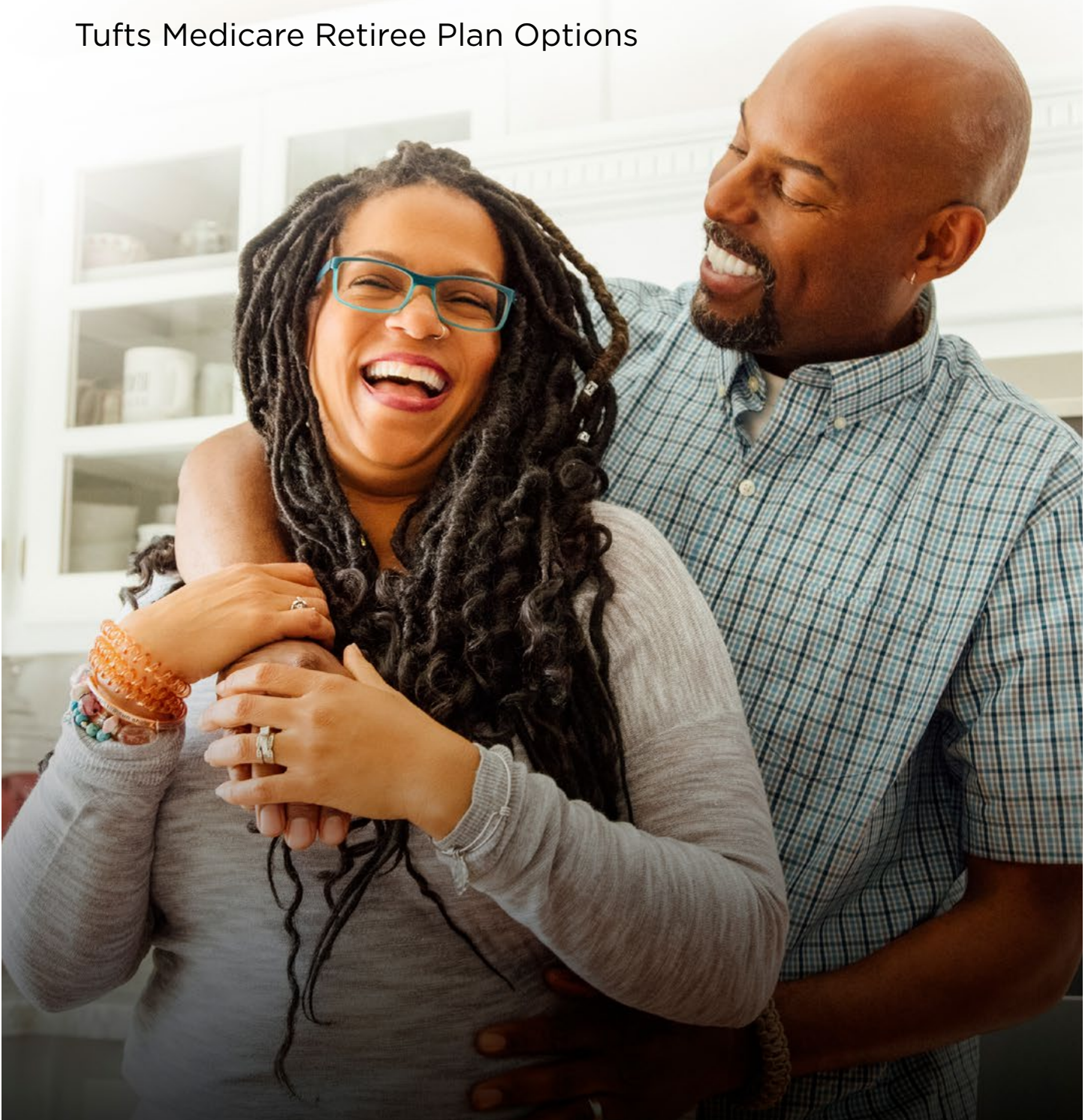




# Member Guide

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Tufts Medicare Retiree Plan Options





Dear Member,

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 the latest benefit updates and digital tools
- 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](https://tuftshealthplan.com/gic) or call 888.333.0880 for other information and resources specific to your plan.

Sincerely,

Tufts Health Plan

# Table of Contents

- Medicare Plan Option Comparison ..... 1
- Tufts Medicare Complement Plan Summary ..... 4
- Tufts Medicare Preferred HMO Highlights ..... 7
- Tufts Medicare Preferred HMO Summary of Benefits ..... 10
- Digital Tools ..... 18
- Member Discounts and Perks ..... 20
- Fitness Rewards ..... 24
- Eye Care Benefits ..... 27
- OCR Notice ..... 29
- Notice of Privacy Practices ..... 31

Click on arrow at bottom of each section to move back here



**For more information:**

**[tuftshealthplan.com/gic](https://tuftshealthplan.com/gic)**

800.870.9488





Medicare Plan

# Option Comparison

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# Tufts Health Plan Options

## Group Insurance Commission - Medicare Retirees

Tufts Medicare Preferred HMO and Tufts Medicare Complement Plan

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### Eligibility

To be eligible for Tufts Health Plan Medicare Preferred HMO and Tufts Medicare Complement Plan GIC retirees must be enrolled in Medicare Part A and Part B, and must continue to pay their Medicare Part B premiums.

### Service area

Tufts Medicare Preferred HMO members must live in the Tufts Medicare Preferred HMO service area and cannot be out of the area for more than six consecutive months. The Tufts Medicare Preferred HMO service area includes Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties in Massachusetts.

Tufts Medicare Complement Plan members may reside anywhere in the United States.

### Provider network

Tufts Medicare Preferred is a limited network plan. For a plan with a lower premium, check to see if your provider is in the Tufts Medicare Preferred HMO network. Members must select a primary care provider, and must receive covered health care services from the plan's provider network.

Members enrolled in the Tufts Health Plan Medicare Complement Plan may utilize any provider that accepts Medicare.

Tufts Health Plan Medicare Preferred is an HMO plan with a Medicare contract. Enrollment in Tufts Health Plan Medicare Preferred depends on contract renewal. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, premium, and copayments/coinsurance may change. Tufts Medicare Preferred HMO is offered through Tufts Associated Health Maintenance Organization, Inc.

Tufts Medicare Complement Plan is administered through Tufts Benefits Administrators, a Tufts Health Plan company.



| <b>GIC Plan<br/>Benefits<br/>Comparison<br/>July 1, 2022</b>   | Tufts Medicare Preferred HMO  | Tufts Medicare Complement Plan   |
|--|---|--|
|  | More than 10,000 providers, 48 hospitals<br>Service area includes Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties in Massachusetts.   | Any provider that accepts Medicare.  |
| <b>INPATIENT CARE</b>  |   |  |
| Inpatient hospitalization, including Substance Abuse: semi-private room and board and special services for Medicare-covered hospital stays | \$0 copay   | \$0 copay  |
| Skilled Nursing  | \$0 copay per day   | \$0 copay per day  |
| Mental Health Care in Psychiatric Hospital   | \$0 copay   | \$0 copay  |
| Inpatient Rehabilitation   | \$0 copay   | \$0 copay  |
| <b>OUTPATIENT CARE</b>   |   |  |
| Primary Care Physician Office Visit  | \$15 copay per visit  | \$15 copay per visit   |
| Specialist Office Visit  | \$15 copay per visit  | \$15 copay per visit   |
| Routine Physical exam  | Covered 100% for Medicare-covered preventive services   | Covered 100% for Medicare-covered preventive services  |
| Lab and Therapeutic Radiology  | \$0 copay   | \$0 copay  |
| Diagnostic Radiology (MRI, PET scan, CT scan, X-ray)   | \$0 copay   | \$0 copay  |
| Outpatient Hospital/Ambulatory Care  | \$0 copay   | \$0 copay  |
| Home Health Care   | \$0 copay per visit for Medicare-covered home health visits. Authorization rules may apply for services. Contact plan for details.  | \$0 copay  |
| Durable Medical Equipment  | \$0 copay for Medicare-covered items  | \$0 copay for Medicare-covered items   |
| Urgent and Emergency Care  | \$15 copay for office visit, \$50 copay for emergency room  | \$15 copay for office visit, \$50 copay for emergency room   |
| Ambulance Services   | There is no copay for Medicare-covered ambulance services   | There is no copay for Medicare-covered ambulance services  |
| Behavioral Health  | \$15 copay per visit  | \$15 copay per visit   |
| Substance Use Disorder   | \$15 copay per visit  | \$15 copay per visit   |
| Routine Eye Exams  | \$15 copay<br>Up to \$150 per year at an EyeMed participating provider or \$90 per year at a non-participating provider, toward eyewear (lenses, frames and upgrades) or contact lenses, but not both<br>One routine eye exam every 12 months<br>One pair of eyeglasses covered after each cataract surgery (separate from the \$150 eyewear benefit) | \$15 copay<br>Discounts on lenses, frames, and contacts<br>One routine eye exam every 24 months  |
| Hearing Aids   | First \$500 covered in full, then 20% of the next \$1,500 (plus any balance). Limit of \$1,700 per member every 24 months   | Members 22 and over - First \$500 covered in full, then 20% of the next \$1,500, plus any balance (for both ears combined). Limit of \$1,700 per member every 24 months.   |
| Physical, Occupational, and Speech Therapy   | \$0 copay   | \$15 copay per visit   |
| Fitness Reimbursement  | Up to \$150 toward fitness club membership and instructional fitness classes and/or nutritional counseling and other wellness programs such as memory fitness activities.   | Up to \$150 toward fitness club membership   |
| Prescription Drugs   | <b>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 <a href="http://gic.silverscript.com">gic.silverscript.com</a>.</b>                            | <b>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 <a href="http://gic.silverscript.com">gic.silverscript.com</a>.</b> |





# Tufts Medicare Complement **Plan Summary**

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# Tufts Medicare Complement Plan

## Summary of Benefits - effective July 1, 2022

Tufts Medicare Complement Plan offered by Tufts Health Plan, is a Medicare Complement option designed to enhance your Medicare coverage.


To be eligible for Tufts Medicare Complement Plan:

- You must have – and maintain – Medicare coverage Parts A and B (please note that Medicare must be your primary coverage).
- You must enroll in Tufts Medicare Complement Plan through the Group Insurance Commission. If the Group Insurance Commission ceases to offer Tufts Medicare Complement Plan, you will no longer be covered under this plan.

If Medicare covers a service, Tufts Medicare Complement Plan will pay the Medicare Part A or B deductible and/or coinsurance (less your copayment, if any) Also, Tufts Medicare Complement Plan will pay for certain additional services that Medicare does not cover. For a full description of your benefits, please contact customer relations to request a copy of your plan document.

**Important Note:** Certain preventive tests and services are covered in full by Medicare. These include coverage for the one-time Welcome to Medicare physical exam and an Annual Wellness Visit that includes a “personalized prevention plan.”

Please familiarize yourself with Medicare’s benefits and refer to your Medicare beneficiary benefit document for more detailed information. Your local Social Security Administration office should be able to answer any Medicare questions, or you can check the Medicare web site at [www.medicare.gov](http://www.medicare.gov).

|                 | This health plan, alone, <b>does not meet Minimum Creditable Coverage standards and will not satisfy</b> the individual mandate that you have health insurance. However, Medicare is a plan that meets MCC standards. Because you have Medicare Part A and Part B, you meet MCC standards. |
|---|--|
| Outpatient Medical Care   | Tufts Medicare Complement Plan Coverage<br>(includes Medicare Part A and B Deductibles and Coinsurance)  |
| Doctor's office visits  | \$15 per visit   |
| Routine physical exams (includes Welcome to Medicare Visit and subsequent Annual Wellness visits) | \$0 copay  |
| Specialist care, consultations  | \$15 per visit   |
| Walk-in, limited service clinic visits  | \$15 per visit   |
| Routine Eye Exams (one exam per 24 months)  | \$15 per visit   |
| Chiropractic care   | \$15 per visit   |
| Emergency Room Care   | \$50 copayment (waived if you are admitted)  |
| Eyeglasses/Contact lenses   | Discounts available through network optometrists   |
| Physical, occupational, and speech therapy  | \$15 per visit   |
| Hearing Aids  | Members 22 and over - First \$500 covered in full, then 20% of the next \$1,500, plus any balance (for both ears combined). Limit of \$1,700 per member every 24 months.   |
| Dental Care   | Not covered  |
| Certain Part B Preventive care screenings   | \$0 copay  |
| Mammograms and pap smears   | \$0 copay  |
| Laboratory tests  | \$0 copay  |
| Diagnostic X-rays   | \$0 copay  |
| Ambulance   | \$0 copay  |





| <b>Inpatient Hospital Care/Surgery</b><br>(semi-private room unless a private room is medically necessary)   | <b>Tufts Medicare Complement Plan Coverage</b><br>(includes Medicare Part A and B Deductibles and Coinsurance) |
|--|--|
| Inpatient Hospital Services  | \$0 copay  |
| Physician's care and services while hospitalized including diagnostic tests and surgery  | \$0 copay  |
| Day surgery  | \$0 copay  |
| <b>Behavioral Health/Substance Use Disorder</b>  |  |
| Inpatient care   | \$0 copay  |
| Outpatient care  | \$15 per visit   |
| <b>Prescription Drug Benefit</b>   |  |
| 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 <a href="http://gic.silverscript.com">gic.silverscript.com</a> . |  |

## Exclusions and Limitations

There are some services that GIC Tufts Medicare Complement Plan does not cover. These include, but are not limited to: A service or supply that is not medically necessary and is not described as covered in the member's benefit document or the Medicare Handbook • Exams required by a third party, such as your employer, a court, or an insurance company • Cosmetic surgery or any other cosmetic procedure except certain reconstructive procedures • Experimental or investigational drugs, services and procedures • Eyeglasses or contact lenses • Blood, blood donor fees, blood storage fees, or blood substitutes; blood banking, core blood banking, and blood products, except as described in your GIC Tufts Medicare Complement Plan member benefit document. • Personal comfort items • Custodial care • A service furnished to someone other than the member • Charges incurred for stays in a covered facility beyond the discharge hour • Care for conditions that state or local law requires to be treated in public facility • Transportation, except as described in your GIC Tufts Medicare Complement Plan member benefit document • Dental services, except as described in your GIC Tufts Medicare Complement Plan member benefit document • Long-term outpatient physical and occupational therapy services • Routine foot care, except for members diagnosed with diabetes • Foot orthotics except therapeutic/molded shoes for an individual with severe diabetic foot disorder • Meals delivered to your home • Private duty nursing • Personal emergency response systems.

**If you have specific questions regarding Tufts Medicare Complement Plan and your benefits, please call a member specialist at 1.800.870.9488 or visit [tuftshealthplan.com/gic](http://tuftshealthplan.com/gic)**

*This is a summary and not a complete description of your benefits. For a complete description of your benefits including limitations and exclusions, please refer to your member benefit document. In the case of a discrepancy, the member benefit document will prevail.*

***Offered by Tufts Benefits Administrators a Tufts Health Plan company.***



A photograph of an older couple smiling and looking at a smartphone together. The woman is on the left, wearing a silver sequined jacket over a black and white striped shirt. The man is on the right, wearing a blue button-down shirt and has a white beard. They are both smiling broadly. The background is a warm, indoor setting with a window and some decorations.

Tufts Medicare Preferred

# HMO Highlights

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# Tufts Medicare Preferred HMO GIC

## Plan Highlight Sheet

### 2022 Partial List of Benefit Allowances and Member Cost Sharing

Effective July 1, 2022 – June 30, 2023

Please refer to the **2022 Employer Group Summary of Benefits** booklet for further information

#### 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 Visits                                    | \$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<br>(waived if admitted within 24 hours for the same condition) | \$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, nutritional counseling, acupuncture, and/or wellness programs such as memory fitness activities. |
| Hearing Aids               | Members 22 and over - First \$500 covered in full, then you pay 20% of the next \$1,500, plus any balance (for both ears combined). Limit of \$1,700 per member every 24 months.        |
| Weight Management Programs | \$150 per calendar year towards program fees for weight loss programs such as WeightWatchers, Jenny Craig, or a hospital-based weight loss program.                                     |



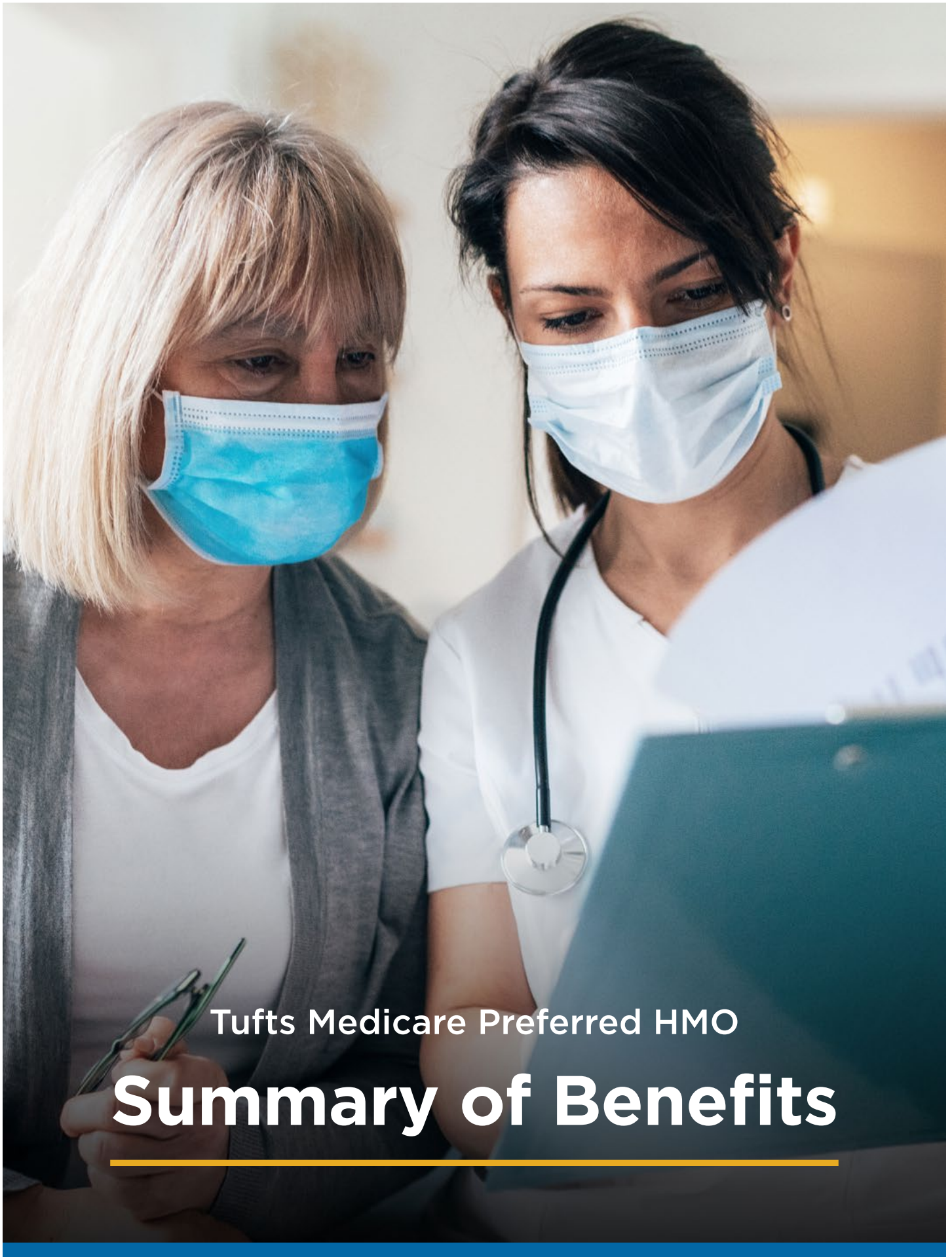
## PRESCRIPTION DRUG COVERAGE

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

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







Tufts Medicare Preferred HMO

# Summary of Benefits

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# Tufts Health Plan Medicare Preferred HMO GIC

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](https://tuftshealthplan.com/gic) to view the Evidence of Coverage. You can also request a printed copy by calling Customer Relations at 1-855-852-1016 (TTY: 711).

## Summary of benefits July 1, 2022–June 30, 2023

### 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 **1-877-486-2048**.



# Things to Know About Tufts Health Plan Medicare Preferred HMO GIC

## 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](https://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.



|   |  |
|---|--|
| <b>Monthly Plan Premium</b>   |  |
|   | Please contact the Group Insurance Commission for your premium amount.   |
| <b>Deductible</b>   |  |
|   | There is no deductible for this plan.  |
| <b>Maximum Out-of-Pocket Responsibility</b> (does not include prescription drugs)                               | \$3,400  |
| <b>What You Should Know</b>   | <p>Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>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).</p> |
| <b>Inpatient and Outpatient Care and Services</b>   |  |
| <b>Inpatient Hospital Care</b>  |  |
| <b>Inpatient hospital care</b>  | You pay nothing  |
| <b>What You Should Know</b>   | Our plan covers an unlimited number of days for an inpatient hospital stay. Prior authorization may be required.   |
| <b>Outpatient Hospital Care</b>   |  |
| <b>Outpatient hospital services</b>   | You pay nothing  |
| <b>Outpatient surgery</b> (services provided at hospital outpatient facilities and ambulatory surgical centers) | You pay nothing  |
| <b>What You Should Know</b>   | Before you receive services, you must obtain a referral from your PCP. Prior authorization may be required.  |
| <b>Doctor Visits</b>  |  |
| <b>Primary care physician</b>   | \$15 copay per visit   |
| <b>Specialist</b>   | \$15 copay per visit   |
| <b>What You Should Know</b>   | There is no copay for an annual physical exam with your PCP. PCP cost share may apply if non-preventive services are rendered during the same office visit. Before you receive services from a specialist, you must obtain a referral from your PCP.   |
| <b>Preventive care</b>  | You pay nothing  |
| <b>What You Should Know</b>   | Any additional preventive services approved by Medicare during the contract year will be covered.  |
| <b>Emergency care</b>   | \$50 copay per visit   |
| <b>What You Should Know</b>   | <p>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.</p> <p>Your plan includes worldwide coverage for emergency care.</p>  |
| <b>Urgently needed services</b>   | \$15 copay per visit   |





| Inpatient and Outpatient Care and Services                           |  |
|--|--|
| <b>What You Should Know</b>  | <p>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.</p> <p>Your plan includes worldwide coverage for urgently needed care.</p>  |
| Diagnostic Services/Labs/Imaging                                     |  |
| <b>Diagnostic radiology services</b><br>(such as MRIs, CT scans)     | You pay nothing  |
| <b>Diagnostic tests and procedures</b>                               | You pay nothing  |
| <b>Lab services</b>  | You pay nothing  |
| <b>Outpatient X-rays</b>   | You pay nothing  |
| <b>What You Should Know</b>  | Prior authorization may be required.   |
| Hearing Services   |  |
| <b>Exam to diagnose and treat hearing and balance issues</b>         | \$15 copay per visit   |
| <b>Routine hearing exam</b><br>(up to 1 every year)                  | \$15 copay per visit   |
| <b>Hearing aids</b>  | <p>Members 22 and over - First \$500 covered in full, then 20% of the next \$1,500, plus any balance (for both ears combined).</p> <p>Limit of \$1,700 per member every 24 months.</p>   |
| <b>What You Should Know</b>  | Before you receive a diagnostic hearing exam from a specialist, you must obtain a referral from your PCP.  |
| Dental   |  |
| <b>Limited Medicare-covered dental services</b>                      | \$15 copay per visit   |
| <b>What You Should Know</b>  | Limited Medicare-covered dental services do not include preventive dental services such as cleaning, routine dental exams, and dental X-rays.  |
| Vision Services  |  |
| <b>Routine eye exam</b><br>(up to 1 every year)                      | \$15 copay per visit   |
| <b>Exam to diagnose and treat diseases and conditions of the eye</b> | \$15 copay per visit   |
| <b>Annual glaucoma screening</b>                                     | \$0 copay per visit  |
| <b>Annual eyewear benefit</b>  | Up to \$150 allowance per calendar year  |
| <b>What You Should Know</b>  | <p>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) 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.</p> |



|  |   |
|--|---|
| <b>Inpatient and Outpatient Care and Services</b>  |   |
| <b>Mental Health Services</b>  |   |
| <b>Inpatient visit</b>   | You pay nothing   |
| <b>Outpatient group or individual therapy visit</b>  | \$15 copay per visit  |
| <b>What You Should Know</b>  | <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental health services provided in a general hospital.</p> <p>Before you receive outpatient group or individual therapy visits, you must obtain a referral from your PCP.</p> |
| <b>Skilled Nursing Facility (SNF)</b>  |   |
| <b>Skilled nursing facility (SNF)</b>  | You pay nothing   |
| <b>What You Should Know</b>  | Our plan covers up to 100 days in a SNF per benefit period. No prior hospital stay is required.   |
| <b>Physical Therapy</b>  |   |
| <b>Occupational therapy</b>  | You pay nothing   |
| <b>Physical therapy and speech and language therapy</b>  | You pay nothing   |
| <b>What You Should Know</b>  | Before you receive occupational therapy, physical therapy, or speech and language therapy services, you must obtain a referral from your PCP.   |
| <b>Ambulance</b>   |   |
| <b>Ambulance</b>   | You pay nothing   |
| <b>What You Should Know</b>  | Prior authorization may be required for non-emergency transportation.   |
| <b>Transportation</b>  |   |
| <b>Transportation</b>  | Not covered   |
| <b>Medicare Part B Drugs</b>   |   |
| <b>Medicare Part B drugs</b>   | <p>For Part B chemotherapy drugs:<br/>You pay nothing.</p> <p>Other Part B drugs:<br/>You pay nothing.</p>  |
| <b>What You Should Know</b>  | Prior authorization may be required.  |
| <b>Prescription Drug Benefits</b>  |   |
| <p>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 <b>1-877-876-7214</b>, or visit <b><a href="https://gic.silverscript.com">gic.silverscript.com</a></b>.</p> |   |



| Additional Benefits  |  |
|--|--|
| Acupuncture  |  |
| Acupuncture services   | \$15 copay per visit   |
| <b>What You Should Know</b>  | <p>Medicare covers up to 12 visits in 90 days for members with chronic low back pain. 8 additional visits covered for those demonstrating an improvement. No more than 20 visits administered annually.</p> <p>Before you receive services from a specialist, you must obtain a referral from your PCP.</p> <p>Additional acupuncture services are eligible for reimbursement under the annual Wellness Allowance benefit. See additional details under “Wellness Programs.”</p> |
| Chiropractic Care  |  |
| <b>Manual manipulation of the spine to correct a subluxation</b><br>(when 1 or more of the bones of your spine move out of position) | \$15 copay per visit   |
| <b>What You Should Know</b>  | Before you receive services from a specialist, you must obtain a referral from your PCP.   |
| Foot Care (podiatry services)  |  |
| <b>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions</b>                             | \$15 copay per visit   |
| <b>What You Should Know</b>  | 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  |
| <b>What You Should Know</b>  | Prior authorization may be required for home infusion therapy services.  |
| Hospice  |  |
|  | Benefit provided by Medicare   |
| <b>What You Should Know</b>  | 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   |  |
| <b>Durable medical equipment</b><br>(e.g., wheelchairs, oxygen)  | You pay nothing  |
| <b>Prosthetic devices</b><br>(e.g., braces, artificial limbs, etc.)  | You pay nothing  |



| Additional Benefits  |  |
|--|--|
| <b>What You Should Know</b>                                  | <p>Additional items covered by the plan: bathroom safety equipment for members who have a functional impairment when having the item will improve safety:</p> <ul style="list-style-type: none"> <li>• Standard raised toilet seat: 1 per member per lifetime</li> <li>• Standard bathroom grab bars: 2 per member per lifetime</li> <li>• Standard tub seat: 1 per member per lifetime</li> <li>• The following additional items are covered by the plan:</li> <li>• Gradient compression stockings or surgical stockings: up to 2 pairs every 6 months</li> <li>• Mastectomy sleeves for members with upper limb lymphedema: up to 2 sleeves every 6 months</li> </ul> <p>Prior authorization may be required.</p> |
| <b>Wig allowance</b> (for hair loss due to cancer treatment) | \$350 per year   |
| <b>Diabetes services and supplies</b>                        | You pay nothing  |
| <b>What You Should Know</b>                                  | <p>Includes diabetes monitoring supplies, diabetes self-management training, and therapeutic shoes or inserts. Copay may apply if you receive other medical services during the same office visit. Referral required for diabetes self-management training only.</p> <p>Coverage for blood glucose monitors, blood glucose tests strips, and glucose-control solutions is limited to the OneTouch products manufactured by Lifescan, Inc. Please note that there is no preferred brand for lancets.</p>  |
| Outpatient Substance Abuse                                   |  |
| <b>Group or individual therapy visit</b>                     | \$15 copay per visit   |
| <b>What You Should Know</b>                                  | Before you receive services from a specialist, you must obtain a referral from your PCP.   |
| Renal Dialysis   |  |
|  | You pay nothing  |
| Telehealth/Telemedicine Services                             |  |
|  | <p>Medicare-covered services plus additional telehealth services including PCP services, specialist services, and more.</p> <p>Applicable office visit cost share applies for non-opioid telehealth services. Opioid services cost share applies to opioid telehealth services rendered as part of an Opioid Treatment Program Services episode. Referral is required for some additional telehealth services.</p>   |
| Wellness Programs  |  |
| <b>Weight Management program</b>                             | The plan provides a \$150 annual Weight Management Allowance towards program fees for weight loss programs such as WeightWatchers®, Jenny Craig®, or a hospital-based weight loss program.   |
| <b>Wellness Allowance</b>                                    | The plan provides a \$150 annual Wellness Allowance toward health club memberships, nutritional counseling, acupuncture, or fitness classes like Pilates, tai chi, or aerobics, and wellness programs, including memory fitness activities.  |





# Digital Tools

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# Access Your Health Plan Benefits Anywhere



## Member portal + mobile app

Login or activate your secure online account at [mytuftshealthplan.com](https://mytuftshealthplan.com) OR download the “Tufts Health Plan” mobile app to access all of your health plan benefits information.



**Simplicity,  
security & savings**



## Telehealth virtual health care

Set up your account at [tuftshealthplan.com/teladoc](https://tuftshealthplan.com/teladoc)  
Access a U.S. based, board-certified doctors 24/7, by phone or mobile app worldwide for everyday care, behavioral health and dermatology services.



## Treatment cost estimator + provider search

Login to your secure account to find a doctor, estimate your out of pocket costs, and get the quality care from the provider that will save you money and fits into your budget.



## MyWire

Text “THP” to 73529 to enroll, and stay informed with secure, personalized text messages.

## Learn more

Visit [tuftshealthplan.com/DigitalTools](https://tuftshealthplan.com/DigitalTools) or ask your employer.





# Discounts and Perks

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# Discounts & Perks Help You Save and Stay Healthy

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.<sup>1</sup>

## 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 Wellbeing 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.<sup>2</sup> Members can learn more at **preventure.com/ifcn-tufts** with password "Fit4You".

### Fitness Together

Fitness Together pairs you with a personal trainer in a private setting and a workout plan tailored to you!<sup>3</sup> Visit **fitnesstogether.com**

- New members pay no fitness evaluation fee
- New members get 10% off the purchase price of any personal training package
- Existing members get 10% off the purchase price of personal training packages of 36 sessions or greater. To get the discount, show your Tufts Health Plan Member ID card when joining any participating Fitness Together location

### Rather work out at home?

- Save 10-40% on a wide array of fitness products

### Rather race to get your workout?

- Save up to 15% off registrations to a variety of races

### Other discounts include:

- Save up to 25% off online workout subscriptions
- Save 10% off home swim lessons and life guard services
- Save up to 90% off magazine subscriptions

### Fitness membership rebate

Get money back on your fitness membership!

Reimbursement details vary by plan – you may confirm your fitness rebate by viewing your health plan coverage in your secure member account, visit **mytuftshealthplan.com**.

## 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.

<sup>1</sup> This information has been provided by the vendors and has not been independently confirmed by Tufts Health Plan. Available to Tufts Health Plan commercial members, excluding Tufts Health Direct. Confirm details with your employer, and 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.

<sup>2</sup> 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.

<sup>3</sup> At participating facilities only. Discounts cannot be combined with any other promotion offered by the fitness location or trainer.





## Jenny Craig®

### Accelerate your weight loss with Rapid Results Max by Jenny Craig.<sup>4</sup>

Rapid Results Max is a groundbreaking, science-based program that leverages intermittent fasting to accelerate weight loss and promote health benefits.

### Special offer from Tufts Health Plan: save \$120 on Jenny Craig weight loss plan<sup>5</sup>

Here's how the Jenny Craig program works:

- **Delicious food:** Enjoy a customized meal plan, which includes delicious, chef-crafted meals, snacks and desserts, including the Jenny Craig Recharge Bar.
- **Dedicated personal consultant:** Jenny Craig provides personal one-on-one coaching with flexible by phone and in-person options.

### 3 convenient delivery options:

- Contactless curbside pickup at a Jenny Craig center near you.
- Delivery from your local Jenny Craig center.
- Flexible shipping wherever you are!<sup>6</sup>

### Get started today!

Visit [jennycraig.com/THP](https://jennycraig.com/THP) OR call 877.536.6970 to schedule an appointment for a FREE consultation.

## 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: [ompractice.com/tuftshealthplan](https://ompractice.com/tuftshealthplan).

### Brain fitness

Save 17% on the price of a subscription to BrainHQ™, an online cognitive training program. Stay sharp and visit [brainhq.com/thp](https://brainhq.com/thp).

### 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 wellbeing. Visit [chacmc.org/courses](https://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 on the site, ChooseHealthy.com. For details on how to get this discount, call Customer Relations or visit [choosehealthy.com/public](https://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.

### Meditation 101 audio series

The Meditation 101 Series is designed for those who are new to meditation. Meditation 101 consists of 10 short audio lessons that provide you with everything you need to know to begin meditating. To access this free tool, visit [app.wellable.co/meditation101](https://app.wellable.co/meditation101), and enter the access code "THP".

### 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](mailto:mindfulness@umassmemorial.org), or visit [ummhealth.org/umass-memorial-medical-center/services-treatments/center-for-mindfulness/mindfulness-classes](https://ummhealth.org/umass-memorial-medical-center/services-treatments/center-for-mindfulness/mindfulness-classes).

## More savings

### Eye glasses, contacts + corrective vision discounts

Save up to 35% on the price of frames, lenses and sunglasses when you see an EyeMed network provider. EyeMed Vision Care also offers a replacement contact lens program, and 5-15% off the cost of LASIK and PRK laser vision correction. Learn more at [tuftshealthplan.com/eyemed](https://tuftshealthplan.com/eyemed).

### Home Instead Senior Care®

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

<sup>4</sup> Average weight loss in study was 13 lbs. for those who completed the program.

<sup>5</sup> Savings redeemed as 12 weeks with full planned menu purchase (avg. \$182) each week. Active program enrollment and eligibility status required. Valid only for new members and former members who haven't had an active visit (in-person or remote) within the past 60 days. Valid at participating centers and Jenny Craig Anywhere. No cash value.

<sup>6</sup> Time and transit restrictions in certain zip codes prevent shipping frozen foods to those areas. See [jennycraig.com/shipping-policy](https://jennycraig.com/shipping-policy) for more information.



For more information, please contact Home Instead at [homeinstead.com](http://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 you<sup>7</sup> 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.<sup>8</sup>

Along with competitive pricing, you get access to services including:

- A complete hearing exam, hearing aid evaluation and fitting<sup>9</sup>
- The choice of over 5,000 locations nationwide for an appointment
- Access to HCS Doctor of Audiology and Product Specialists for questions and product support
- 9 brands and multiple levels of hearing aid technologies to choose from
- 3-year manufacturers' warranty on hearing aids, including loss, damage, and repair<sup>10</sup>
- Battery supply that covers 3 years of use<sup>11</sup>

Get started by requesting an appointment and visiting one of the nationwide providers most convenient to you.

Visit [hearingcaresolutions.com/tufts](http://hearingcaresolutions.com/tufts) to learn more.

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### Learn more

[tuftshealthplan.com/Discounts-Perks](http://tuftshealthplan.com/Discounts-Perks)

**800.462.0224**

<sup>7</sup> Programs described are for all Tufts Health Plan commercial members, excluding Tufts Health Direct.

<sup>8</sup> 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.

<sup>9</sup> Hearing care services and products coverage varies by plan. If covered, copay or other cost-share may apply and referrals may be required.

<sup>10</sup> Hearing care services and products coverage varies by plan and may include frequency limitations. If covered, copay or other cost-share may apply.

<sup>11</sup> Up to 64 cells per ear, per year. A supply of batteries is only available for non-rechargeable hearing aid models.



A photograph of two young Black women running outdoors. The woman in the foreground is wearing a black tank top and looking forward with a focused expression. The woman behind her is wearing a maroon tank top and has her hair in a high afro, also looking forward. They are running on a path with trees in the background. The lighting is warm, suggesting late afternoon or early morning.

# **Fitness Rewards**

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# Stay in Shape and Save

To encourage you to get fit and stay healthy, Tufts Health Plan offers a number of ways for you to save on fitness center fees both in and outside of our fitness center network.

## **\$150 fitness center rebate**

We'll give you a rebate of up to \$150 on your fitness center membership and certain group exercise classes. It's simple! Once you've been a member of Tufts Health Plan for at least four months, you're eligible for the rebate.

The fitness center must offer cardio and strength-training machines and other programs for improved physical fitness. The rebate does not include martial arts centers, gymnastics centers, country clubs, aerobics-only or pool-only centers, sports teams and leagues, social clubs and tennis clubs, personal trainers, sports coaches, or the purchase of personal or at-home exercise machines.

You are also eligible for a rebate on the cost of certain group exercise classes, including online fitness classes. Dance classes are not included. Group exercise classes include, but are not limited to: yoga, pilates, aerobics, Zumba, and kickboxing.

The rebate applies one time per family, one time per year. The rebate is paid to the Tufts Health Plan subscriber after you pay your fitness center fees. Submit the Fitness Rebate Form, along with proof of fitness center membership and payment, and Tufts Health Plan will pay up to \$150 of your fees for the year. Reimbursements are typically processed within 4 to 6 weeks of receipt.

To learn more about Tufts Health Plan fitness discounts, go to [tuftshealthplan.com/gic](https://tuftshealthplan.com/gic) or call a member representative at 800.870.9488.



**You must complete all fields.** Please print clearly. Retain a copy of all receipts and documents for your records. Please be sure to sign the form.

To qualify for the fitness club rebate, you must complete four consecutive months of membership in Tufts Health Plan and at a qualified fitness center each year you apply.

You will have 24 months from the date you incurred your fitness club fees to submit your request for the fitness rebate of up to \$150. The rebate applies one time per family, one time per year. The rebate is paid to the Tufts Health Plan subscriber, regardless of which member submitted for reimbursement, after the fitness center fees are paid. Reimbursements are typically processed within 4 to 6 weeks of receipt.

| Last | First | Middle Initial |
|------|-------|----------------|
|------|-------|----------------|

[illegible]

Please indicate which one of the following forms of proof of payment you are including with this form:

- ☐ An itemized receipt from the fitness club and/or group exercise class, showing the dates of membership and dollar amounts paid
- ☐ Copies of receipts for fitness club membership and/or group exercise class dues
- ☐ A credit card statement or receipt
- ☐ A statement on the fitness club's and/or group exercise class's letterhead, with an authorized signature, indicating payment was made

In addition, you must include a statement from your fitness club confirming your membership for four consecutive months.

I attest that the above information and enclosed proof of payment are accurate and complete.

(GIC Member Signature)

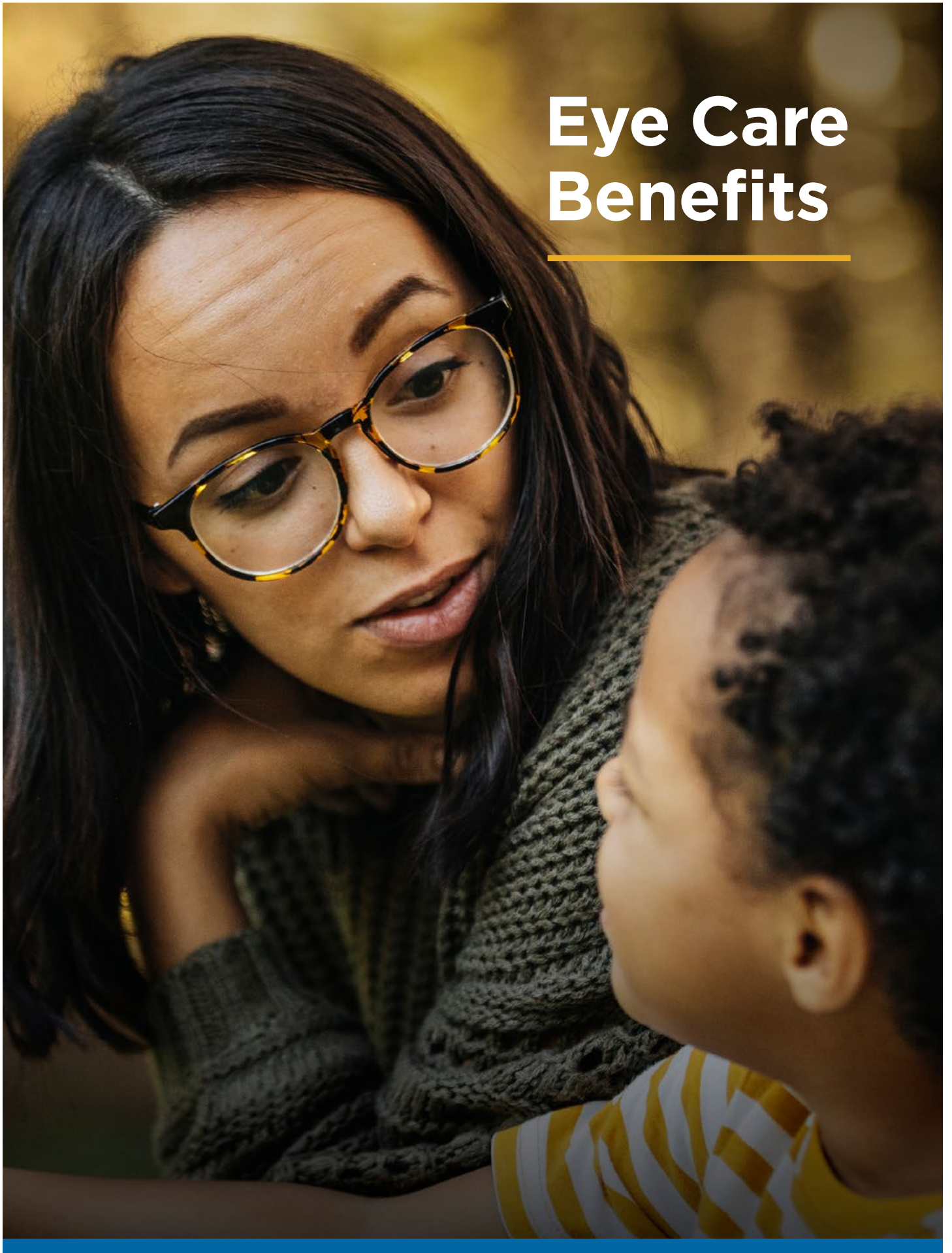
Tufts Health Plan  
GIC Fitness Claims  
1 Wellness Way  
Canton, MA 02021

Please do not staple any materials to this form.



# Eye Care Benefits

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# Access to 61,000 Eye Care Providers

## Coverage through the EyeMed Vision Care network

Tufts Health Plan offers coverage for routine eye exams and other vision services through the EyeMed Vision Care network.



### You're Covered

Coverage through our EyeMed Vision Care Providers

LENSCRAFTERS<sup>®</sup>



PEARLE<sup>®</sup> OOVISION<sup>®</sup>

## Access routine eye and vision care services

1. Use [mytuftshealthplan.com](https://mytuftshealthplan.com) or our mobile app and click on “Doctor Search” to find an eye care provider in the EyeMed network. (Or to check if your eye doctor is in the network).
2. Visit a provider in the EyeMed network to receive the highest level of coverage for routine eye exams.

## Discounts on glasses and contacts

When you use eye care providers in the EyeMed network:

- **Save 35%** on the price of frames and get discount prices on lenses when you buy a pair of glasses.<sup>1</sup>
- **Save 20%** on the price of nonprescription sunglasses.
- **Save 5%-15%** on the price of LASIK and PRK laser vision correction. For a location near you and approval for the discount, please call 877.5LASER6.
- Order contact lenses for less than the retail price and have them shipped to your home or office. Visit [contactsdirect.com](https://contactsdirect.com), [lenscrafters.com](https://lenscrafters.com) or [targetoptical.com](https://targetoptical.com) to purchase contact lenses online.<sup>2</sup>

<sup>1</sup> Discounts may not apply to some frames. Prices may vary by retail store.

<sup>2</sup> The cost of a contact lens evaluation and fitting is not covered by your eye care benefit, so you will need to pay for these services.

## What is typically covered?

Routine eye exams may include some or all of the following services:

- A review of the history of your eyes and vision, along with a general health history
- A discussion of any vision problems
- An exam of the inside and outside of your eyes and of the areas around your eyes
- A measure of the pressure in your eyes
- Dilation to make your pupils larger so that your eye care provider can see and check the entire inside of your eye
- A measure of how well you see close up and at a distance
- A test of your vision to see if you need prescription glasses and whether or not you can use contact lenses
- A treatment plan, follow-up eye exams, and eye health advice

## Eye care providers

- **Optician:** An eye care provider who reads vision prescriptions and helps you choose the glasses, contact lenses, and other eye aids that are right for you
- **Optometrist (O.D.):** A licensed eye care provider who performs eye exams and other eye care services, and prescribes glasses, contacts, and other vision aids
- **Ophthalmologist (M.D.):** An eye doctor who performs eye exams, treats eye disease, conducts surgery, and prescribes glasses, contacts, and other vision aids

**Important:** Providers within the EyeMed network are able to meet your routine eye care and certain medical optometry needs. However, if you need to see an ophthalmologist to treat or monitor an eye disease or condition, be sure to confirm that the ophthalmologist is in the Tufts Health Plan network. If your plan requires a referral for specialty care, you will need to get one from your Primary Care Provider.



# 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](http://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](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  
800.368.1019, 800.537.7697 (TDD)

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

[tuftshealthplan.com](https://tuftshealthplan.com) | 800.462.0224



Back to Table of Contents

For no cost translation in English, call the number on your ID card.

**Arabic** للحصول على خدمة الترجمة المجانية باللغة العربية، يرجى الاتصال على الرقم المدون على بطاقة الهوية الخاصة بك .

**Chinese** 若需免費的中文版本，請撥打ID卡上的電話號碼。

**French** Pour demander une traduction gratuite en français, composez le numéro indiqué sur votre carte d'identité.

**German** Um eine kostenlose deutsche Übersetzung zu erhalten, rufen Sie bitte die Telefonnummer auf Ihrer Ausweiskarte an.

**Greek** Για δωρεάν μετάφραση στα Ελληνικά, καλέστε τον αριθμό που αναγράφεται στην αναγνωριστική κάρτα σας.

**Haitian Creole** Pou jwenn tradiksyon gratis nan lang kreyòl ayisyen, rele nimewo ki sou kat ID ou a.

**Italian** Per richiedere la traduzione in italiano senza costi aggiuntivi, chiamare il numero indicato sulla carta di identità.

**Japanese** 日本語の無料翻訳についてはIDカードに書いてある番号に電話してください。

**Khmer (Cambodian)** សម្រាប់សេវាបកប្រែដោយឥតគិតថ្លៃជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

**Korean** 한국어로 무료 통번역을 원하시면, ID 카드에 있는 번호로 연락하십시오.

**Laotian** ສໍາລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.

**Navajo** Doo b́ááh ilíní da Diné k'ehjí álnéehgo, hodiilnih béesh bee hani'ée bee nées ho'dilzingo nantinígíí bikáá'.

**Persian** .بزنید زنگ تان شناسائی کارت در مندرج تلفن شماره به فارسی رایگان ترجمه برای

**Polish** Aby uzyskać bezpłatne tłumaczenie w języku polskim, należy zadzwonić na numer znajdujący się na Pana/i dowodzie tożsamości.

**Portuguese** Para tradução grátis para o português, ligue para o número no seu cartão de identificação.

**Russian** Для получения услуг бесплатного перевода на русский язык позвоните по номеру, указанному на идентификационной карточке.

**Spanish** Para servicios de traducción gratuitos en español, llame al número que aparece en su tarjeta de miembro.

**Tagalog** Para sa walang bayad na pagsasalin sa Tagalog, tawagan ang numero na nasa inyong ID card.

**Vietnamese** Để có bản dịch tiếng Việt không phải trả phí, gọi theo số trên thẻ căn cước của bạn.



# Notice of Privacy Practices

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This notice describes how health information about you may be used and disclosed and how you can get access to this information.

**Please review it carefully.**



Tufts Health Plan is committed to safeguarding the privacy of our members' protected health information ("PHI"). PHI is information which:

- identifies you (or can reasonably be used to identify you); and
- relates to your physical or mental health or condition, the provision of health care to you or the payment for that care.

We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. This Notice of Privacy Practices describes how we may collect, use and disclose your PHI and your rights concerning your PHI. This Notice applies to all members of Tufts Health Plan's commercial insured health benefit plans (including HMO, POS and PPO plans and Medicare Complement plans) and to employees covered under the Tufts Associated Health Plans, Inc. group health plans. Unless your employer has notified you otherwise, this Notice of Privacy Practices also applies to all members of self-insured group health plans that are administered by a Tufts Health Plan entity.

### How we obtain PHI

As a managed care plan, we engage in routine activities that result in our being given PHI from sources other than you. For example, health care providers—such as physicians and hospitals—submit claim forms containing PHI to enable us to pay them for the covered health care services they have provided to you.

### How we use and disclose your PHI

We use and disclose PHI in a number of ways to carry out our responsibilities as a managed care plan. The following describes the types of uses and disclosures of PHI that federal law permits us to make without your specific authorization:

- **Treatment:** We may use and disclose your PHI to health care providers to help them treat you. For example, our care managers may disclose PHI to a home health care agency to make sure you get the services you need after discharge from a hospital.
- **Payment purposes:** We use and disclose your PHI for payment purposes, such as paying doctors and hospitals for covered services. Payment purposes also include activities such as: determining eligibility for benefits; reviewing services for medical necessity; performing utilization review; obtaining premiums; coordinating benefits; subrogation; and collection activities.
- **Health care operations:** We use and disclose your PHI for health care operations. For example, this includes: coordinating/managing care; assessing and improving the quality of health care services; reviewing the qualifications and performance of providers; reviewing health plan performance; conducting medical reviews; and resolving grievances. It also includes business activities such as: underwriting; rating; placing or replacing coverage; determining coverage policies; business planning; obtaining reinsurance; arranging for legal and auditing services (including fraud and abuse detection programs); and obtaining accreditations and licenses. We do not use or disclose PHI that is genetic information for underwriting purposes.
- **Health and wellness information:** We may use your PHI to contact you with information about: appointment reminders; treatment alternatives; therapies; health care providers; settings of care; or other health-related benefits, services and products that may be of interest to you. For example, we might send you information about smoking cessation programs, or we might send a mailing to subscribers approaching Medicare eligible age with materials describing our senior products and an application form.
- **Organizations that assist us:** In connection with treatment, payment and health care operations, we may share your PHI with our affiliates and third party "business associates" that perform activities for us or on our behalf, for example, our pharmacy benefit manager. We will obtain assurances from our business associates that they will appropriately safeguard your information. The following corporate affiliates of Tufts Health Plan designate themselves as a single affiliated covered entity and may share your information among them: Tufts Associated Health Maintenance Organization, Inc., Tufts Health Public Plans, Inc., Tufts Insurance Company, CarePartners of Connecticut, Inc., Tufts Associated Health Plans, Inc. group health plans, Harvard Pilgrim Health Care, Inc., Harvard Pilgrim Health Care of New England, Inc., HPHC Insurance Company, Inc., and Harvard Pilgrim Group Health Plan.
- **Plan sponsors:** If you are enrolled in Tufts Health Plan through your current or former place of work, you are enrolled in a group health plan. We may disclose PHI to the group health plan's plan sponsor—usually your employer—for plan administration purposes. A plan sponsor of an insured health benefit plan must certify that it will protect the PHI in accordance with law.



- **Public health and safety; health oversight:** We may disclose your PHI: to a public health authority for public health activities, such as responding to public health investigations; when authorized by law, to appropriate authorities, if we reasonably believe you are a victim of abuse, neglect or domestic violence; when we believe in good faith that it is necessary to prevent or lessen a serious and imminent threat to your or others' health or safety; or to health oversight agencies for certain activities such as: audits; disciplinary actions; and licensure activity.
- **Legal process; law enforcement; specialized government activities:** We may disclose your PHI: in the course of legal proceedings; in certain cases, in response to a subpoena, discovery request or other lawful process; to law enforcement officials for such purposes as responding to a warrant or subpoena; or for specialized governmental activities such as national security.
- **Research; death; organ donation:** We may disclose your PHI to researchers, provided that certain established measures are taken to protect your privacy. We may disclose PHI, in certain instances, to coroners, medical examiners and in connection with organ donation.
- **Workers compensation:** We may disclose your PHI when authorized by workers' compensation laws.
- **Family and friends:** We may disclose PHI to a family member, relative or friend—or anyone else you identify—as follows: (i) when you are present prior to the use or disclosure and you agree; or (ii) when you are not present (or you are incapacitated or in an emergency situation) if, in the exercise of our professional judgment and in our experience with common practice, we determine that the disclosure is in your best interests. In these cases we will only disclose the PHI that is directly relevant to the person's involvement in your health care or payment related to your health care.
- **Personal representatives:** Unless prohibited by law, we may disclose your PHI to your personal representative, if any. A personal representative is a person who has legal authority to act on your behalf regarding your health care or health care benefits. For example, an individual named in a durable power of attorney or a parent or guardian of an unemancipated minor are personal representatives.
- **Communications:** We will communicate information containing PHI to the address or telephone number we have on record for the subscriber of your health benefits plan. Also, we may mail information containing your PHI

to the subscriber. For example, communication regarding member requests for reimbursement may be addressed to the subscriber. We will not make separate mailings for enrolled dependents at different addresses, unless we are requested to do so and agree to the request. See below "Right to Receive Confidential Communications" for more information on how to make such a request.

- **Required by law:** We may use or disclose your PHI when we are required to do so by law. For example, we must disclose your PHI to the U.S. Department of Health and Human Services upon request if they wish to determine whether we are in compliance with federal privacy laws.

If one of the above reasons does not apply, we will not use or disclose your PHI without your written permission ("authorization"). You may give us written authorization to use or disclose your PHI to anyone for any purpose. You may later change your mind and revoke your authorization in writing. However, your written revocation will not affect actions we've already taken in reliance on your authorization. Where state or other federal laws offer you greater privacy protections, we will follow those more stringent requirements. For example, under certain circumstances, records that contain information about: alcohol abuse treatment; drug abuse prevention or treatment; AIDS-related testing or treatment; or certain privileged communications, may not be disclosed without your written authorization. In addition, when applicable we must have your written authorization before using or disclosing medical or treatment information for a member appeal. See below "Who to Contact for Questions or Complaints" if you would like more information.

### How we protect PHI within our organization

Tufts Health Plan protects oral, written and electronic PHI throughout our organization. We do not sell PHI to anyone. We have many internal policies and procedures designed to control and protect the internal security of your PHI. These policies and procedures address, for example, use of PHI by our employees. In addition, we train all employees about these policies and procedures. Our policies and procedures are evaluated and updated for compliance with applicable laws.



## Your individual rights

The following is a summary of your rights with respect to your PHI:

- **Right of access to PHI:** Right of Access to PHI: You have the right to inspect and get a copy of most PHI Tufts Health Plan has about you, or a summary explanation of PHI if agreed to in advance by you. Requests must be made in writing and reasonably describe the information you would like to inspect or copy. If your PHI is maintained electronically, you will also have the right to request a copy in electronic format. We have the right to charge a reasonable cost-based fee for paper or electronic copies as established by state or federal law. Under certain circumstances, we may deny your request. If we do so, we will send you a written notice of denial describing the basis of our denial. You may request that we send a copy of your PHI directly to another person that you designate. Your request must be in writing, signed by you, and clearly identify the person and the address where the PHI should be sent.
- **Right to request restrictions:** You have the right to ask that we restrict uses or disclosures of your PHI to carry out treatment, payment and health care operations; and disclosures to family members or friends. We will consider the request. However, we are not required to agree to it and, in certain cases, federal law does not permit a restriction. Requests may be made verbally or in writing to Tufts Health Plan.
- **Right to receive confidential communications:** You have the right to ask us to send communications of your PHI to you at an address of your choice or that we communicate with you in a certain way. For example, you may ask us to mail your information to an address other than the subscriber's address. We will accommodate your request if: you state that disclosure of your PHI through our usual means could endanger you; your request is reasonable; it specifies the alternative means or location; and it contains information as to how payment, if any, will be handled. Requests may be made verbally or in writing to Tufts Health Plan.
- **Right to amend PHI:** You have the right to have us amend most PHI we have about you. We may deny your request under certain circumstances. If we deny your request, we will send you a written notice of denial. This notice will describe the reason for our denial and your right to submit a written statement disagreeing with the denial. Requests must be in writing to Tufts Health Plan and must include a reason to support the requested amendment.
- **Right to receive an accounting of disclosures:** You have the right to a written accounting of the disclosures of your PHI that we made in the last six years prior to the date you request the accounting. However, except as otherwise provided by law, this right does not apply to: (i) disclosures we made for treatment, payment or health care operations; (ii) disclosures made to you or people you have designated; (iii) disclosures you or your personal representative have authorized; (iv) disclosures made before April 14, 2003; and (v) certain other disclosures, such as disclosures for national security purposes. If you request an accounting more than once in a 12-month period, we may charge you a reasonable fee. All requests for an accounting of disclosures must be made in writing to Tufts Health Plan.
- **Right to authorize other use and disclosure:** You have the right to authorize any use or disclosure of PHI that is not specified within this notice. For example, we would need your written authorization to use or disclose your PHI for marketing, for most uses or disclosures of psychotherapy notes, or if we intended to sell your PHI. You may revoke an authorization, at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.
- **Right to receive a privacy breach notice:** You have the right to receive written notification if we discover a breach of your unsecured PHI and determine through a risk assessment that notification is required.
- **Right to this notice:** You have a right to receive a paper copy of this Notice from us upon request.
- **How to exercise your rights:** To exercise any of the individual rights described above or for more information, please call a member services coordinator at 1-800-462-0224 (TDD: 711) or write to:

Privacy Officer  
Tufts Health Plan  
1 Wellness Way  
Canton, MA 02021



### Effective date of notice

This Notice takes effect February 1, 2021. We must follow the privacy practices described in this Notice while it is in effect. This Notice will remain in effect until we change it. This Notice replaces any other information you have previously received from us with respect to privacy of your medical information.

### Changes to this notice of privacy practices

We may change the terms of this Notice at any time in the future and make the new Notice effective for all PHI that we maintain—whether created or received before or after the effective date of the new Notice. Whenever we make an important change, we will publish the updated Notice on our Web site at **[www.tuftshealthplan.com](http://www.tuftshealthplan.com)**. In addition, we will use one of our periodic mailings to inform subscribers about the updated Notice.

### Who to contact for questions or complaints

If you would like more information or a paper copy of this Notice, please contact a member services representative at the number listed above. You can also download a copy from our Web site at **[www.tuftshealthplan.com](http://www.tuftshealthplan.com)**. If you believe your privacy rights may have been violated, you have a right to complain to Tufts Health Plan by calling the Privacy Officer at 1-800-208-9549 or writing to:

Privacy Officer  
Tufts Health Plan  
1 Wellness Way  
Canton, MA 02021

You also have a right to complain to the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint.





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[Back to Table of Contents](#)