



a Point32Health company

Welcome!

2025 Tufts Health Plan Senior Care Options (HMO-SNP) Plan



Thank you!

We'd like to thank you for choosing Tufts Health Plan Senior Care Options. Your membership is important to us.

Get the answers you need:

 www.thmp.org/sco-member

 **1-855-670-5934 (TTY: 711)**

7 days a week, 8 a.m.–8 p.m. (April 1–September 30: Monday–Friday, 8 a.m.–8 p.m.) Nurses are available 24 hours per day, 7 days per week. To reach a nurse outside of our normal business hours, call and listen for the option to be connected with the nurse on-call.

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Also included in this kit

Evidence of Coverage (EOC)

Provides details about your medical benefits, prescription drug coverage, and membership

Instant Savings Shopping Guide

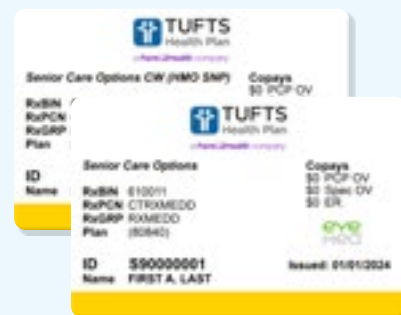
Provides details about your Instant Savings card

Transportation benefit keychain

Use this keychain to always have your transportation benefit phone number in reach

Your ID card

Use your ID card when you go to the doctor, dentist, or fill a prescription.



Your Instant Savings card

Use your Instant Savings card at participating grocery stores and drug stores to shop for over-the-counter medications, health and hygiene items, and select grocery items.

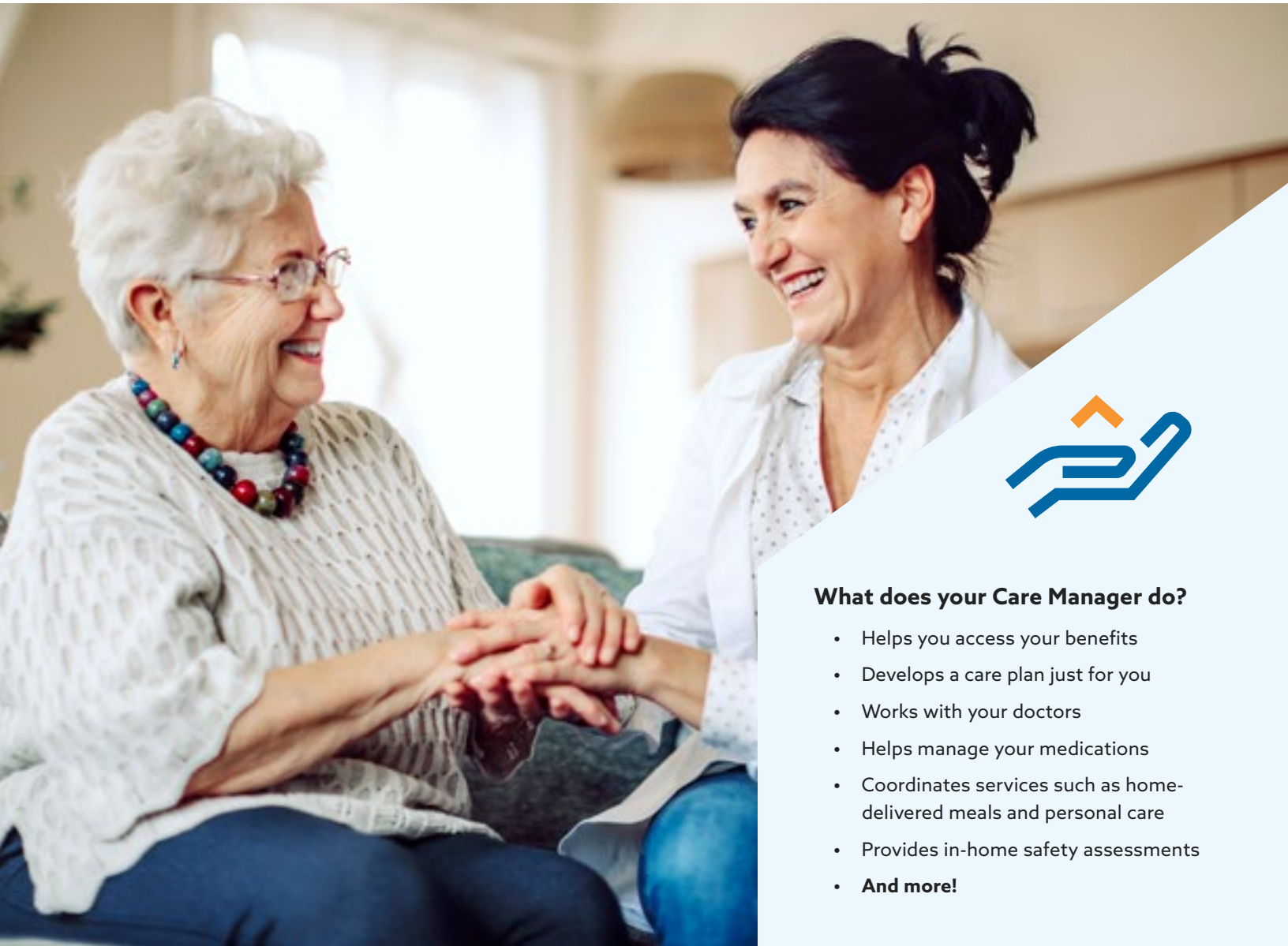


Your primary care team helps you stay healthy

The health care system can be overwhelming. Luckily, you have a team to help you that includes your primary care physician, a dedicated Tufts Health Plan Care Manager (or Care Coordinator), and others. Working with your primary care team can help you get the services you need!

If you aren't sure who your Care Manager is, give us a call at:

 **1-855-670-5934 (TTY: 711)**



What does your Care Manager do?

- Helps you access your benefits
- Develops a care plan just for you
- Works with your doctors
- Helps manage your medications
- Coordinates services such as home-delivered meals and personal care
- Provides in-home safety assessments
- **And more!**

With your plan, you get these \$0 benefits and more!



Up to **\$1,700/year** (\$425 per calendar quarter) on your Instant Savings card to buy over-the-counter (OTC) medications, and health and hygiene items, like vitamins, pain relievers, shampoo and deodorant, as well as select grocery items including produce boxes from Mom's Meals.¹



Free dental benefits, including coverage for exams, dentures, root planing, implants, crowns, and more.²



Free rides to and from your medical appointments, plus up to 24 non-medical round-trip rides per year.³



Free primary care and specialist visits, plus emergency coverage available worldwide.



Free covered prescription drugs and some over-the-counter (OTC) medications.



Free vision coverage, with up to a \$300 eyewear allowance per calendar year.⁴



Free routine hearing exams and hearing aids.⁵



Free membership to your local Massachusetts YMCA facility.⁶



Free wheelchairs, walkers, and other supportive medical equipment.



Free protective underwear, pads, catheters, and other disposable medical supplies.



\$200 per calendar year for Weight Management programs such as Weight Watchers®, or hospital-based programs.



Up to three (3) **free** pairs of therapeutic custom-molded shoes for diabetic members.



These are just some of the great benefits available to you.

For complete benefit information, see your Evidence of Coverage (EOC) available in this kit, or at www.thmp.org/documents.

Great benefits to help you stay healthy and save!



Up to 12 free visits in 90 days with a licensed acupuncturist for chronic low back pain! Eight additional visits are covered for those demonstrating an improvement.⁷ Additional acupuncture services are covered under your MassHealth (Medicaid) benefits.



Get \$200 back for activities such as gym memberships, nutritional counseling, fitness classes, activity trackers such as a Fitbit⁸, and wellness programs, such as A Matter of Balance, Healthy Eating for Successful Living, and AAA Senior Driving.



Dental benefits that give you a reason to smile!—Take advantage of your dental coverage, including: routine dental exams, fillings, dentures, root canals, implants, crowns, bone grafting, and more.²

Services must be performed by a DentaQuest provider. Limitations may apply. For more information, contact DentaQuest at **1-888-309-6508. TDD: 1-800-466-7566.**

Need a ride?

Get FREE rides to the doctor and around town at no cost to you!

As a Tufts Health Plan Senior Care Options (HMO-SNP) member, you receive:

- Unlimited free rides to and from medical appointments at the doctor, hospital, lab,⁹ and pharmacy.
- 2 free round-trip or 4 one-way rides per month for non-medical purposes, including to run errands, go to place of worship, visit friends, and more.³
- Members can make one stop at a pharmacy to pick up medications after their doctor visit, or when returning from a hospital or a skilled nursing facility.
- Rides can also include dialysis-related appointments, group therapy, or to a drug rehabilitation facility for methadone-related appointments.
- Rides to Alcoholics Anonymous (AA).

New for 2025: Modivcare has added additional language interpretation service vendors in order to provide an enhanced service experience to Tufts SCO members.



To request a new ride or get help with a ride that is already scheduled, call:



1-855-251-7092
(TTY: 1-866-288-3113)

Available Monday–Friday,
8 a.m.–5 p.m., excluding
national holidays.

Information to schedule a ride:



Member's first and last name or member ID number



Member's phone number



Member's date of birth



Pickup location (home or other address)



Member's home address



Dropoff location



Date and time



Now you can schedule your ride using the Modivcare app.

All you need to do is search for the Modivcare app on Google Play[®] or the Apple App Store[®] and download it to your smartphone or tablet. Have your valid email address handy.

The Modivcare app will help book your standard trip, allow you to make trip changes, see where your driver is, or cancel your appointment.

If any issues arise, you can contact one of their live customer service agents from within the app.

3 things to remember when using your plan



Stay in-network

In order for a non-emergency/urgent medical service or prescription drug to be covered, you need to use a provider or pharmacy in our network. A list of providers and pharmacies in our network is available in the Provider and Pharmacy Directory at www.thpmp.org/sco-provider-directory.



Your primary care physician (PCP) manages your care

Your PCP provides routine checkups, preventive care, and treatment for common illnesses. Your PCP will provide you with a referral if you need to see a specialist.



You need a referral from your PCP to see a specialist

By issuing all your referrals, your PCP can make sure you get the care that is right for you.



MassHealth over-the-counter (OTC) drug list

As a member, you pay \$0 for your covered over-the-counter (OTC) medications.

The following OTC drugs are covered through our plan because you are also eligible for MassHealth Standard (Medicaid). A prescription from your physician is required. Non-brand-name (generic) OTC medications will be dispensed unless otherwise approved by the plan. For the most up-to-date MassHealth over-the-counter (OTC) drug list, visit <https://mhdl.pharmacy.services.conduent.com/MHDL>.

Allergy Agents, Ophthalmic:

- ketotifen
- Lastacaft (alcaftadine)
- naphazoline
- Naphcon-A (naphazoline/pheniramine)
- Opcon-A (naphazoline/pheniramine)

Analgesics:

- acetaminophen \leq 4 grams/day
- aspirin 81 mg
- aspirin 325 mg, 500 mg, 650 mg
- aspirin suppository
- aspirin with buffers
- capsaicin
- ibuprofen
- lidocaine 4% patches \leq 4 patches/day
- naproxen capsule, tablet

Anthelmintic Agents:

- Reese's Pinworm (pyrantel pamoate)

Antihistamines/Decongestants:

- cetirizine syrup, tablet
- cetirizine/pseudoephedrine
- chlorpheniramine
- diphenhydramine
- doxylamine
- fexofenadine tablet
- fexofenadine/pseudoephedrine
- loratadine tablet, solution

- loratadine/pseudoephedrine
- pseudoephedrine \leq 240 mg/day

Antimicrobials, Topical:

- bacitracin
- chlorhexidine gluconate
- clotrimazole
- double antibiotic ointment
- hydrogen peroxide
- iodine
- isopropyl alcohol
- miconazole
- neomycin
- povidone
- tolnaftate cream, powder
- triple antibiotic ointment

Compounding Agents:

- cherry syrup
- gelatin capsule, empty
- Ora-Plus suspending vehicle
- Ora-Sweet oral syrup
- Ora-Sweet-SF oral syrup
- simple syrup

Contraceptives, Oral:

- levonorgestrel 1.5 mg tablet
- Opill (norgestrel tablet)

Contraceptives, Topical:

- nonoxynol-9*

Dermatologic Agents, Topical:

- benzoyl peroxide
- calamine lotion
- colloidal oatmeal

- hydrocortisone cream, lotion, ointment
- hydrophilic ointment
- lanolin
- petrolatum
- selenium sulfide
- vitamin A and D ointment
- witch hazel
- zinc oxide

Gastrointestinal Agents:

- Align (bifidobacterium infantis) < 21 years
- aluminum carbonate
- aluminum hydroxide
- bisacodyl enema, suppository
- bisacodyl tablet
- bismuth subsalicylate
- calcium polycarbophil
- cimetidine
- Culturelle (lactobacillus rhamnosus GG) < 21 years
- dextrin
- docusate sodium capsule, tablet
- docusate sodium enema
- docusate sodium solution, syrup
- famotidine tablet
- Florastor (saccharomyces boulardii) < 21 years
- glycerin
- lactase
- loperamide
- magaldrate

- magnesium salts
- meclizine
- methylcellulose
- mineral oil
- polyethylene glycol 3350
- psyllium capsule
- psyllium powder
- sennosides tablet
- sennosides syrup
- simethicone
- sodium bicarbonate
- sodium phosphate

Intranasal Sprays:

- budesonide nasal spray
≤ 1 inhaler/30 days
- triamcinolone nasal spray
≤ 1 inhaler/30 days

Medical Foods

- levomethylfolate tablet
≤ 1 unit/day

Opioid Reversal Agents:

- Narcan (naloxone 4 mg nasal spray)**
- Rivive (naloxone 3 mg nasal spray)

Otic Agents:

- carbamide peroxide

Pediculicides/Scabicides:

- permethrin
- piperonyl butoxide/pyrethrins

Respiratory Agents:

- sodium chloride for inhalation

Smoking Cessation:

- nicotine gum, lozenge, patch

Tear/Saliva Replacement Agents:

- artificial tears
- saliva substitute

Vitamins/Nutrients/

Supplements:

- calcium replacement
- cod liver oil
- coenzyme Q10 < 21 years
- electrolyte solution, pediatric
- ferrous fumarate
- ferrous gluconate
- ferrous sulfate
- folic acid
- glucose products < 19 years
- iron polysaccharide complex
- magnesium salts
- melatonin gummy, solution, tablet

- melatonin/pyridoxine tablet
- multivitamins
- niacinamide
- nicotinic acid
- pediatric multivitamins
- Phos-Flur (sodium fluoride oral rinse)
- prenatal vitamins
- potassium phosphate
- sodium chloride tablet
- sodium fluoride
- vitamin A (retinol)
- vitamin B-1 (thiamine)
- vitamin B-2 (riboflavin)
- vitamin B-3 (niacin)
- vitamin B-6 (pyridoxine)
- vitamin B-12 (cyanocobalamin)
- vitamin B complex
- vitamin C (ascorbic acid)
- vitamin D
- vitamin E, oral
- vitamins, multiple
- vitamins, multiple/minerals
- vitamins, pediatric
- vitamins, prenatal

*Branded OTC nonoxynol-9 products are covered by MassHealth without prior authorization.

** Brand and generic products are covered by MassHealth without prior authorization.

In addition to the MassHealth Standard (Medicaid) OTC Drug List, Tufts Health Plan Senior Care Options provides coverage for the following drugs under your MassHealth (Medicaid) and Medicare benefits. A prescription from your physician is required.

- | | |
|-------------------------------|---|
| • Benzonatate | • Mucinex 600 mg |
| • Chondroitin/MSM | • Omega 3/Fish Oil |
| • Glucosamine/Chondroitin MSM | • Robitussin Cough + Chest Congestion DM (liquid) |
| • Glucosamine/MSM | • Lidocaine 4% Topical Patch |
| • Methylsulfonylmethane (MSM) | |

If you are not able to obtain a prescription from your physician, you can use your Instant Savings card to purchase these items.

For more information on over-the-counter and prescription drug coverage, visit us online or call:

 www.thpmp.org/drug-coverage

 **1-855-670-5934 (TTY: 711)**

Get member-only discounts with your Preferred Extras

As a member of the Tufts Health Plan Senior Care Options (HMO-SNP) plan, you get extra discounts above and beyond what's covered under Original Medicare and MassHealth Standard coverage.

The Dinner Daily

• 25%

The Dinner Daily makes healthy, delicious dinners easy and affordable by providing weekly dinner plans customized to your food preferences, dietary needs, and the specials at your local grocery store.

Get a 25% discount on any Dinner Daily subscription.

- The first two weeks are free to make it easy to try.
- To sign up, or for more information, visit www.thedinnerdaily.com/tmp.
- Use code "TMP25" when you sign up to receive your discount.



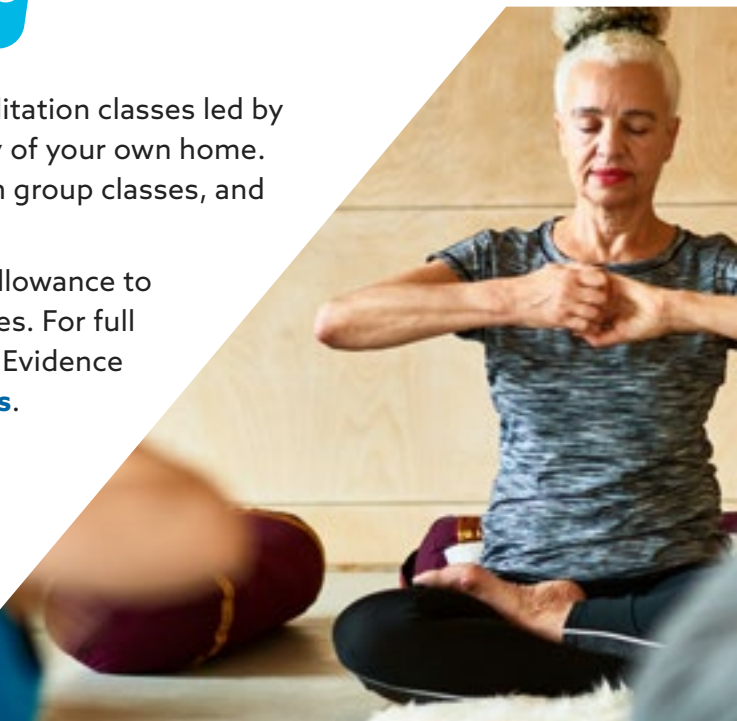
Ompractice

• 40%

With Ompractice, you can access live, online yoga and meditation classes led by an instructor to practice yoga from the comfort and privacy of your own home. Ompractice utilizes two-way video so you can participate in group classes, and receive feedback and support from your teacher.

In addition, you may be able to use your annual Wellness Allowance to submit for possible reimbursement of your membership fees. For full details of your annual Wellness Allowance, please see your Evidence of Coverage (EOC) available at www.thmp.org/documents.

- Sign up for Ompractice for \$14.99 per month
- Or sign up for an annual subscription for \$129.00 (a 40% discount off the monthly plan).
- For more information or to sign up, go to www.ompractice.com/thmp.



Massage therapy and acupuncture

• 25%

Reconnect your body, mind, and spirit with massage therapy or acupuncture.

- **Massage therapy**—Save 25% on the provider's usual fee, or pay \$15 per 15 minutes of massage therapy, whichever is less.
- **Acupuncture**—Save 25% on the provider's usual fee. The acupuncture discount is separate from the covered benefit, see your Evidence of Coverage (EOC) available at www.thmp.org/sco-member for details.

For a list of providers near you, call ChooseHealthy¹⁰ customer service at **1-877-335-2746**. (Monday–Friday 8 a.m.–11 p.m.; Saturday 8 a.m.–5 p.m.)

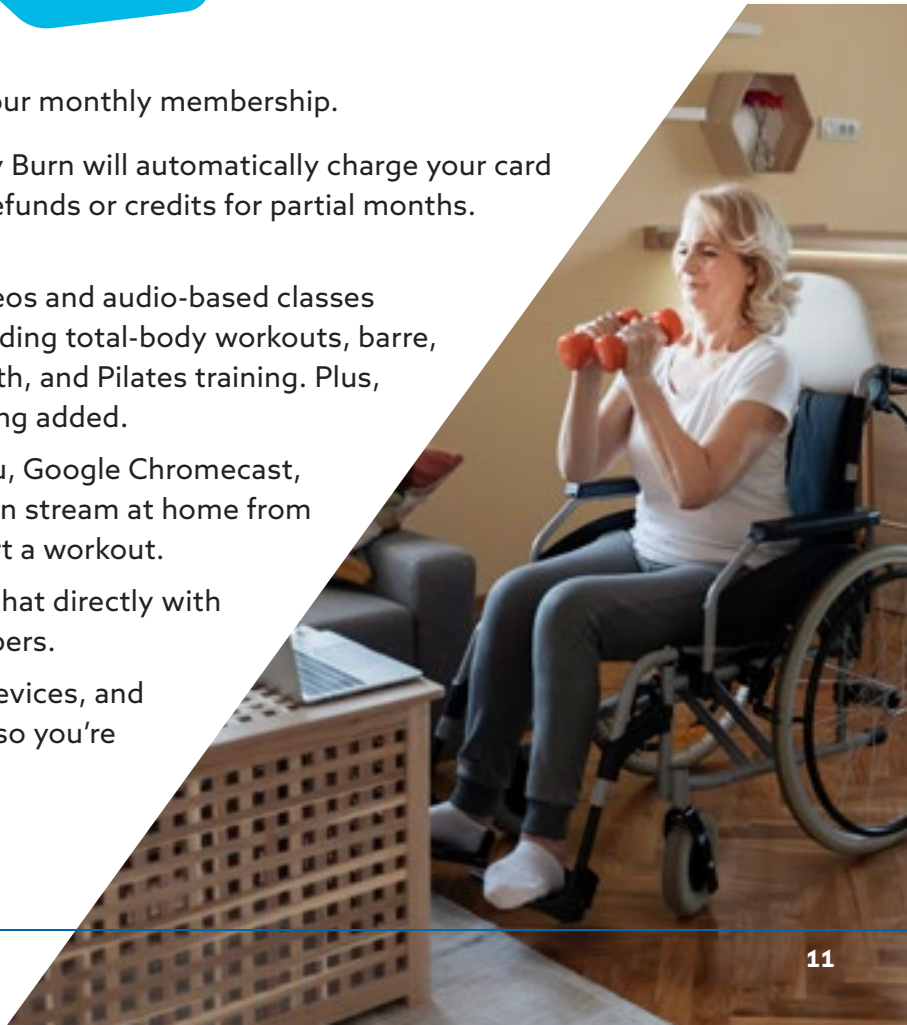


Daily Burn[®]

• 25%

Get a 30-day free trial followed by 25% off your monthly membership.

- At the end of your 30-day free trial, Daily Burn will automatically charge your card \$14.96 per month until you cancel. No refunds or credits for partial months. Additional taxes may apply.
- Daily Burn offers over 2,500 curated videos and audio-based classes featuring a variety of programming including total-body workouts, barre, kickboxing, prenatal, meditation, strength, and Pilates training. Plus, programs and collections are always being added.
- Available on iOS, Android, AppleTV, Roku, Google Chromecast, Amazon Fire, and Comcast, members can stream at home from their TV, computer, or mobile app to start a workout.
- Gain access to an online community to chat directly with your trainers and other Daily Burn members.
- All workouts are downloadable on iOS devices, and all are available on-demand to all users, so you're always ready to crush your goals.
- For details, visit try www.dailyburn.com/tufts.



Nutritional counseling

25%

Nutritional counseling provided by registered dietitians helps you learn how to stay healthy through nutrition and weight management.¹¹

- Save 25% on unlimited visits with Tufts Health Plan-registered dietitians or licensed nutritionists.
- No referral is needed from your primary care provider.
- For a list of providers near you, call Member Services at **1-855-670-5934 (TTY: 711)**.
- To get the discount, show your Tufts Health Plan ID card at time of payment.



Hearing aids

63%

Discounts are available on a wide selection of hearing aid devices from major manufacturers up to 63% below retail. The discount available is dependent on the manufacturer and model of hearing aid chosen. With the purchase of hearing aids through Hearing Care Solutions, you will receive:

- A free comprehensive hearing aid evaluation.
- Recommendation on a device that best fits your hearing needs.
- 12-month, interest free-financing to qualified applicants.
- A 60-day hearing aid evaluation period.
- 1 year of follow-up care at no charge, with the original provider.¹²
- 3-year supply of batteries (up to 64 batteries per ear, per year for non-rechargeable devices).
- A 3-year warranty including repairs, loss and damage.

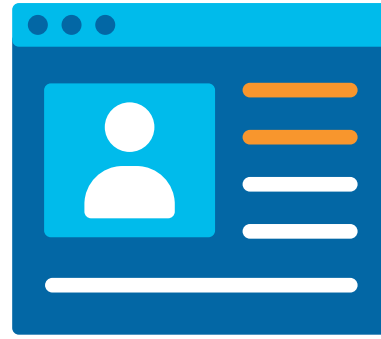
For details on this discount, or to schedule your comprehensive hearing exam, call Hearing Care Solutions at **1-866-344-7756**. For more details, visit www.hearingcaresolutions.com/tuftshealthplan.

Your online account

You can sign up to access your personal account information online!

At the Tufts Health Plan secure online site, it's easy to create an account that lets you:

- View your claims history
- View your current and past referrals
- View your monthly Explanation of Benefits (EOB) documents
- Manage your eDelivery preferences
- And more!



To register, follow these simple steps:

- 1** Visit www.thmp.org/registration.
- 2** On the registration page, enter your member ID number (found on your member ID card), and your date of birth.
- 3** Answer security questions so we can verify your identity.
- 4** Enter your email address and password, enter your mobile phone number (optional), choose your three security questions, and choose your site key image and security phrase.
- 5** Make your selections for eDelivery. If you would like to view your plan documents electronically instead of receiving them by mail, make sure you select "**Electronic**" for each option.

Note: For the best experience, use a desktop computer to register—some features may not be accessible from a mobile device.

For more details on how to navigate your secure online account, view our more comprehensive guide at www.thmp.org/account-guide.

Notice of Privacy Practices

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 values your privacy rights and is committed to safeguarding your demographic, medical, and financial information we may receive or collect when providing services to you. The information we collect includes protected health information ("PHI") and personal information ("PI"). PHI is information that relates to your physical or behavioral health condition, your health care, or the payment for your health care. PI includes information like your name and Social Security number. PHI and PI are referred to as "information" elsewhere in this notice.

We may obtain your information from a number of sources, such as through your enrollment in a plan or from doctors and hospitals who submit claim forms containing your information so that we may pay them for services they provided to you. We are required by law to maintain the privacy of your information. To support this, Tufts Health Plan has privacy and security policies for safeguarding, using, and disclosing information in compliance with applicable state and federal laws. All employees must complete annual privacy and security training, and access to your information is limited to employees who require it to do their job. Tufts Health Plan also requires its business partners who assist with administering health care coverage to you on our behalf to protect your information in accordance with applicable laws.

Tufts Health Plan is required to provide you with notice of our legal duties and privacy practices with respect to your information, and to follow the duties and practices described in the notice currently in effect. We may change the terms of this notice at any time and apply the new notice to any information we already maintain. If we make an important change to our notice, we will publish the updated notice on our website at thpmp.org.

How We Use And Disclose Your Information

In order to administer your health care coverage, including paying for your health care services, we

need to use and disclose your information in a number of ways. Tufts Health Plan maintains and enforces company policies governing the use and disclosure of information, including only using or disclosing the minimum amount of information necessary for the intended purpose. The following are examples of the types of uses and disclosures we are permitted or required by federal law to make without your written authorization. Where state or other federal laws offer you greater privacy protections, we will follow the more stringent requirements.

For Payment

Tufts Health Plan may use or disclose your information for payment purposes to administer your health benefits, which may involve obtaining premiums, determination of eligibility, claims payment, and coordination of benefits. Examples include:

- Paying claims that were submitted to us by physicians and hospitals.
- Providing information to a third party to administer an employee- or employer-funded account, such as a Flexible Spending Account ("FSA") or Health Reimbursement Account ("HRA"), or another benefit plan, such as a dental benefits plan.
- Performing medical necessity reviews.

Sharing information with third parties for Insurance Liability Recovery ("ILR") or subrogation purposes.

For Health Care Operations

Tufts Health Plan may use or disclose your information for operational purposes, such as care management, customer service, coordination of care, or quality improvement. Examples include:

- Assessing and improving the quality of service, care and outcomes for our members.
- Learning how to improve our services through internal and external surveys.
- Reviewing the qualifications and performance of physicians.

- Evaluating the performance of our staff, such as reviewing our customer service phone conversations with you.
- Seeking accreditation by independent organizations, such as the National Committee for Quality Assurance.
- Engaging in wellness programs, preventive health, early detection, disease management, health risk assessment participation initiatives, case management, and coordination of care programs, including sending preventive health service reminders.
- Providing you with information about a health-related product or service included in your plan of benefits.
- Using information for underwriting, establishing premium rates and determining cost sharing amounts, as well as administration of reinsurance policies. (Tufts Health Plan will not use or disclose any genetic information it might otherwise receive for underwriting purposes.)
- Facilitating transition of care from and to other insurers, health plans or third-party administrators.
- Communicating with you about your eligibility for public programs, such as Medicare.
- Other general administrative activities, including data and information systems management, risk management, auditing, business planning, and detection of fraud and other unlawful conduct.

For Treatment

Tufts Health Plan may use and disclose your information for health care providers (doctors, dentists, pharmacies, hospitals, and other caregivers) to treat you. Examples include:

- Our care managers providing your information to a home health care agency to make sure you get the services you need after discharge from a hospital.
- Quality improvement programs, safety initiatives, and clinical reminders sent to your primary care provider.
- Disclosing a list of medications you've received using your Tufts Health Plan coverage to alert your treating providers about any medications prescribed to you by other providers and help

minimize potential adverse drug interactions.

- Receiving your test results from labs you use, from your providers, or directly from you, using the results to develop tools to improve your overall health, and sharing the results with providers involved in your care.

For Other Permitted or Required Purposes

The following are examples of the additional types of uses and disclosures Tufts Health Plan is permitted or required by law to make without your written authorization:

- To **you, your family, and others involved in your care** when you are unavailable to communicate (such as during an emergency), when you are present prior to the disclosure and agree to it, or when the information is clearly relevant to their involvement in your health care or payment for health care.
- Sharing eligibility information and copayment, coinsurance, and deductible information for dependents with the **subscriber of the health plan** in order to facilitate management of health costs and Internal Revenue Service verification.
- To your **Personal Representative** (including parents or guardians of a minor, so long as that information is not further restricted by applicable state or federal laws) or to an individual you have previously indicated is your Designated Representative or is authorized to receive your information. Information related to any care a minor may receive without parental consent remains confidential unless the minor authorizes disclosure.
- To our **business partners and affiliates**. Tufts Health Plan may contract with other organizations to provide services on our behalf. In these cases, Tufts Health Plan will enter into an agreement with the organization explicitly outlining the requirements associated with the protection, use and disclosure of 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: Harvard Pilgrim Health Care, Inc., Harvard Pilgrim Health Care of New England, Inc., HPHC

Insurance Company, Inc., Tufts Associated Health Maintenance Organization, Inc., Tufts Health Public Plans, Inc., Tufts Insurance Company, CarePartners of Connecticut, Inc., and Point32Health Services, Inc. Group Health Plan.

- To your **plan sponsor**, when sharing information used for enrollment, plan renewal, or plan administration purposes. This is your employer or the employer of your subscriber if you are enrolled through an employer. When sharing detailed information, your plan sponsor must certify that they will protect the privacy and security of your information and that the information will not be used for employment decisions.
- To **government entities**, such as the Centers for Medicare & Medicaid Services, the Health Connector, HealthSourceRI, or MassHealth, if you are enrolled in a government-funded plan.
- To provide information for **health research** to improve the health of our members and the community in certain circumstances, such as when an Institutional Review Board or Privacy Board approves a research proposal with protocols to protect your privacy, or for purposes preparatory to research.
- To **comply with laws** and regulations, such as those related to **workers' compensation** programs.
- For **public health activities**, such as assisting public health authorities with disease prevention or control and pandemic response efforts.
- To report suspected cases of **abuse, neglect, or domestic violence**.
- For **health oversight activities**, such as audits, inspections, and licensure or disciplinary actions. For example, Tufts Health Plan may submit information to government agencies such as the U.S. Department of Health and Human Services or a state insurance department to demonstrate its compliance with state and federal laws.
- For **judicial and administrative proceedings**, such as responses to court orders, subpoenas, or discovery requests.
- For **law enforcement purposes**, such as to help identify or locate a victim, suspect, or missing person.
- Disclosures to **coroners, medical examiners,**

and funeral directors about decedents. Tufts Health Plan may also disclose information about a **decedent** to a person who was involved in their care or payment for care, or to the person with legal authority to act on behalf of the decedent's estate.

- To **organ procurement** organizations for cadaveric organ, eye, or tissue donation purposes, only after your prior authorization.
- To **prevent a serious threat** to your health or safety, or that of another person.
- For **specialized government functions**, such as national security and intelligence activities.
- Disclosures by employees for **whistleblower** purposes.

Other than the permitted or required uses and disclosures described above, Tufts Health Plan will only use and disclose your information with your written authorization. For example, we require your authorization if we intend to sell your information, use or disclose your information for marketing or fundraising purposes, or, in most cases, use or disclose your psychotherapy notes.

You may give us written authorization to use or disclose your information to any individual or organization for any purpose by submitting a completed authorization form. The form can be found at www.thpmp.org, or you may obtain a copy by calling Member Services at the phone number listed on your Tufts Health Plan ID card.

You may revoke such an authorization at any time in writing, except to the extent we have already made a use or disclosure based on a previously executed authorization.

Your Rights With Respect To Your Information

The following are examples of your rights under federal law with respect to your information. You may also be entitled to additional rights under state law.

Request a Restriction

You have the right to request we restrict the way we use and disclose your information for treatment, payment, or health care operations, to individuals involved in your care, or for notification purposes, including asking that we not share your information for health research purposes. We are not, however,

required by law to agree to your request.

Request Confidential Communications

You have the right to request we send communications to you at an address of your choice or that we communicate with you by alternative means. For example, you may ask us to mail your information to an address that is different than your subscriber's address. We will accommodate reasonable requests.

Access Your Information and Receive a Copy

You have the right to access, inspect, and obtain a copy of your information maintained by Tufts Health Plan (with certain exceptions). We have the right to charge a reasonable fee for the cost of producing and mailing copies of your information.

Amend Your Information

You have the right to request we amend your information if you believe it is incorrect or incomplete. We may deny your request in certain circumstances, such as when we did not create the information. For example, if a provider submits medical information to Tufts Health Plan that you believe is incorrect, the provider will need to amend that information.

Receive an Accounting of Disclosures

You have the right to request an accounting of those instances in which we disclosed your information, except for disclosures made for treatment, payment, or health care operations, or for other permitted or required purposes. Your request must be limited to disclosures in the six years prior to the request. If you request an accounting more than once in a 12-month period, we may charge you a reasonable fee.

Receive a Copy of this Notice of Privacy Practices

You have the right to receive a paper copy of this notice from us at any time upon request.

Be Notified of a Breach

You have the right to be notified if there is a breach of your unsecured information by us or our business partners. We will provide you written notice via mail, unless we do not have up-to-date contact information for you. In these cases we will notify you by a substitute method, such as posting the notice on our public website. You may exercise any of your privacy rights described above by contacting Member Services at the phone number listed on your Tufts Health Plan ID card. In some cases, we may require you to submit a

written request. Tufts Health Plan will not require you to waive your rights as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.

Whom To Contact With Questions Or Complaints

If you believe your privacy rights have been violated or you would like more information, you may send a question or complaint to:

Privacy Officer
Point32Health
1 Wellness Way
Canton, MA 02021

Or, you may call our Compliance Hotline at **1-877-824-7123** or Member Services at the phone number listed on your Tufts Health Plan ID card. You also have the right to submit a complaint to the Secretary of the Department of Health and Human Services. You can find more information at www.hhs.gov/ocr.

Tufts Health Plan will not take retaliatory action against you for filing a complaint.

THIS NOTICE IS EFFECTIVE SEPTEMBER 1, 2022.

Visit us online

www.thpmp.org

Authorization to Disclose Protected Health Information Form

This form allows an authorized representative to speak to us about your protected health information. To print this form, visit www.thmp.org/auth-disclose.

Designated Representative Form

This form allows a designated representative to receive all information pertaining to your protected health information and make decisions or changes related to your plan (e.g., demographic and plan changes, premium payments, etc.) See page 19 to fill out this form.

Centers for Medicare & Medicaid Services Appointment of Representative Form

This form allows someone to file an appeal or grievance on your behalf. To print this form, visit www.thmp.org/cms-aor-form.

Optum Mail Order Form

Use this form to sign up for mail order and have prescriptions that you refill each month delivered right to your home. Section 3 of the form asks for a credit card number to be charged for your prescriptions. Your prescription drugs are \$0, so you may leave that section blank. See page 21 to fill out this form and use the enclosed envelope addressed to OptumRx to mail. You can also sign up by calling OptumRx at **1-800-510-4817**.

Member Reimbursement Form

Use this form to request reimbursement for health care services you have received that were not initially covered by Tufts Health Plan (such as out-of-country health care services). To print this form visit www.thmp.org/forms.

If you have any questions about these forms,
call Member Services at **1-855-670-5934 (TTY: 711)**.

This form may be used to designate a representative to act on a member's behalf and authorize Tufts Health Plan* to disclose the member's protected health information to the representative.

All fields are required. Incomplete or incorrect forms will be returned to the member's address on file.

Member Information *For individual designating a representative to act on their behalf ("Member")*

Name

Member ID number

Street address

City

State

ZIP code

Birth date (MM/DD/YYYY)

Telephone number

Email address

Designated Representative Information

Member hereby authorizes Tufts Health Plan to disclose their information to the following individual and allow the individual to act on their behalf ("Designated Representative")

Name

Relationship to member

Street address

City

State

ZIP code

Birth date (MM/DD/YYYY)

Telephone number

Email address

Terms of This Designation

1. Designated Representative is being appointed to act on Member's behalf with regard to certain matters related to their insurance coverage and benefits provided by Tufts Health Plan. This authority includes acting on Member's behalf to receive their health information from Tufts Health Plan and/or make changes related to enrollment, premium payments, benefits, claims, address changes, PCP changes, and/or requests for special communications.
2. Designated Representative is being appointed to act on Member's behalf with regard to certain matters related to their insurance coverage and benefits provided by Tufts Health Plan. This authority includes acting on Member's behalf to receive their health information from Tufts Health Plan and/or make changes related to enrollment, premium payments, benefits, claims, address changes, PCP changes, and/or requests for special communications.

3. Member's information disclosed by Tufts Health Plan may include, but is not limited to, demographic information, a history of illnesses and treatments, test results, and lists of allergies and medications. Member acknowledges that the disclosure may include information in the following protected categories: abortion, AIDS/ARC, alcohol and substance abuse (including information about services provided by federally assisted substance use disorder treatment programs), behavioral health, domestic violence, genetic testing, HIV, physical abuse, reproductive health, and sexually transmitted infection testing, treatment and prevention.
4. Tufts Health Plan is accepting this Designation and making associated disclosures for the purpose of fulfilling the request of Member.
5. Tufts Health Plan will not condition treatment, payment, enrollment or eligibility for benefits on whether Member signs this Designation.
6. Tufts Health Plan will disclose Member's information in accordance with this Designation. Once the information is disclosed according to this Designation, it is no longer protected by HIPAA and may be redisclosed by the Designated Representative.
7. Member has a right to receive a copy of this Designation.
8. Unless indicated here, this Designation will remain in effect for two (2) years from the date of signature on this form (or, for a minor age 0-11, the day before the minor's 12th birthday, whichever is earlier). If Member desires an alternate end date, please specify a date here: _____
9. Member may revoke this Designation in writing at any time prior to its termination, except to the extent that information has already been disclosed while this Designation was in effect.

I have read and understand the terms of this Designation and I hereby authorize the disclosure of my information in the manner described above. I represent that the signature below is my own and that I am legally authorized to sign this document.

Signature of member or personal representative**

Date (MM/DD/YYYY)

Printed name

Relationship, if not member**

**This Designation will only be valid if signed by Member, the parent or guardian of Member if Member is age 0-11, or Member's Personal Representative (e.g., power of attorney, health care proxy, etc.). If you are not Member, please indicate your relationship to Member above and submit a copy of the applicable legal documentation if you are a Personal Representative (if not already provided).

Please return completed form and supporting legal documentation (if applicable) to:

Via fax: ATTN: Member Services Department
1-617-972-9405

Via mail: Tufts Health Plan Medicare Preferred
Member Services Department
PO Box 494
Canton, MA 02021-0494

If you have any questions about this form, please contact a Member Services representative at the number listed on the back of your Member ID card.

*For purposes of this Designation, Tufts Health Plan includes Harvard Pilgrim Health Care, Inc., Harvard Pilgrim Health Care of New England, Inc., HPHC Insurance Company, Inc., Harvard Pilgrim Group Health Plan, Tufts Associated Health Maintenance Organization, Inc., Tufts Health Public Plans, Inc., Tufts Insurance Company, CarePartners of Connecticut, Inc., and Tufts Associated Health Plans, Inc., and all of their present and future affiliates. This Designation also applies to vendors acting on behalf of the above-named entities.

a **Point32Health** company

1. Member and physician information – please use black or blue ink. One form per member.

Member ID number		
(Additional coverage, if applicable) Secondary member ID number		
Last name	First name	MI
Delivery address		Apt. #
City	State	Zip code
Phone number with area code		
Date of birth (mm/dd/yyyy)	Email address	
Physician name		
Physician phone number with area code		

2. Health history

Medication allergies:	<input type="checkbox"/> Aspirin	<input type="checkbox"/> Erythromycin	<input type="checkbox"/> Quinolones	<input type="checkbox"/> Others: _____
	<input type="checkbox"/> None known	<input type="checkbox"/> Cephalosporins	<input type="checkbox"/> NSAIDs	_____
	<input type="checkbox"/> Amoxil/Ampicillin	<input type="checkbox"/> Codeine	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Tetracyclines
Health conditions:	<input type="checkbox"/> Asthma	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> High cholesterol	<input type="checkbox"/> Others: _____
	<input type="checkbox"/> None known	<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart condition	<input type="checkbox"/> Osteoporosis
	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Thyroid disease

Over-the-counter medications, vitamins and herbal supplements taken regularly:

3. Payment and shipping information – do not send cash

Standard delivery is included at no charge. Prescriptions should arrive within 5 business days after the pharmacy receives the complete order. The pharmacy will contact you if there will be an extended delay in delivering your medications.

Visit the website listed on your member ID card to check drug pricing before sending payment. Once shipped, medications may not be returned for a refund or adjustment.

<input type="checkbox"/> Expedite shipping. Add \$20.00 to order amount (subject to change).	New credit card number
<input type="checkbox"/> Check enclosed. All checks must be signed and made payable to: Optum Rx.	_____
<input type="checkbox"/> Charge to my credit card on file.	Expiration Date (Month/Year)
<input type="checkbox"/> Charge to my new credit card.	____/____
	Visa, MasterCard, AMEX and Discover are accepted.




Signature: _____ Date: _____

For new prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance and other such expenses related to prescription orders. By supplying my credit card number, **I authorize Optum Rx to maintain my credit card on file as payment method for any future charges.** To modify payment selection, contact customer service at any time.

4. Mail this completed order form with your new prescription(s) to Optum Rx, P.O. Box 2975, Mission, KS 66201. Do not staple or tape prescriptions to the order form.



Your 2025 plan documents listed below are now available

-  2025 Evidence of Coverage (EOC)
-  2025 Provider and Pharmacy Directory
-  2025 Formulary (List of Covered Drugs)

There are several ways to access these documents.

For the fastest way to access your documents, log in to your secure online account.

 www.thmp.org/login

If you don't have a secure online account, sign up at www.thmp.org/registration.

Or,

- Visit www.thmp.org/sco-member.
- If you would like a printed document mailed to you, you may request one by emailing us at TuftHealthPlanMemberExperience@point32health.org.
- You can also request a printed copy by calling Member Services at **1-855-670-5934 (TTY: 711)** 8 a.m.–8 p.m., 7 days a week (Mon.–Fri. from Apr. 1–Sept. 30).

What is the My Ombudsman program?

My Ombudsman is an independent program that helps you, as a member of Tufts Health Plan Senior Care Options, to address concerns or conflicts that may interfere with your enrollment in Tufts Health Plan Senior Care Options or access to Tufts Health Plan Senior Care Options benefits and services. This program is **neutral, offers an additional resource, and does not** duplicate or replace resources that are already available to you, a family member or a caregiver, including the MassHealth Customer Service Center or Tufts Health Plan Senior Care Options Member Services.

How does the My Ombudsman program work?

My Ombudsman works with you and MassHealth when and if needed to:

- Provide information and resources in the community
- Provide additional assistance to help you resolve any issues you may have
- Work to resolve your concerns quickly and properly
- Investigate the problem
- Identify your options

When to contact My Ombudsman?

You should contact the *My Ombudsman* program **if you have already contacted our Tufts Health Plan Senior Care Options Member Services team and need additional assistance** with your questions and/or concerns.

How to contact My Ombudsman?

Please contact them directly using one of the methods below:

CALL	1-855-781-9898 Available 9:00 a.m. to 4:00 p.m., Monday through Friday. Leave a message on the <i>My Ombudsman</i> secure voicemail system at any time.
VIDEOPHONE	Deaf and Hard of Hearing 1-339-224-6831
MAIL	My Ombudsman 25 Kingston Street, 4th Floor Boston, MA 02111
EMAIL	info@myombudsman.org
WEBSITE	www.myombudsman.org

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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 **1-855-670-5934 (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 **<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

1-800-368-1019 (TDD: **1-800-537-7697**)

Complaint forms are available at **www.hhs.gov/ocr/office/file/index.html**.

www.thpmp.org/sco | **1-855-670-5934 (TTY: 711)**

Multi-language Interpreter Services

English: We have free interpreter services available for people who require translation services to answer any questions you may have about our health or drug plan. We can also give you information in English, braille, large print, or other alternate format. Just call us at 1-855-670-5934. Someone who speaks English can help you. This is a free service.

Spanish: Contamos con servicios gratuitos de intérpretes disponibles para personas que requieren servicios de traducción para responder cualquier pregunta que usted pueda tener sobre nuestro plan de salud o medicamentos. También podemos brindarle información en español, braille, letra grande u otro formato alternativo. Simplemente llámenos al 1-855-670-5934. Una persona que habla español le puede ayudar. Este es un servicio gratuito.

Chinese Simplified: 我们为需要翻译服务的人提供免费口译服务，回答您对我们的健康或药物计划的任何问题。我们还可以以简体中文、盲文、大字体或其他替代格式为您提供信息。请致电 1-855-670-5934 联系我们。会说普通话的人会帮助您。本项服务免费。

Chinese Traditional: 我們為有翻譯服務需求者提供免費口譯服務，以針對我們的健康或藥物計劃，為您回答任何您可能提出的問題。我們也以繁體中文、點字、大字體或其他替代格式為您提供資訊。請撥打電話：1-855-670-5934。會說中文的人可以協助您。此為免費服務。

Tagalog: Mayroon kaming mga libreng serbisyo ng interpreter na magagamit ng mga taong nangangailangan ng mga serbisyo ng pagsalin upang masagot ang anumang maaaring tanong mo tungkol sa aming plano sa kalusugan o gamot. Maaari din kaming magbigay sa iyo ng impormasyon na nasa Tagalog, braille, malalaking titik, o iba pang alternatibong format. Tumawag lang sa amin sa 1-855-670-5934. Matutulungan ka ng isang taong nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French: Nous mettons des services d'interprétariat gratuits à la disposition de tous ceux qui ont besoin de services de traduction pour répondre aux questions que vous pourriez poser sur notre régime d'assurance-maladie ou médicaments. Nous pouvons vous fournir des informations en français, braille, lettres majuscules, ou tout autre format. Veuillez nous appeler au 1-855-670-5934. Une personne qui parle français pourra vous assister. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí cho người cần phiên dịch để trả lời bất kỳ câu hỏi nào mà quý vị có thể có về chương trình bảo hiểm y tế hay chương trình thuốc của chúng tôi. Chúng tôi cũng có thể cung cấp thông tin cho quý vị bằng Tiếng Việt, chữ nổi braille, bản in chữ lớn, hay định dạng thay thế khác. Quý vị chỉ cần gọi chúng tôi theo số 1-855-670-5934. Một người nói Tiếng Việt có thể giúp quý vị. Đây là dịch vụ miễn phí.

German: Wir stellen Dolmetscherdienste kostenlos all jenen zur Verfügung, die zwecks Beantwortung ihrer Fragen zu den für sie geltenden Kostenübernahme- und Zuzahlungsregeln Übersetzungsdienste benötigen. Zudem informieren wir Sie bei Bedarf in Deutsch, Brailleschrift, Großdruck oder anderen Formaten. Rufen Sie uns einfach an: 1-855-670-5934. Hier erhalten Sie Hilfe von jemand, der Deutsch spricht. Dieser Service ist kostenlos.

Korean: 번역 서비스가 필요하신 분들에게 건강 플랜 또는 약품 플랜에 대한 문의에 답변을 드리기 위해 무료 통역 서비스를 제공합니다. 또한 한국어, 점자, 큰 활자 또는 기타 대체 형식으로 정보를 제공할 수 있습니다. 1-855-670-5934번으로 전화해 주십시오. 한국어를 구사하는 사람이 도와드릴 수 있습니다. 통역은 무료 서비스입니다.

Russian: Мы предоставляем бесплатную услугу устного перевода для людей, которым он необходим, чтобы ответить на вопросы о здоровье или плане получения рецептурных препаратов. Мы также можем предоставить вам информацию на русском языке, с использованием шрифта Брайля, крупным шрифтом или в другом альтернативном формате. Просто позвоните по номеру 1-855-670-5934. Вам поможет сотрудник, владеющий русским языком. Это — бесплатная услуга.

Arabic: لدينا خدمات ترجمة فورية مجانية متاحة للأشخاص الذين يحتاجون إلى خدمات الترجمة للإجابة عن أي أسئلة قد تكون لديك حول خطتنا الصحية أو الدوائية. يمكننا أيضًا تزويدك بالمعلومات باللغة العربية أو بطريقة برايل أو بحروف كبيرة أو بأي تنسيق بديل آخر. كل ما عليك هو الاتصال بنا على الرقم 1-855-670-5934. يمكن أن يقوم شخص يتحدث باللغة العربية بمساعدتك. هذه الخدمة مجانية.

Hindi: हमारे पास उन लोगों के लिए मुफ्त दुभाषिया सेवाएं उपलब्ध हैं जिन्हें हमारी स्वास्थ्य या दवा योजना के बारे में उनके किसी भी प्रश्न का उत्तर देने के लिए अनुवाद सेवाओं की आवश्यकता है। हम आपको हिंदी, ब्रेल, बड़े प्रिंट या अन्य वैकल्पिक प्रारूप में भी जानकारी दे सकते हैं। बस हमें 1-855-670-5934 पर कॉल करें। हिन्दी बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Se occorre una traduzione, i nostri servizi di interpretariato sono disponibili gratuitamente per offrire chiarimenti e risposte in merito al nostro piano sanitario o per i medicinali. Possiamo offrire informazioni anche in italiano, braille, caratteri grandi o altri formati. Non esiti a chiamarci al recapito 1-855-670-5934. Una persona che parla italiano sarà pronta a offrire assistenza. Questo servizio è gratuito.

Portuguese: Temos serviços de interpretação gratuitos para quem necessita de serviços de tradução para responder a qualquer questão que possamos ter sobre o seu plano de saúde ou medicação. Também podemos dar todas as informações em Português, braille, letra de grande dimensão ou formato alternativo. Basta ligar para o 1-855-670-5934. Alguém fala Português e poderá ajudar. É um serviço gratuito.

French Creole: Nou gen sèvis entèprèt gratis ki disponib pou moun ki bezwen sèvis tradiksyon pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa anrapò ak plan medikaman nou an. Nou kapab ba w enfòmasyon tou nan lang Kreyòl ayisyen, bray, gwo lèt, oswa lòt fòm. Jis rele nou nan 1-855-670-5934. Yon moun ki pale lang Kreyòl ayisyen ka ede w. Sa a se yon sèvis gratis.

Polish: Osobom potrzebującym tłumaczenia oferujemy bezpłatne usługi tłumacza, który odpowie na wszelkie pytania związane z naszym planem zdrowotnym lub dotyczącym leków. Możemy również udzielić informacji w języku polskim, alfabecie Braille'a, dużym druku lub innym alternatywnym formacie. Wystarczy zadzwonić pod numer 1-855-670-5934. Ktoś mówiący w języku polskim może Ci pomóc. Jest to usługa bezpłatna.

Japanese: 私たちの医療や医薬品の計画に関する、どのような質問にもお答えするため、翻訳サービスが必要な方のための無料通訳サービスを提供しています。情報は、日本語、点字、大活字、その他の代替形式でも提供可能です。1-855-670-5934にお電話ください。日本語対応でお手伝いいたします。これは無料のサービスです。

Khmer: យើងមានសេវាកម្មអ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃសម្រាប់អ្នក ដែលត្រូវការសេវាកម្មបកប្រែ ដើម្បីឆ្លើយសំណួរណាមួយដែលអ្នកអាចមាន ទាក់ទងនឹងគម្រោងសុខភាព ឬឱសថរបស់យើង។ យើងក៏អាចផ្តល់ជូនអ្នកនូវព័ត៌មានជាភាសា ខ្មែរ អក្សរសម្រាប់ជនពិការផ្នែក អក្សរពុម្ពធំ ឬជាទម្រង់ដទៃផ្សេងទៀតបានផងដែរ។ គ្រាន់តែហៅទូរសព្ទមកយើងតាមលេខ 1-855-670-5934 ។ អ្នកដែលនិយាយភាសា ខ្មែរ អាចជួយអ្នកបាន។ នេះជាសេវាកម្មមិនគិតថ្លៃនោះទេ។

Laotian: ພວກເຮົາມີການບໍລິການນາຍສາພາສາທີ່ມີໃຫ້ສໍາລັບຜູ້ທີ່ຕ້ອງການການບໍລິການການແປພາສາ ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດ ຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ພວກເຮົາຍັງສາມາດໃຫ້ທ່ານເປັນຂໍ້ມູນໃນພາສາລາວ, ຕົວໜັງສືພຽງ, ການພິມຂະ ໜາດໃຫຍ່ ຫຼື ຮູບແບບອື່ນໆ. ພຽງແຕ່ໃຫ້ພວກເຮົາທີ່ 1-855-670-5934. ຄົນທີ່ເວົ້າພາສາລາວ ສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການພຣິ.

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Questions?



Visit www.thmp.org/sco-member



Call **1-855-670-5934 (TTY: 711)**

Representatives are available 7 days a week, 8 a.m.–8 p.m.
(April 1–September 30: Monday through Friday, 8 a.m.–8 p.m.)

¹\$425/calendar quarter credit is for the purchase of eligible Medicare and Medicaid-approved OTC items as well as eligible groceries from participating retailers and plan-approved online stores. Unused balance at the end of a calendar quarter does not roll over. Under certain circumstances, items may be covered under your Medicare Part B or Part D benefit.

²Benefit and network limits may apply. Services must be performed by a DentaQuest provider.

³Non-emergency. Non-medical rides limited to 2 round trips per month, 20 miles each way of trip. Members must use plan-approved vendor to access benefit. Exceptions may apply.

⁴\$300 available toward the full retail price (not sale price) for eyeglasses (lenses, frames, and/or a combination) and/or contact lenses from a provider in the EyeMed Vision Care network or up to \$180 from a provider not in the EyeMed Vision Care network.

⁵Quantity limit applies to hearing aids. OTC hearing aids are covered under the over-the-counter (OTC) benefit.

⁶YMCA membership is valid at a local YMCA facility located within our service area in Massachusetts.

⁷Medicare 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. Up to 20 acupuncture services for general pain management covered when provided by a licensed acupuncturist. Prior authorization required after 20 visits.

⁸Activity tracker is limited to one per member per calendar year.

⁹Except in an emergency, requests for transportation to medical or non-medical appointments must be made at least 2 business days in advance of the appointment, not counting the day of the call. If you have a medical emergency, call 911 for help or go to the nearest emergency room or hospital. Call for an ambulance if you need it.

¹⁰ChooseHealthy is a trademark of American Specialty Health and used with permission herein.

¹¹Discount is separate from covered benefit, see your Evidence of Coverage (EOC) available at www.thmp.org/documents for details.

¹²Routine service during the first year is with the original provider. Any services during the first year that are not administered by original provider are subject to charges at the provider's discretion.

¹³Some restrictions apply.

Representatives are available 7 days a week, 8 a.m.–8 p.m. (April 1–September 30: Monday through Friday, 8 a.m.–8 p.m.) The HMO-SNP is available to anyone who has both MassHealth Standard (Medicaid) and Medicare Parts A and B. The SCO is available to anyone who has MassHealth Standard only. You are not eligible to enroll into Tufts Health Plan Senior Care Options if you are enrolled in any other health insurance plan, with the exception of Medicare. Other eligibility requirements and restrictions may apply. 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). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-670-5934 (TTY: 711).

Know someone who could use a new health plan?

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Ask them to call Tufts Health Plan Senior Care Options today.

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