

2020

Tufts Health Unify
Summary of Benefits



Introduction

This document is a brief summary of the benefits and services covered by *Tufts Health Unify*. 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 Unify*. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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A. Disclaimers



This is a summary of health services covered by *Tufts Health Unify* for January 1, 2020. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

- ❖ *Tufts Health Unify* is a health plan that contracts with both Medicare and MassHealth to provide benefits of both programs to enrollees. It is for people with both Medicare and MassHealth ages 21 through 64 at the time of enrollment.
- ❖ Under *Tufts Health Unify*, you can get your Medicare and MassHealth services in one health plan called a One Care plan. A *Tufts Health Unify* Care Manager 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*.
- ❖ 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 *Tufts Health Unify* Member Services to request materials in your preferred language.

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 Managers to help you manage all your providers and services and supports. They all work together to provide the care you need. <i>Tufts Health Unify</i> (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 <i>Tufts Health Unify</i> Care Manager?	A <i>Tufts Health Unify</i> Care Manager 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.



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Frequently Asked Questions (FAQ)	Answers
What is a Long-term Supports (LTS) Coordinator?	<p>A <i>Tufts Health Unify</i> 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.</p>

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Frequently Asked Questions (FAQ)	Answers
<p>Will you get the same Medicare and MassHealth benefits in Tufts Health Unify that you get now?</p>	<p>You will get your covered Medicare and MassHealth benefits directly from <i>Tufts Health Unify</i>. 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 <i>Tufts Health Unify</i>, 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 <i>Tufts Health Unify</i> 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 <i>Tufts Health Unify</i> to cover your drug if medically necessary. For all other services, you can keep seeing your doctors and getting your current services for 90 days, or until your ICP is complete.</p>
<p>Can you go to the same doctors you see now?</p>	<p>Often that is the case. If your providers (including doctors, therapist, pharmacies, and other health care providers) work with <i>Tufts Health Unify</i> and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none">• Providers with an agreement with us are “in-network.” You must use the providers in <i>Tufts Health Unify</i>’s network.• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of <i>Tufts Health Unify</i>’s plan. <p>To find out if your doctors are in the plan’s network, call Member Services or read <i>Tufts Health Unify</i>’s <i>Provider and Pharmacy Directory</i>.</p> <p>If <i>Tufts Health Unify</i> is new for you, we will work with you to develop an Individualized Care Plan (ICP) to address your needs. You can continue seeing the doctors you go to now for 90 days or until your ICP is completed.</p>



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Frequently Asked Questions (FAQ)	Answers
What happens if you need a service but no one in <i>Tufts Health Unify's</i> 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, <i>Tufts Health Unify</i> will pay for the cost of an out-of-network provider.
Where is <i>Tufts Health Unify</i> available?	The service area for this plan includes: Worcester, Suffolk and Middlesex Counties, Massachusetts. You must live in one of these areas to join the plan.
Do you pay a monthly amount (also called a premium) under <i>Tufts Health Unify</i>?	You will not pay any monthly premiums to <i>Tufts Health Unify</i> 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?	<p>Prior authorization means that you must get approval from <i>Tufts Health Unify</i> before <i>Tufts Health Unify</i> will provide coverage for a specific service, item, or drug or out-of-network provider. <i>Tufts Health Unify</i> may not cover the service, item or drug if you don't get prior approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first. <i>Tufts Health Unify</i> can provide you with a list of services or procedures that require you to get prior authorization from <i>Tufts Health Unify</i> before the service is provided.</p> <p>See Chapter 3 of the <i>Member Handbook</i> to learn more about prior authorization. See the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization.</p>

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Frequently Asked Questions (FAQ)	Answers
What is a referral?	<p>A referral means that your primary care provider (PCP) must give you approval before you can see someone that is not your PCP or use other providers in the plan's network. If you don't get approval, <i>Tufts Health Unify</i> may not cover the services. You don't need a referral to see certain specialists, such as women's health specialists.</p> <p>A specialist is a provider with extra training. If you don't get a referral from your PCP, <i>Tufts Health Unify</i> may not cover the services. <i>Tufts Health Unify</i> can provide you with a list of services that require you to obtain a referral from your PCP before the service is provided.</p> <p>See Chapter 3 of the <i>Member Handbook</i> to learn more about when you will need to get a referral from your PCP or Care Team.</p>
Who should you contact if you have questions or need help? (continued on the next page)	<p>If you have questions about your health, please call the on-call care manager:</p> <p>CALL 1.855.393.3154</p> <p>Calls to this number are free. Representatives are available 24 hours a day, seven days a week. You will need to leave a voicemail. An on-call nurse will return your call.</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. Calls to this number are free. Representatives are available 24 hours a day, seven days a week. You will need to leave a voicemail. An on-call nurse will return your call.</p>



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Frequently Asked Questions (FAQ)	Answers
Who should you contact if you have questions or need help? (continued from previous page)	<p>If you have general questions or questions about our plan, services, service area, billing, or member cards, please call <i>Tufts Health Unify</i> Member Services.</p> <p>If you need immediate behavioral health services, please call the Behavioral Health Crisis Line:</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. Alternative technologies, such as voicemail and answering services, are available after hours, Saturday through Sunday, and on federal holidays. Member Services also has free language interpreter services 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. Alternative technologies, such as voicemail and answering services, are available after hours, Saturday through Sunday, and on federal holidays.</p>

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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 to see a doctor	Visits to treat an injury or illness	\$0	Some specialty services may require a PCP referral. Prior authorization required for out-of-network services.
	Wellness visits, such as a physical	\$0	Some services may require a PCP referral. Prior authorization required for out-of-network services.
	Transportation to a doctor's office	\$0	Prior authorization is not required
	Specialist care	\$0	Some services may require a PCP referral. Prior authorization required for out-of-network services.
	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
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.



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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 (This service is continued on the next page)</p>	<p>Generic drugs (no brand name)</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Please see <i>Tufts Health Unify's List of Covered Drugs (Drug List)</i> for more information.</p> <p>Retail drugs (up to a 90-day supply) are available at network pharmacy locations.</p> <p>Please see your <i>Provider and Pharmacy Directory</i> to find out which pharmacies in our network can give you a long-term supply of maintenance drugs (up to a 90-day supply).</p> <p>The charge for a 90-day supply is the same as the charge for a one-month supply.</p> <p>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 co-pays for prescription drugs.</p>

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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	<p>There may be limitations on the types of drugs covered. Please see <i>Tufts Health Unify's 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. Mail-order drugs (up to a 90-day supply) are available.</p> <p>Please see your <i>Provider and Pharmacy Directory</i> to find out which pharmacies in our network can give you a long-term supply of maintenance drugs (up to a 90-day supply).</p> <p>The charge for a 90-day supply is the same as the charge for a one-month supply.</p> <p>If you have been in a nursing facility for at least 90 days, you will not have any co-pays for prescription drugs.</p>
	Over-the-counter drugs	\$0	<p>There may be limitations on the types of drugs covered. Please see <i>Tufts Health Unify's 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 his or her 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>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	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.
You need emergency care	Emergency room services	\$0	Covered for inpatient and outpatient medical and behavioral health emergency services provided within the U.S. and its territories. You or your appointed representative must contact <i>Tufts Health Unify</i> within 24 hours if you are admitted. No prior authorization required for in-network or out-of-network services.
	Ambulance services	\$0	Emergency transport only. Prior authorization required for non-emergency transport.
	Urgent care	\$0	Covered. No prior authorization required for in-network or out-of-network services.
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 form 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. Prior authorization required for out-of-network services.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need outpatient surgery	Hospital outpatient facilities	\$0	Prior authorization required.
	Ambulatory surgical centers	\$0	Prior authorization required.
You need help getting better or have special health needs (This service is continued on the next page)	Rehabilitation services	\$0	Prior authorization required
	Chiropractic care	\$0	Covered for manipulative treatment, office visits, radiology services, or any combination of these services if medically necessary. Covered annually for 20 routine visits without prior authorization. Prior authorization required after first 20 visits. Prior authorization required out-of-network.
	Medical equipment for home care	\$0	Includes medical and surgical supplies. Prior authorization for in-network services varies based on specific service. Your provider should check. Prior authorization required for out-of-network services.
	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, including counseling and diagnosis of infertility and treatment for medical conditions of infertility. (Family planning does not include artificial ways to become pregnant.)



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Nurse midwife services	\$0	Prior authorization required for out-of-network services
	Abortion services	\$0	Prior authorization required for out-of-network services
	Dialysis services	\$0	Includes labs, drugs, tubing change, adapter change, training related to hemodialysis, and peritoneal dialysis (intermittent, continuous cycling, and continuous ambulatory). Prior authorization required. Dialysis services must be rendered by a Medicare-approved provider.
	Podiatry	\$0	We cover medically necessary routine foot care only for members with diabetes and other systemic illnesses that compromise the blood supply to the foot. Prior authorization required.
	Prosthetics	\$0	Prior authorization is required for all items and repairs totaling more than \$1,000. Additional documentation may be needed.
	Orthotic services	\$0	Prior authorization required; shoe inserts for diabetics only
You need eye care	Eye exams	\$0	Routine eye examinations for members once every 12 months
	Glasses or contact lenses	\$0	One pair of eyeglasses every 24 months. Prior authorization may be required. Contacts, when medically necessary, as a medical treatment for a medical condition, such as keratoconus.
	Other vision care	\$0	Prior authorization may be required

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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.
	Other services (non-routine, surgical, and prosthetic)	\$0	Prior authorization required
You need hearing/auditory services	Hearing screenings	\$0	Prior authorization required for out-of-network
	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	May require prior authorization, unless an emergency



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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 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 required for out-of-network and over \$1,000
	Nebulizers	\$0	Prior authorization 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
	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

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
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 a total of 24 hours over a 14-day period (or up to 360 hours per calendar year). Prior authorization required.
You need transportation	Emergency transportation	\$0	Covered for land, air, and specialty care transport
	Transportation to medical appointments	\$0	Prior authorization is not required
	Transportation to other services	\$0	Non-urgent transportation to and from medical appointments is covered under the <i>Tufts Health Unify</i> benefit. Transportation to a non-medical appointment may be covered, based on your individualized treatment plan that is part of your plan of care. Your care manager will discuss your transportation needs as part of your assessment and care planning process.

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



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D. Other services Tufts Health Unify covers

This is not a complete list. Call Member Services or read the *Member Handbook* to find out about other covered services.

Other services Tufts Health Unify covers	Your costs for in-network providers
Community support programs (CSP)	Covered for members with a long-standing history of psychiatric or substance use disorder and their families, and for members at varying degrees of medical risk who have behavioral health issues challenging their ability to function in a home or community setting. Prior authorization required after 60 days or 240 units.
Hospice	Prior authorization required
Maternity care/Prenatal and postpartum services	Providers must submit a Prenatal Registration Form.
Pain management	Prior authorization required
Program of assertive community treatments (PACT)	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 required.
Tobacco cessation	Covered for individual and group tobacco-cessation counseling by an in-network provider. Includes specific medication obtained from a pharmacy and nicotine replacement therapy.

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E. Benefits covered outside of *Tufts Health Unify*

This is not a complete list. Call Member Services to find out about other services not covered by *Tufts Health Unify* 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 <i>Tufts Health Unify</i>	\$0
Psychosocial rehabilitation	\$0
Targeted case management	\$0
Rest home room and board	\$0

F. Services that *Tufts Health Unify*, Medicare, and MassHealth do not cover

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

Services <i>Tufts Health Unify</i> , Medicare, and MassHealth do not cover	
Cosmetic surgery	
Experimental services	Includes experimental drugs, devices, treatments, or investigational procedures. For more information, see a list of noncovered experimental services in the <i>Member Handbook</i> .
Medical services outside the United States and its territories	



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

As a member of *Tufts Health Unify*, 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 Unify* 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 Unify* 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 Unify*
 - The services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and Care Managers
 - 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). You can change your PCP at any time during the year. You can call **1.855.393.3154** if you want to change your PCP.
 - Choose a Long-term Supports (LTS) Coordinator
 - See a women's health care provider without a referral
 - Get your covered services and drugs quickly

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- Know and receive all benefits, services, rights and responsibilities you have under *Tufts Health Unify*, 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 Unify* will pay for the cost of your second opinion visit.
- Create and apply an 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 time frames
 - 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 the **1.855.393.3154** if you need help with this service.
 - Have your *Member Handbook* and any printed materials from *Tufts Health Unify* 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 seek 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
 - See 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 Unify*



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- 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 Unify* and change to another plan by calling Massachusetts Customer Service Center at 1-800-841-2900. TTY users may call 1-800-497-4648.

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 Unify* member
- Talk to your PCP, Care Team, Care Manager, 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 Manager, or other appropriate person within 48 hours of any emergency or out-of-network treatment
- Notify *Tufts Health Unify's* Member Services 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 Unify*.** You should:

- Get all your health care from *Tufts Health Unify*, except in cases of emergency, urgent care, out-of-area dialysis services, or family planning services, unless *Tufts Health Unify* provides a prior authorization for out-of-network care
- Not allow anyone else to use your *Tufts Health Unify* Member ID Card to obtain health care services
- Notify *Tufts Health Unify* when you believe that someone has purposely misused *Tufts Health Unify* benefits or services

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You may be responsible for payment of services not covered by *Tufts Health Unify*. 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 Unify Member Handbook*. If you have questions, you can also call *Tufts Health Unify* Member Services.

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

If you have a complaint or think *Tufts Health Unify* should cover something we denied, call *Tufts Health Unify* at **1.855.393.3154**. You can file a complaint or appeal our decision.

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

I. 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 Unify*. 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 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.

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

- Call 1-855-781-9898, Monday through Friday, from 9 a.m. to 4 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 11 Dartmouth Street, Suite 301, Malden, MA 02148
 - Visit My Ombudsman online at <http://www.dpcma.org/myombudsman>
-

J. 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 Unify* Member Services. Phone numbers are in the footers of this summary.
- Or, call the MassHealth Customer Service Center at 1-800-841-2900. TTY users may call 1-800-497-4648.
- 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.

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, or sex.

Tufts Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Tufts Health Plan Member Services 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.

705 Mount Auburn St.

Watertown, MA 02472

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

Fax: 617.972.9048

Email: OCRCoordinator@tufts-health.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

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

For no-cost translation in English, call **855.393.3154**.

Arabic للحصول على خدمة الترجمة المجانية باللغة العربية، يرجى الاتصال على الرقم **855.393.3154**

Chinese 若需免費的中文版本，請撥打 **855.393.3154**。

French Pour demander une traduction gratuite en français, composez le **855.393.3154**.

German Um eine kostenlose deutsche Übersetzung zu erhalten, rufen Sie bitte die folgende Telefonnummer an: **855.393.3154**.

Greek Για δωρεάν μετάφραση στα ελληνικά, καλέστε στο **855.393.3154**.

Haitian Creole Pou tradiksyon gratis nan Kreyòl Ayisyen, rele **855.393.3154**.

Igbo Maka ntughari asusu n'Igbo na akwughị ugwo, kpoo **855.393.3154**.

Italian Per la traduzione in italiano senza costi aggiuntivi, è possibile chiamare il numero **855.393.3154**.

Japanese 日本語の無料翻訳については **855.393.3154** に電話してください。

Khmer (Cambodian) សម្រាប់សេវាកម្រិតដោយឥតគិតថ្លៃ ជាភាសាខ្មែរ សូមទូរស័ព្ទទៅលេខ **855.393.3154**

Korean 한국어로 무료 통역을 원하시면, **855.393.3154** 로 전화하십시오.

Kru Inyu yangua ndonōl ni Kru sébèl **855.393.3154**.

Laotian ສໍາລັບການແປພາສາແບບພາສາລາວທີ່ບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໃບຫາບີ **855.393.3154**.

Navajo Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' **855.393.3154**.

Persian برای ترجمه رایگان به فارسی به شماره تلفن **855.393.3154** زنگ بزنید.

Polish Aby uzyskać bezpłatne tłumaczenie w języku polskim, należy zadzwonić na numer **855.393.3154**.

Portuguese Para tradução grátis para português, ligue para o número **855.393.3154**.

Russian Для получения услуг бесплатного перевода на русский язык позвоните по номеру **855.393.3154**.

Spanish Para servicio de traducción gratuito en español, llame al **855.393.3154**.

Tagalog Kung kailangan ninyo ang tulong sa Tagalog tumawag sa **855.393.3154**.

Vietnamese Để có bản dịch tiếng Việt không phải trả phí, gọi theo số **855.393.3154**.

Yorùbá Fún isé ògbùfò l'ófè ní Yorùbá, pe **855.393.3154**.