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2024 Summary of Benefits

Tufts Medicare Preferred Access (PPO)

This *Summary of Benefits* covers plans in the following counties in Massachusetts: **Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester.**

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.thmp.org to view the *Evidence of Coverage*. You can also request a printed copy by calling Member Services at 1-866-623-0172 (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 January 1, 2024–December 31, 2024

H9907_2024_1_M

Summary of Benefits

January 1, 2024–December 31, 2024

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 Medicare Preferred Access (PPO)).

Tips for comparing your Medicare choices

This *Summary of Benefits* booklet gives you a summary of what Tufts Medicare Preferred Access 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 at 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 Medicare Preferred Access

Who can join?

To join Tufts Medicare Preferred Access, 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: Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester.

Which doctors, hospitals, and pharmacies can I use?

Tufts Medicare Preferred Access has a network of doctors, hospitals, pharmacies, and other providers. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's *Provider and Pharmacy Directory* at our website (www.thpmp.org).

Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in emergency or urgent situations, non-contracted providers may deny care. In addition, if you use an out-of-network provider, your share of the cost for covered services may be higher.

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.

Tufts Medicare Preferred Access covers Part D drugs, as well as enhanced coverage of certain drugs such as select erectile dysfunction (ED) drugs, vitamins and minerals, and cough/cold products. In addition, Tufts Medicare Preferred Access covers Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, www.thpmp.org.

How will I determine my drug costs for Tufts Medicare Preferred Access?

Our plan groups each medication into one of six “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. The amount you pay also depends on whether you fill your prescription at a preferred pharmacy or a non-preferred pharmacy. Later in this document, we discuss the benefit stages: Initial Coverage, the Coverage Gap, and Catastrophic Coverage.

This document is available in other formats such as Braille and large print.

	Tufts Medicare Preferred Access
Monthly Plan Premium	
	\$0 per month
What You Should Know	In addition, you must keep paying your Medicare Part B premium.
Deductible	This plan does not have a deductible.

Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$5,600 for in-network services \$9,550 for in- and out-of-network services combined
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	Tufts Medicare Preferred Access In-network	Tufts Medicare Preferred Access Out-of-network
Inpatient Hospital Care		
Inpatient hospital care	\$400 copay per day for days 1-5; \$0 copay for day 6 and beyond	40% of the cost
What You Should Know	Our plan covers an unlimited number of days for an inpatient hospital stay. Prior authorization may be required for in-network services.	
Outpatient Hospital Care		
Outpatient hospital services	\$390 copay per day	40% of the cost
Outpatient surgery (services provided at hospital outpatient facilities)	Colonoscopies: \$0 copay; Other services: \$390 copay per day	40% of the cost
Ambulatory surgical center (ASC) services	Colonoscopies: \$0 copay; Other services: \$290 copay per day	40% of the cost
What You Should Know	Prior authorization may be required for in-network services.	
Doctor Visits		
Primary care physician	\$0 copay per visit	\$0 copay per visit
Specialist	\$45 copay per visit	\$45 copay per visit
What You Should Know	There is no copay in-network for an annual physical exam with your PCP. Office visit cost-share applies for surgery services furnished in the physician's office.	
Preventive care	\$0 copay per visit	40% of the cost
What You Should Know	Any additional preventive services approved by Medicare during the contract year will be covered.	
Emergency care	\$90 copay per visit	\$90 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. Your plan includes worldwide coverage for emergency care.	
Urgently needed services	\$45 copay per visit	\$45 copay per visit

Inpatient and Outpatient Care and Services	Tufts Medicare Preferred Access In-network	Tufts Medicare Preferred Access Out-of-network
What You Should Know	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)	\$100 copay per day for ultrasound; \$200 copay per day for all other Medicare-covered diagnostic radiology services.	40% of the cost
Diagnostic tests and procedures	\$30 copay per day	40% of the cost
Lab services	\$0 copay per day	40% of the cost
Outpatient X-rays	\$30 copay per day	40% of the cost
What You Should Know	Diagnostic tests and procedures, lab services, and outpatient X-rays performed and billed as part of an office visit or urgent care visit will not pull a separate copay in addition to the applicable office visit or urgent care copay. Prior authorization may be required for in-network services.	
Hearing Services		
Exam to diagnose and treat hearing and balance issues	\$45 copay per visit	\$45 copay per visit
Routine hearing exam (up to 1 every year)	\$0 copay per visit	\$45 copay per visit
Hearing aids	Standard level: \$250 copay per hearing aid; Superior level: \$475 copay per hearing aid; Advanced level: \$650 copay per hearing aid; Advanced Plus level: \$850 copay per hearing aid; Premier level: \$1,150 copay per hearing aid.	
What You Should Know	You must purchase hearing aids through Hearing Care Solutions to receive the hearing aid benefit. Up to 2 hearing aids per year, 1 hearing aid per ear. Cost-share for hearing aid fitting is \$0 if provided by Hearing Care Solutions, and 40% coinsurance for other providers.	
Dental		
Limited Medicare-covered dental services	\$45 copay per visit	\$45 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.	
Flex Advantage spending card	\$1,500 per calendar year on a prepaid Visa Card for supplemental dental services. The Flex Advantage spending card can be used to pay for covered dental services at any dentist in the country that accepts Visa.	
What You Should Know	Dental services covered under the Flex Advantage spending card are limited to non-cosmetic non-Medicare covered dental procedures. Coverage is up to the annual benefit limit, and member is responsible for all costs above this amount. Unused balance at the end of the year does not roll over. The Flex Advantage spending card is a dual purpose card also loaded with quarterly credit that members can use to buy Medicare-approved over-the-counter (OTC) items at participating retailers and plan approved online stores. Please refer to your Evidence of Coverage for more information.	
Vision Services		
Routine eye exam (up to 1 every year)	\$0 copay per visit	\$45 copay per visit
Exam to diagnose and treat diseases and conditions of the eye	\$45 copay per visit	\$45 copay per visit
Annual glaucoma screening	\$0 copay per visit	\$45 copay per visit

Inpatient and Outpatient Care and Services	Tufts Medicare Preferred Access In-network	Tufts Medicare Preferred Access Out-of-network
Annual eyewear benefit	Up to \$150 allowance per calendar year	
What You Should Know	If you purchase your glasses, frames, prescription lenses, and/or contacts from a participating vision provider in the EyeMed Vision Care network, the \$150 allowance is applied at the point of sale. Otherwise, you must pay out-of-pocket and submit for reimbursement.	
Mental Health Services		
Inpatient visit	\$400 copay per day for days 1-4; \$0 copay for day 5 and beyond	40% of the cost
Outpatient group or individual therapy visit	\$25 copay per visit	40% of the cost
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.	
Skilled Nursing Facility (SNF)		
Skilled nursing facility (SNF)	\$0 copay for days 1 through 20; \$190 copay per day for days 21 to 44; \$0 copay per day for days 45 to 100	40% of the cost
What You Should Know	Our plan covers up to 100 days in a SNF per benefit period. No prior hospital stay is required. Prior authorization may be required for in-network services.	
Physical Therapy		
Occupational therapy	\$40 copay per visit	40% of the cost
Physical therapy and speech and language therapy	\$40 copay per visit	40% of the cost
Ambulance		
Ambulance	\$350 copay per one-way trip	\$350 copay per one-way trip
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 up to 20% of the cost.; Insulin: \$35 copay per 30-day supply; Other Part B drugs: You pay up to 20% of the cost.	Insulin: \$35 copay per 30-day supply; Other Part B drugs: You pay 40% of the cost.
What You Should Know	Your actual in-network coinsurance rate for non-insulin Medicare Part B drugs each quarter will vary based on adjustment for applicable rebates supplied by Medicare. Your in-network coinsurance will not exceed 20% for all non-insulin Medicare Part B prescription drugs. Part B drugs may be subject to Step Therapy requirements. Prior authorization may be required for in-network services.	

Prescription Drug Benefits: Initial Coverage	Tufts Medicare Preferred Access
Note: Tier 1 and Tier 2 drugs include enhanced coverage of certain drugs such as select erectile dysfunction (ED) drugs, and vitamins.	There is no deductible for Tufts Medicare Preferred Access. You pay the following until your total yearly drug costs reach \$5,030. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.

Retail Cost Sharing—Preferred Pharmacy

Tier	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	\$0	\$0	\$0
Tier 2 (Generic)	\$4	\$8	\$12
Tier 3 (Preferred Brand)	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$141 (Insulin: \$105)
Tier 4 (Non-Preferred Drug)	\$100 (Insulin: \$35)	\$200 (Insulin: \$70)	\$300 (Insulin: \$105)
Tier 5 (Specialty Tier)	33% of the cost	N/A	N/A
Tier 6 (Vaccines)	\$0	N/A	N/A

Retail Cost Sharing—Non-Preferred Pharmacy

Tier	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	\$14	\$28	\$42
Tier 2 (Generic)	\$19	\$38	\$57
Tier 3 (Preferred Brand)	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$141 (Insulin: \$105)
Tier 4 (Non-Preferred Drug)	\$100 (Insulin: \$35)	\$200 (Insulin: \$70)	\$300 (Insulin: \$105)
Tier 5 (Specialty Tier)	33% of the cost	N/A	N/A
Tier 6 (Vaccines)	\$0	N/A	N/A

Mail Order Cost Sharing

Tier	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	\$0	\$0	\$0
Tier 2 (Generic)	\$4	\$8	\$8
Tier 3 (Preferred Brand)	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$94 (Insulin: \$70)
Tier 4 (Non-Preferred Drug)	\$100 (Insulin: \$35)	\$200 (Insulin: \$70)	\$300 (Insulin: \$105)
Tier 5 (Specialty Tier)	33% of the cost	N/A	N/A
Tier 6 (Vaccines)	N/A	N/A	N/A

If you reside in a long-term care facility, you pay the same as at a preferred retail pharmacy.
You may get drugs from an out-of-network pharmacy, but you may pay more than you pay at an in-network pharmacy.
During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.

**Prescription Drug Benefits:
Coverage Gap**

Tufts Medicare Preferred Access

Most Medicare drug plans have a coverage gap (also called the “Donut Hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$5,030.

After you enter the coverage gap, you pay \$35 for a 30-day supply of covered insulin and nothing for covered Tier 6 vaccine drugs obtained through a retail pharmacy, 25% of the plan’s cost for covered brand name drugs, and 25% of the plan’s cost for covered generic drugs until your costs total \$8,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.

**Prescription Drug Benefits:
Catastrophic Coverage**

Tufts Medicare Preferred Access

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$8,000, you pay nothing for covered Part D drugs and for excluded drugs that are covered under our enhanced benefit. During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

Additional Benefits	Tufts Medicare Preferred Access In-network	Tufts Medicare Preferred Access Out-of-network
Acupuncture		
Acupuncture services	\$20 copay per visit	\$45 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. Plan will reimburse services rendered and billed directly by a licensed acupuncturist. 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	40% of the cost
Initial evaluation (once per year)	\$15 copay per visit	40% of the cost
Foot Care (podiatry services)		
Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions	\$45 copay per visit	\$45 copay per visit
Home Health Services		
Home health agency care	\$0 copay	50% of the cost
Home infusion therapy	\$0 copay	50% of the cost
What You Should Know	Prior authorization may be required for in-network home infusion therapy services.	
Hospice		
	Benefit provided by Medicare	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)	20% of the cost	50% of the cost
Durable medical supplies (e.g., catheters, gauze)	20% of the cost	50% of the cost
Prosthetic devices (e.g., braces, artificial limbs, etc.)	20% of the cost	50% of the cost

Additional Benefits	Tufts Medicare Preferred Access In-network	Tufts Medicare Preferred Access Out-of-network
What You Should Know	<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"> • Raised toilet seat: 1 per member every five years • Bathroom grab bars: 2 per member every five years • Tub seat: 1 per member every five years <p>The following additional items are covered by the plan:</p> <ul style="list-style-type: none"> • Gradient compression stockings or surgical stockings: up to 2 pairs every 6 months • Mastectomy sleeves for members with upper limb lymphedema: up to 2 pairs every 6 months <p>Prior authorization may be required for in-network services.</p>	
Wig allowance (for hair loss due to cancer treatment)	\$500 per year	
Diabetes services and supplies	<p>You pay \$0 for OneTouch products manufactured by LifeScan, Inc.</p> <p>You pay \$0 for Continuous Glucose Monitors (CGMs).</p> <p>You pay 20% of the cost for non-OneTouch products.</p>	<p>You pay \$0 for OneTouch products manufactured by LifeScan, Inc.</p> <p>You pay \$0 for Continuous Glucose Monitors (CGMs).</p> <p>You pay 50% of the cost for non-OneTouch products.</p>
What You Should Know	<p>Includes diabetes monitoring supplies, diabetes self-management training, and therapeutic shoes or inserts. Additional cost shares may apply if you receive other medical services during the same office visit.</p> <p>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.</p> <p>Covered therapeutic Continuous Glucose Monitors (CGMs) include Dexcom and FreeStyle Libre products that are considered Durable Medical Equipment (DME) by Medicare. CGMs require prior authorization in-network.</p> <p>Diabetic testing supplies, including test strips, lancets, glucose meters, and CGMs are also covered at participating retail or mail-order pharmacies.</p> <p>Coverage exception requests are required for other brands of test strips, glucose meters, and Therapeutic CGMs.</p>	
Outpatient Substance Abuse		
Group or individual therapy visit	\$25 copay per visit	40% of the cost
Renal Dialysis		
	20% of the cost	40% of the cost

Additional Benefits	Tufts Medicare Preferred Access In-network	Tufts Medicare Preferred Access Out-of-network
Telehealth/Telemedicine Services		
	<p>Medicare-covered services plus additional telehealth services including PCP services, specialist services, and more.</p> <p>You pay \$0 for e-visits, virtual check-ins, and remote patient monitoring with a PCP or Specialist. For all other telehealth visits, the copay is the same as the corresponding in-person visit copay.</p>	<p>Medicare-covered services only. Additional telehealth services are not covered out-of-network.</p> <p>You pay the same cost-share as the corresponding in-person visit cost-share.</p>
Wellness Programs		
Over-the-counter (OTC) for Medicare items	\$60 per calendar quarter	Items available only through plan-approved OTC vendor.
<i>What You Should Know</i>	Members will also use the dual purpose Flex Advantage spending card described under Dental above to pay for eligible OTC items at participating retailers and plan approved online stores. The Flex Advantage spending card will be loaded with quarterly OTC credit at the beginning of each quarter. Unused balance at the end of the quarter will not carry over.	
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 \$350 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.	

Value Added Items and Services

As a member of the Tufts Medicare Preferred Access plan, you get exclusive discounts in addition to your plan benefits to help you lead a healthy lifestyle. Save on everything from health products to weight management, and a variety of wellness programs. This list of member discounts is effective January 1, 2024, and may change during the year. Please see our website at www.thmp.org/extras for additional information.

Fitness, Nutrition, and Weight Management

Well Balanced Meal Delivery Program

Get a 15% discount on home-delivered meals through Independent Living Systems. Home-delivered meals offer a convenient and affordable way to recover from an illness, a surgical procedure, or to manage a chronic condition.

Nutritional Counseling

Get a 25% discount on visits with registered dietitians and licensed nutritionists.

The Dinner Daily

The Dinner Daily makes healthy, delicious dinners easy and affordable by providing you with weekly dinner plans customized for your food preferences, dietary needs, and the specials at your local grocery store. Eat better dinners, save money, and make dinners easy. Members receive 25% off any Dinner Daily subscription. Plus, your first two weeks are free to make it easy to try.

Daily Burn

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

Independent Living

Be Safer at Home

Get a discount on the installation and monthly fees of a Personal Emergency Response System (PERS). A PERS unit allows you to live the independent lifestyle you want by providing a resource that is always there to respond to emergency calls.

LifeCycle Transitions

Save 20% on a variety of services that help members with chronic health problems stay well at home or transition to a new location.

Home Instead Senior Care

Home Instead provides high quality, trusted home care to help seniors stay in their homes. Receive a one-time \$100.00 credit toward charges for services at participating offices. Tufts Health Plan members also receive a free home safety inspection once you have contracted for services with Home Instead Senior Care.

Personal Growth and Development

Cambridge Health Alliance Center for Mindfulness and Compassion

Save 15% on Cambridge Health Alliance Center for Mindfulness and Compassion's eight-week Mindfulness-Based Stress Reduction and Mindful Self-Compassion courses. Experience mindfulness and compassion training to reduce stress and improve your overall well-being.

Ompractice

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. Sign up for Ompractice for \$14.99/month or \$129.00 for an annual subscription (a 40% discount off the monthly plan). Additionally, members who have an Annual Wellness Benefit may use their Annual Wellness Allowance to cover the cost of membership.

Health and Wellness Discounts

Massage Therapy

Get a 25% discount on the usual and customary fee, or pay \$15 per 15 minutes of massage therapy, whichever is less.

Acupuncture

Receive a 25% discount on the usual and customary fee.

Laser Vision Correction

Get 15% off the retail price, or 5% off the promotional price of LASIK and PRK laser vision correction.

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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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO)。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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO)。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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 quý vị cần thông dịch viên xin gọi 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-701-9000 (HMO)/1-866-623-0172 (PPO)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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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، سيقوم شخص ما يتحدث العربية (PPO) 1-800-701-9000 (HMO)/1-866-623-0172 ليس عليك سوى الاتصال بنا على بمساعدتك. هذه خدمة مجانية.

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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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。通訳をご用命になるには、1-800-701-9000 (HMO)/1-866-623-0172 (PPO)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。

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Questions

Visit us at www.thpmp.org, or call 1-877-409-3499 (TTY: 711).



1 Wellness Way
Canton, MA 02021

Tufts Health Plan is a PPO plan with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal. This information is not a complete description of benefits. Call 1-866-623-0172 (TTY: 711) for more information. For questions regarding your benefits or provider network, please contact Member Services. Out-of-network/non-contracted providers are under no obligation to treat Tufts Health Plan members, except in emergency situations. Please call our Member Services number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. 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 1-866-623-0172 (TTY: 711).