

Tufts Medicare Preferred HMO
Custodial Skilled Episode Letter Template

[Member Name]

[Address]

[Date]

Dear *[Name of Member Representative]*:

We are writing to let you know the Skilled Nursing Facility services you received on *[Date First and Last]* from *[Facility Name /Provider]* will be covered by your plan.

This means you are only responsible for the cost sharing amount identified under your Skilled Nursing Facility benefit. Any charges above your cost sharing amount will be paid by your plan.

How do you know what your cost sharing amount is?

Your cost sharing amount for Skilled Nursing Facility services depends on the plan you are in. The chart on the back of this letter lists the Skilled Nursing Facility cost sharing amount for each of our individual HMO plans. (If you receive your benefits from a current or former employer, see your Evidence of Coverage (EOC) booklet, contact your benefits administrator, or call Customer Relations for benefit information.) You should receive a bill in the mail shortly with the correct cost sharing amount.

What if you already paid for services?

If you already paid for Skilled Nursing Facility services above your cost sharing amount and need a reimbursement, give us a call at the number below. We can help you get a reimbursement for the amount you don't need to pay.

For more information

If you have any questions, call Customer Relations at 1-800-701-9000 (TTY 1-800-208-9562). Representatives are available Monday through Friday, 8:00 a.m. - 8:00 p.m. (From October 1 – February 14, representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m.). After hours and on holidays, please leave a message and a representative will return your call on the next business day.

Sincerely,

(Tufts Health Plan Medicare Preferred
Or Medical group and Skilled Nursing Facility)

Skilled Nursing Facility chart on back

**2014 Skilled Nursing Facility cost sharing amounts
for individual Tufts Medicare Preferred HMO plans***

Plan Name	Skilled Nursing Facility member cost sharing amount
Tufts Medicare Preferred HMO Prime Rx Plus Tufts Medicare Preferred HMO Prime Rx Tufts Medicare Preferred HMO Prime No Rx	For each admission you pay: \$20 per day for days 1-20 \$0 per day for days 21 – 100
Tufts Medicare Preferred HMO Value Rx Tufts Medicare Preferred HMO Value No Rx	For each admission you pay: \$30 per day for days 1-20 \$60 per day for days 21-44 \$0 per day for days 45 – 100
Tufts Medicare Preferred HMO Basic Rx Tufts Medicare Preferred HMO Basic No Rx	For each admission you pay: \$50 per day for days 1-20 \$100 per day for days 21-44 \$0 per day for days 45 – 100
Tufts Medicare Preferred HMO Saver Rx	For each admission you pay: \$25 per day for days 1-20 \$75 per day for days 21-44 \$0 per day for days 45 – 100

For more detailed information on this benefit, see your Evidence of Coverage (EOC) booklet.

Where can you find an EOC booklet?

An EOC booklet is sent to you each year in September. You can also find an EOC booklet for your plan on the Plan Documents page of our website at tuftsmedicarepreferred.org.

***What if you receive your benefits from a current or former employer?**

If you receive your benefits from a current or former employer, your cost sharing amount may be different. Please see your Evidence of Coverage (EOC) booklet, contact your benefits administrator, or call Customer Relations for benefit information.

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, and copayments may change on January 1 of each year.