TUFTS Health Plan
a Point32Health company

Commonwealth of Massachusetts
Group Insurance Commission

2024 Summary of Benefits

Tufts Health Plan Medicare Advantage HMO Plans

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 www.tuftshealthplan.com/gic to view the Evidence of Coverage. You can also request a printed copy by calling Member Services at **1-855-852-1016 (TTY: 711)**, 8:00 a.m. – 8:00 p.m., 7 days a week from October 1 to March 31 and Monday-Friday from April 1 to September 30.

Effective July 1, 2024 - June 30, 2025

H2256_2024_161_M

Summary of Benefits

July 1, 2024–June 30, 2025

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as a Tufts Health Plan Medicare Advantage HMO plan).

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 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 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 a retired employee or a dependent of a retired employee eligible for GIC insurance, 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 **www.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 Advantage 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.

Monthly Plan Premium	Please contact the Group Insurance Commission for your premium amount.
Deductible	There is no deductible for this plan.
Maximum Out-of-Pocket Responsibility *(does not include prescription drugs)*	$3,400
What You Should Know	Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. If you reach the limit on out-of-pocket costs, we will pay the full cost of your covered hospital and medical services for the rest of the year. Please note that you will still need to pay your monthly premiums (and cost-sharing for your Part D prescription drugs if applicable).

Inpatient and Outpatient Care and Services

Inpatient Hospital Care	
Inpatient hospital care	You pay nothing
What You Should Know	Our plan covers an unlimited number of days for an inpatient hospital stay. Prior authorization may be required.
Outpatient Hospital Care	
Outpatient hospital services	You pay nothing
Outpatient hospital services *(services provided at hospital outpatient facilities)*	You pay nothing
Ambulatory surgical center (ASC) services	You pay nothing
What You Should Know	Before you receive services, you must obtain a referral from your PCP. Prior authorization may be required.
Doctor Visits	
Primary care physician	$15 copay per visit
Specialist	$15 copay per visit
What You Should Know	There is no copay for an annual physical exam with your PCP. Office visit copay applies for surgery services furnished in the physician's office. Before you receive services from a specialist, you must obtain a referral from your PCP.
Preventive care	You pay nothing
What You Should Know	Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency care	$50 copay per visit
What You Should Know	If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care. Please refer to your Evidence of Coverage for more information. Your plan includes worldwide coverage for emergency care.

Inpatient and Outpatient Care and Services

Urgently needed services	$15 copay per visit
What You Should Know	Urgently needed care may be furnished by in-network providers or by out-of-network providers when network providers are temporarily unavailable or inaccessible. Copayment is not waived if admitted as an inpatient within 24 hours. Your plan includes worldwide coverage for urgently needed care.
Diagnostic Services/Labs/Imaging	
Diagnostic radiology services *(such as MRIs, CT scans)*	You pay nothing
Diagnostic tests and procedures	You pay nothing
Lab services	You pay nothing
Outpatient X-rays	You pay nothing
What You Should Know	Prior authorization may be required.
Hearing Services	
Exam to diagnose and treat hearing and balance issues	$15 copay per visit
Routine hearing exam *(up to 1 every year)*	$15 copay per visit
Hearing aids	Members 22 and over - First $500 covered in full by the plan; member pays 20% of the cost for the next $1,500 (for both ears combined). Plan coverage is limited to $1,700 per member every two years. Member is responsible for any amount over $1,700 every two years.
Dental	
Limited Medicare-covered dental services	$15 copay per visit
What You Should Know	Limited Medicare-covered dental services do not include preventive dental services such as cleaning, routine dental exams, and dental X-rays.
Vision Services	
Routine eye exam	$15 copay per visit
Exam to diagnose and treat diseases and conditions of the eye	$15 copay per visit
Annual glaucoma screening	You pay nothing
Annual eyewear benefit	Up to $150 allowance per calendar year
What You Should Know	You must use a participating vision care provider (EyeMed Vision Care) to receive the covered Routine Eye Exam benefit. You must purchase your glasses (prescription lenses, frames, or a combination of lenses and frames) and/or contacts from a participating vision provider (EyeMed Vision Care) to receive the $150 allowance. Otherwise, the benefit will be limited to $90 per year. You need a referral from your PCP for a diagnostic eye exam.

Inpatient and Outpatient Care and Services

Mental Health Services	
Inpatient visit	You pay nothing
Outpatient mental health care	$15 copay per visit
Outpatient group or individual therapy visit	$15 copay per visit
What You Should Know	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. Before you receive services from a psychiatrist, you must obtain a referral from your PCP. A referral is not required for all other outpatient mental health care services.
Skilled Nursing Facility (SNF)	
Skilled nursing facility (SNF)	You pay nothing
What You Should Know	Our plan covers up to 100 days in an SNF per benefit period. No prior hospital stay is required. Prior authorization may be required.
Physical Therapy	
Occupational therapy	You pay nothing
Physical therapy and speech and language therapy	You pay nothing
What You Should Know	Before you receive outpatient occupational therapy, physical therapy, or speech and language therapy services, you must obtain a referral from your PCP.
Ambulance	
Ambulance	You pay nothing
What You Should Know	Prior authorization may be required for non-emergency transportation.
Transportation	
Transportation	Not covered
Medicare Part B Drugs	
Medicare Part B drugs	**For Part B chemotherapy drugs:** You pay nothing. **Other Part B drugs:** You pay nothing.
What You Should Know	Part B drugs may be subject to Step Therapy requirements. Prior authorization may be required.

Prescription Drug Benefits

Your prescription drug benefits will be managed by CVS SilverScript®. If you have questions or would like information about the formulary (list of covered drugs), call the CVS SilverScript customer relations department at **1-877-876-7214**, or visit **gic.silverscript.com**.

Additional Benefits

Acupuncture	
Acupuncture services	$15 copay per visit
What You Should Know	Medicare covers up to 12 visits in 90 days for members with chronic low back pain. 8 additional visits covered for those demonstrating an improvement. No more than 20 visits administered annually. Before you receive services from a specialist, you must obtain a referral from your PCP. The plan will reimburse services rendered and billed directly by a licensed acupuncturist when there is a referral from your PCP. Additional acupuncture services are eligible for reimbursement under the annual Wellness Allowance benefit. See additional details under "Wellness Programs."
Chiropractic Care	
Manual manipulation of the spine to correct a subluxation *(when 1 or more of the bones of your spine move out of position)*	$15 copay per visit
What You Should Know	Before you receive services from a specialist, you must obtain a referral from your PCP.
Foot Care (podiatry services)	
Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions	$15 copay per visit
What You Should Know	Before you receive services from a specialist, you must obtain a referral from your PCP.
Home Health Services	
Home health agency care	You pay nothing
Home infusion therapy	You pay nothing
What You Should Know	Prior authorization may be required for home infusion therapy services.
Hospice	
	Benefit provided by Medicare
What You Should Know	You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.
Medical Equipment/Supplies	
Durable medical equipment *(e.g., wheelchairs, oxygen)*	You pay nothing
Prosthetic devices *(e.g., braces, artificial limbs, etc.)*	You pay nothing

Additional Benefits

What You Should Know	Additional items covered by the plan: bathroom safety equipment for members who have a functional impairment when having the item will improve safety: • Raised toilet seat: 1 per member per lifetime • Bathroom grab bars: 2 per member per lifetime • Tub seat: 1 per member per lifetime • Gradient compression stockings or surgical stockings: up to 2 pairs every 6 months • Mastectomy sleeves for members with upper limb lymphedema: up to 2 sleeves every 6 months Prior authorization may be required.
Wig allowance *(for hair loss due to cancer treatment)*	$350 per calendar year
Diabetes services and supplies	You pay nothing
What You Should Know	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. Coverage for blood glucose monitors and blood glucose tests strips are limited to the OneTouch products manufactured by Lifescan, Inc. Please note that there is no preferred brand for lancets. Coverage for therapeutic Continuous Glucose Monitors (CGMs) includes Dexcom and FreeStyle Libre products that are considered Durable Medical Equipment (DME) by Medicare. Prior authorization is required for CGMs. Diabetic testing supplies, including test strips, lancets, glucose meters, and therapeutic Continuous Glucose Monitoring Systems are also covered at participating retail or mail-order pharmacies.
Outpatient Substance Abuse	
Group or individual therapy visit	$15 copay per visit
Renal Dialysis	
Renal Dialysis	You pay nothing
Telehealth/Telemedicine Services	
Telehealth/Telemedicine Services	Medicare-covered services plus additional telehealth services including PCP services, specialist services, and more. Please refer to your Evidence of Coverage for more information. $0 copay for e-visits and virtual check-ins; For all other telehealth visits, copay is the same as corresponding in-person visit copay. Referral is required for some additional telehealth services.
Wellness Programs	
Weight Management program	The plan provides a $150 annual Weight Management Allowance towards program fees for weight loss programs such as WeightWatchers® or a hospital-based weight loss program.
Wellness Allowance	The plan provides a $150 annual Wellness Allowance toward health club memberships, participation in online instructional fitness classes or membership fees for online fitness subscriptions, such as Peloton, nutritional counseling, acupuncture, or fitness classes like Pilates, tai chi, or aerobics, and wellness programs, including memory fitness activities.

TUFTS Health Plan

a Point32Health company

Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Tufts Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - 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 at **1-855-852-1016 (TTY: 711)**.

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 (including pregnancy, sexual orientation, or gender identity), you can file a grievance with:

Tufts Health Plan, Attention:
Civil Rights Coordinator, Member Services
1 Wellness Way, Canton, MA 02021
Phone: **1-888-880-8699** ext. 48000, **(TTY: 711)**
Fax: **1-617-972-9048**
Email: OCRCoordinator@point32health.org

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights; electronically through the Office for Civil Rights Complaint Portal, available at **ocrportal.hhs.gov/ocr/smartscreen/main.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
1-800-368-1019 (TDD: **1-800-537-7697**)
Complaint forms are available at **www.hhs.gov/sites/default/files/ocr-60-day-frn-cr-crf-complaint-forms-508r-11302022.pdf**.

thpmp.org | **1-855-852-1016 (TTY: 711)**

TUFTS Health Plan

a Point32Health company

Form Approved
OMB# 0938-1421

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-852-1016. Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-855-852-1016. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-855-852-1016。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-855-852-1016。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-852-1016. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-852-1016. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-855-852-1016 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-852-1016. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Form CMS-10802
(Expires 12/31/25)

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-852-1016 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-852-1016. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-855-852-1016**. هذه خدمة مجانية. سيقوم شخص ما يتحدث العربية بمساعدتك.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-855-852-1016 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-852-1016. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-852-1016. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-852-1016. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-852-1016. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、1-855-852-1016 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

Questions

Visit us at **www.tuftshealthplan.com/gic**, or call **1-855-852-1016 (TTY: 711)**.

1 Wellness Way
Canton, MA 02021

TUFTS Health Plan
a Point32Health company

Commonwealth of Massachusetts
Group Insurance Commission