اتصل على الرقم 3154-393-855-1 (رقم الهاتف النصي: 711)، طوال أيام الأسبوع، من 8 صباحًا حتى 8 مساءً. تُقدم خدمة المكالمات مجانًا.

**German:**

VORSICHT: Falls Sie Deutsch sprechen, stehen Ihnen kostenlose sprachliche Hilfsdienste zur Verfügung. Rufen Sie 1-855-393-3154 (TTY 711) an, sieben Tage die Woche, von 8 bis 20:00 Uhr. Der Anruf ist kostenlos.

**Spanish:**

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al teléfono 1-855-393-3154 (TTY: 711), los siete días de la semana, de 8:00 a.m. a 8:00 p.m.; la llamada es gratuita.

**French**

ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Appelez le 1-855-393-3154 (TTY : 711), sept jours sur sept, de 8 heures à 20 heures. L'appel est gratuit.

**Hindi:**

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। सप्ताह के सात दिन 1-855-393-3154 पर (TTY: 711), सुबह 8 बजे से शाम 8 बजे तक कॉल करें। यह कॉल निःशुल्क है।

**Haitian Creole:**

ATANSYON: si w pale Kreyòl Ayisyen, sèvis asistans langwistik la disponib pou ou gratis. Call 1-855-393-3154 (TTY: 711), sèt jou pa semèn, soti 8è a.m. jiska 8è p.m. Apèl la gratis.

**Italian:**

ATTENZIONE: Se parlate italiano, saranno a vostra disposizione i servizi di assistenza linguistica gratuiti. Chiamate 1-855-393-3154 (TTY: 711), sette giorni a settimana, dalle 8:00 alle 20:00. La chiamata è gratuita.

**Japanese:**

ご案内: 日本語を話す方向けに、言語支援サービスを無料でご利用いただくことができます。こちらへお電話ください。1-855-393-3154 (TTY: 711)、年中無休、午前 8 時～午後 8 時通話料は無料です。

**Khmer:**

ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយខាងភាសាដោយឥតគិតថ្លៃមានសម្រាប់អ្នក។ សូមទូរសព្ទទៅលេខ

1-855-393-3154 (TTY: 711) បានប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ ពីម៉ោង 8 ព្រឹកដល់ម៉ោង 8 យប់។

ការទូរសព្ទមកលេខនេះមិនគិតថ្លៃនោះទេ។

**Korean:**

주의: 한국어 면책조항을 구사하신다면 무료 언어 지원 서비스를 제공해 드립니다.  
1-855-393-3154(TTY: 711)로 전화를 거세요. 매일 8 a.m.에서 8 p.m.까지 운영됩니다.통화는 무료입니다.

**Lao:**

ສຳຄັນ: ຖ້າທ່ານເວົ້າພາສາ ພາສາລາວ, ມີບໍລິການຊ່ວຍເຫຼືອແປພາສາໃຫ້ທ່ານຟຣີສຳລັບທ່ານ. ໂທຫາ  
1-855-393-3154 (TTY: 711), ເຈັດມື້ຕໍ່ອາທິດ, ຕັ້ງແຕ່ 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ ການໂທແມ່ນຟຣີ.

**Polish:**

UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-393-3154 (TTY: 711), siedem dni w tygodniu, od 8:00 do 20:00. Połączenie jest bezpłatne.

**Portuguese**

ATENÇÃO: Se fala Português, estão disponíveis serviços de assistência linguística gratuitos. Ligue para o 1-855-393-3154 (TTY: 711), sete dias por semana, das 8h às 20h. A ligação é gratuita.

**Russian:**

ВНИМАНИЕ: Если вы говорите на русском языке, вам доступна бесплатная языковая поддержка. Обращайтесь по номеру 1-855-393-3154 (TTY: 711) с 8 а.м. до 8 р.м. без выходных. Этот звонок бесплатный.

**Tagalog:**

ATENSYON: Kung nagsasalita ka ng Tagalog, ang mga serbisyo ng tulong sa wika ay magagamit ninyo nang libre. Tumawag sa 1-855-393-3154 (TTY: 711), pitong araw sa isang linggo, mula 8 a.m. hanggang 8 p.m. Ang tawag ay libre.

**Vietnamese:**

CHÚ Ý: Nếu quý vị nói tiếng Việt, quý vị có thể sử dụng dịch vụ hỗ trợ ngôn ngữ miễn phí. Gọi số 1-855-393-3154 (TTY: 711), bảy ngày một tuần, từ 8 a.m. tới 8 p.m. Cuộc gọi này là miễn phí.

**Simplified Chinese**

请注意: 如果说中文, 则可免费使用语言协助服务。请致电 1-855-393-3154 (TTY:711), 每周七天, 上午 8 点至晚上 8 点。呼叫免费。

**Traditional Chinese:**

注意: 若您说中文, 您可免費取得語言援助服務。請致電 1-855-393-3154 (TTY: 711), 每週 7 天, 上午 8 點到晚上 8 點。此為免付費電話。