Tufts Health Plan Senior Care Options (HMO-SNP)
Tufts Health Plan Senior Care Options CW (HMO-SNP)
2024 Summary of Benefits

TUFTS Health Plan
a Point32Health company

Introduction

This document is a brief summary of the benefits and services covered by Tufts Health Plan Senior Care Options. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Tufts Health Plan Senior Care Options. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

Table of Contents

H8330_2024_4B_M

Tufts Health Plan Senior Care Options (HMO-SNP): 2024 Summary of Benefits

A. Disclaimers

This is a summary of health services covered by Tufts Health Plan Senior Care Options for January 1, 2024 – December 31, 2024. This is only a summary. Please read the *Evidence of Coverage* for the full list of benefits. If you don't have an *Evidence of Coverage*, call Tufts Health Plan Senior Care Options Member Services at the number at the bottom of this page to get one or visit **www.thpmp.org/sco-member**.

- Tufts Health Plan Senior Care Options is an HMO-SNP with a Medicare Contract. Enrollment in Tufts Health Plan Senior Care Options depends on contract renewal.
- 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 Senior Care Options is a voluntary MassHealth (Medicaid) program in association with EOHHS and CMS.
- Estate Recovery Awareness: MassHealth is required by federal law to recover money from the estates of certain MassHealth members who are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth estate recovery, please visit www.mass.gov/estaterecovery.
- Tufts Health Plan Senior Care Options complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sexual orientation, and gender identity).
- For more information about **Medicare**, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections, and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or 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.
- For more information about **MassHealth Standard (Medicaid)**, please call MassHealth (Medicaid) at 1-800-841-2900. TTY users should call 711.
- You can get this document for free in other formats, such as large print, Braille, or audio. Call Tufts Health Plan Senior Care Options at the number listed in the footer of this document. The call is free.

Tufts Health Plan Senior Care Options (HMO-SNP): 2024 Summary of Benefits

- This document is available for free in multiple languages.
- ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call Tufts Health Plan Senior Care Options at the number listed in the footer of this document. The call is free.
- ATENCIÓN: Si hablas otro idioma, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura al pie de página de este documento. La llamada es gratis.
- Your request for this document in an accessible format or language will be applied on a standing basis unless you request otherwise.

Tufts Health Plan Senior Care Options (HMO-SNP): 2024 Summary of Benefits

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 pagsasalin 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.

Tufts Health Plan Senior Care Options (HMO-SNP): 2024 Summary of Benefits

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 necessite de serviços de tradução para responder a qualquer questão que possamos ter sobre o seu plano de saúde ou medicamentação. 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.

Tufts Health Plan Senior Care Options (HMO-SNP): 2024 Summary of Benefits

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 fòma. 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: យើងមានសេវាកម្មអ្នកបកប្រែផ្ដាល់មាត់ដោយឥតគិតថ្លៃសម្រាប់អ្នក ដែលត្រូវការសេវាកម្មបកប្រែ
ដើម្បីឆ្លើយសំណួរណាមួយដែលអ្នកអាចមាន ទាក់ទងនឹងគម្រោងសុខភាព ឬឱសថរបស់យើង។ យើងក៏អាចផ្ដល់ជូនអ្នកនូវព័ត៌មានជាភាសា ខ្មែរ អក្សរសម្រាប់ជនពិការផ្នែក អក្សរពុម្ពធំ ឬជាទម្រង់ដទៃផ្សេងទៀតបានផងដែរ។ គ្រាន់តែហៅទូរសព្ទមកយើងតាមលេខ 1-855-670-5934 ។
អ្នកដែលនិយាយភាសា ខ្មែរ អាចជួយអ្នកបាន។ នេះជាសេវាកម្មមិនគិតថ្លៃនោះទេ។

Laotian: ພວກເຮົາມີການບໍລິການນາຍພາສາຟຣີທີ່ມີໃຫ້ສໍາລັບຜູ້ທີ່ຕ້ອງການການບໍລິການການແປພາສາ ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ພວກເຮົາຍັງສາມາດໃຫ້ທ່ານເປັນຂໍ້ມູນໃນພາສາລາວ, ຕົວໜັງສືນູນ, ການພິມຂະໜາດໃຫຍ່ ຫຼື ຮູບແບບອື່ນໆ. ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ 1-855-670-5934. ຄົນທີ່ເວົ້າພາສາລາວ ສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການຟຣີ.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What is a Senior Care Options Plan?	A Senior Care Options Plan is a health plan that contracts with both Medicare and MassHealth Standard (Medicaid) to provide benefits of both programs to enrollees. It is for people age 65 and older. A Senior Care Options Plan is an organization made up of doctors, hospitals, pharmacies, providers of Long-term Services and Supports (LTSS), and other providers. It also has Care Managers to help you manage all your providers and services and supports. They all work together to provide the care you need.
Will I get the same Medicare and MassHealth Standard (Medicaid) benefits in Tufts Health Plan Senior Care Options that I get now?	You will get most of your covered Medicare and MassHealth Standard (Medicaid) benefits directly from Tufts Health Plan Senior Care Options. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and your care team's assessment. You may also get other benefits the same way you do now, directly from a State agency like the Department of Mental Health or the Department of Developmental Services. When you enroll in Tufts Health Plan Senior Care Options, you and your care team will work together to develop an Individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you are taking any Medicare Part D prescription drugs that Tufts Health Plan Senior Care Options does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for Tufts Health Plan Senior Care Options to cover your drug if medically necessary. For more information, call Member Services at the number listed in the footer of this document.

Tufts Health Plan Senior Care Options (HMO-SNP): 2024 Summary of Benefits

Frequently Asked Questions	Answers
Can I go to the same doctors I use now?	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Tufts Health Plan Senior Care Options and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in Tufts Health Plan Senior Care Options' network.** If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Tufts Health Plan Senior Care Options' plan. • As a new enrollee you have the right to receive access to services consistent with the access you previously had, and you are permitted to retain your current provider for up to 90 days if that provider is not in our network, or until you are assessed and a plan of care is implemented, whichever is sooner. To find out if your providers are in the plan's network, call Member Services at the number listed in the footer of this document or read Tufts Health Plan Senior Care Options' *Provider and Pharmacy Directory* on the plan's website at www.thpmp.org/sco-member. If Tufts Health Plan Senior Care Options is new for you, we will work with you to develop an Individualized Plan of Care to address your needs.
What is a Tufts Health Plan Senior Care Options Care Manager?	A Tufts Health Plan Senior Care Options Care Manager is one main person for you to contact. This person helps to manage all your providers and services and makes sure you get what you need.

Tufts Health Plan Senior Care Options (HMO-SNP): 2024 Summary of Benefits

Frequently Asked Questions	Answers
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community. In some cases, a county or other agency may administer these services, and your Tufts Health Plan Senior Care Options Care Manager will work with that agency.
What is a Geriatric Services Supports Coordinator (GSSC)?	A Tufts Health Plan Senior Care Options GSSC is a person for you to contact and have on your care team who is an expert in home and community-based services and supports. This person helps you get services that help you live independently in your home.
What happens if I need a service but no one in Tufts Health Plan Senior Care Options' network can provide it?	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Tufts Health Plan Senior Care Options will pay for the cost of an out-of-network provider.
Where is Tufts Health Plan Senior Care Options available?	The service area for this plan includes Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties in Massachusetts. You must live in one of these areas to join the plan.
What is prior authorization? (continued on the next page)	Prior authorization means an approval from Tufts Health Plan Senior Care Options to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. Tufts Health Plan Senior Care Options may not cover the service, procedure, item, or drug if you don't get prior authorization. Refer to Chapter 3 of the *Evidence of Coverage* to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the *Evidence of Coverage* to learn which services require prior authorization.

Tufts Health Plan Senior Care Options (HMO-SNP): 2024 Summary of Benefits

Frequently Asked Questions	Answers
What is prior authorization? (continued)	**If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.** Tufts Health Plan Senior Care Options can provide you or your provider with a list of services or procedures that require you to get prior authorization from Tufts Health Plan Senior Care Options before the service is provided. Refer to Chapter 3 of the *Evidence of Coverage* to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the *Evidence of Coverage* to learn which services require a prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the number listed in the footer of the document for help.
What is a referral?	A referral means that your primary care physician (PCP) must give you approval to go to someone that is not your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, Tufts Health Plan Senior Care Options may not cover the services. Tufts Health Plan Senior Care Options can provide you with a list of services that require you to get a referral from your PCP before the service is provided. There are some services you can get without a referral from your PCP as long as you get them from a network provider. Some of these services include routine women's health care, flu shots and certain other vaccines, routine dental care, and Medicare-covered preventive services. Refer to the *Evidence of Coverage* to learn more about when you will need to get a referral from your PCP.
Do I pay a monthly amount (also called a premium) under Tufts Health Plan Senior Care Options?	No. Because you have MassHealth Standard (Medicaid), you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.

Tufts Health Plan Senior Care Options (HMO-SNP): 2024 Summary of Benefits

Frequently Asked Questions	Answers
Do I pay a deductible as a member of Tufts Health Plan Senior Care Options?	No. You do not pay deductibles in Tufts Health Plan Senior Care Options.
What is the maximum out-of-pocket amount that I will pay for medical services as a member of Tufts Health Plan Senior Care Options?	There is no cost sharing for medical services in Tufts Health Plan Senior Care Options, so your annual out-of-pocket costs will be $0.
Do I have a coverage gap for drugs?	No. Because you have MassHealth Standard (Medicaid), you will not have a coverage gap stage for your drugs.

C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care (continued on the next page)	Inpatient hospital stay	$0	Except in an emergency, your health care provider must tell the plan of your hospital admission. Under Medicare, our plan covers 90 days for any inpatient hospital stay. Coverage for additional days in an acute care hospital is provided by MassHealth (Medicaid) as medically necessary. Our plan covers 60 "lifetime reserve days" to supplement care in a rehabilitation or long-term hospital. These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. Prior authorization may be required.

Tufts Health Plan Senior Care Options (HMO-SNP): 2024 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care (continued)	Outpatient hospital services, including observation	$0	Before you receive outpatient hospital services, you must obtain a referral from your PCP. A referral is not required for Electroconvulsive Therapy (ECT) and Repetitive Transcranial Magnetic Stimulation (rTMS) services. Prior authorization may be required.
	Ambulatory surgical center (ASC) services	$0	Before you receive ASC services, you must obtain a referral from your PCP. Prior authorization may be required.
	Doctor or surgeon care	$0	Before you receive outpatient doctor or surgeon care, you must obtain a referral from your PCP. Prior authorization may be required.
You want a doctor (continued on the next page)	Visits to treat an injury or illness	$0	
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	There are timeframes that apply to preventive services that determine how often you can get these services. See the *Evidence of Coverage* to learn more.

Tufts Health Plan Senior Care Options (HMO-SNP): 2024 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (continued)	Wellness visits, such as a physical	$0	One physical exam per calendar year.
	"Welcome to Medicare" (preventative visit, one time only)	$0	
	Specialist care	$0	Before you receive services from a specialist, you must obtain a referral from your PCP.
You need emergency care	Emergency room services	$0	Emergency care may be furnished by in-network providers or by out-of-network providers when network providers are temporarily unavailable or inaccessible. Your plan includes worldwide coverage for emergency care. Prior authorization and referrals are not required.
	Urgent care	$0	Urgently needed care may be furnished by in-network providers or by out-of-network providers when network providers are temporarily unavailable or inaccessible. Your plan includes worldwide coverage for urgent care. Prior authorization and referrals are not required.
	Ambulance services	$0	Prior authorization may be required for non-emergency ambulance services.

Tufts Health Plan Senior Care Options (HMO-SNP): 2024 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	Prior authorization may be required.
	Lab tests and diagnostic procedures, such as blood work	$0	Prior authorization may be required.
You need hearing/auditory services	Hearing screenings	$0	No referral is required for a diagnostic hearing exam or the annual routine hearing exam, but you must use a plan provider.
	Hearing aids and services	$0	You pay nothing for hearing aids or instruments, or for services related to the care, maintenance, and repair of hearing aids, or instruments and supplies.
You need dental care (continued on the next page)	Dental check-ups and preventive care	$0	You pay nothing for preventive cleanings, routine exams, and X-rays. Services must be performed by a DentaQuest provider.
	Implants	$0	Up to four implants covered per member per year. Each implant is covered once per tooth every five years. Except in an emergency, prior authorization may be required. Services must be performed by a DentaQuest provider.

Tufts Health Plan Senior Care Options (HMO-SNP): 2024 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)	Oral and maxillofacial surgery	$0	One per lifetime per member per tooth/quadrant. Services must be performed by a DentaQuest provider.
	Periodontics	$0	Limitations may apply. Services must be performed by a DentaQuest provider.
	Prosthodontics	$0	Once per 60-month period. Services must be performed by a DentaQuest provider.
	Restorative and emergency dental care	$0	Services must be performed by a DentaQuest provider.
You need eye care (continued on the next page)	Eye exams	$0	You must use a participating vision care provider (EyeMed Vision Care) to receive the covered eye exam benefits. Referral is required for diagnostic eye exams. Referral is not required for annual routine eye exams.
	Eyeglasses and/or contact lenses	$0	$300 allowance for eyeglasses (lenses, frames, or a combination of the two) and/or contact lenses per calendar year. You must purchase your lenses and frames from a participating vision provider (EyeMed Vision Care) to receive the $300 allowance. Otherwise, the benefit will be limited to $180 per year. Other limitations apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care (continued)	Other vision care	$0	Such as screening services and therapeutic eyeglasses.

You need behavioral health services (continued on the next page)	Behavioral health services	$0	Referral is required before you receive behavioral health services from a psychiatrist. Referral is also required before you receive Opioid Replacement Therapy or Medication Visit services. Referral is not required for all other behavioral health services. Services include, but are not limited to: • Diversionary services, including community support, psychiatric day treatment, adult rehabilitation services for substance use disorders, program of assertive community treatment, and structured outpatient addiction programs. • Behavioral health emergency services, including emergency screening services, medication management services, and short-term crisis counseling. • Standard outpatient services, including diagnostic evaluation, treatment (individual, group, couples/family), and opioid replacement therapy. • Emergency services program (ESP), including assessment, intervention, and stabilization.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			• Special procedures (including Repetitive Transcranial Magnetic Stimulation (rTMS) services, which requires prior authorization).
You need behavioral health services (continued)	Inpatient care for people who need behavioral health services	$0	Our plan covers up to 190 days in a lifetime for inpatient behavioral health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient behavioral health services provided in a general hospital. Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. MassHealth (Medicaid) benefits cover all approved stays in excess of the Medicare limit.

Tufts Health Plan Senior Care Options (HMO-SNP): 2024 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Outpatient care and community-based services for people who need behavioral health services	$0	Before you receive services from a psychiatrist, you must obtain a referral from your PCP. Referral is not required for all other outpatient behavioral health care.
You need substance use disorder services (continued on the next page)	Outpatient substance use disorder services	$0	Additional coverage provided by MassHealth (Medicaid).
	Inpatient substance use disorder services	$0	Hospital services that provide a detoxification regimen of medically directed evaluation, care, and treatment for psychoactive substance use disorder enrollees in a medically managed setting.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Acute treatment services for substance use disorders	$0	24-hour, seven days a week, medically monitored addiction treatment services that provide evaluation and withdrawal management. Detoxification services are delivered by nursing and counseling staff under a physician-approved protocol and physician-monitored procedures and include: bio-psychosocial assessment; individual and group counseling; psychoeducation groups; and discharge planning. Members with co-occurring disorders receive specialized services to ensure treatment for their co-occurring psychiatric conditions. These services may be provided in licensed freestanding or hospital-based programs.

Tufts Health Plan Senior Care Options (HMO-SNP): 2024 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need substance use disorder services (continued)	Clinical support services for substance use disorders	$0	24-hour treatment services, which can be used independently or following Acute Treatment Services for substance use disorders, and including intensive education and counseling regarding the nature of addiction and its consequences; outreach to families and significant others; and aftercare planning for individuals beginning to engage in recovery from addiction. Members with co-occurring disorders receive coordination of transportation and referrals to behavioral health providers to ensure treatment for their co-occurring psychiatric conditions.

Tufts Health Plan Senior Care Options (HMO-SNP): 2024 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you (continued on the next page)	Skilled nursing care	$0	Our plan covers up to 100 days each benefit period in a skilled nursing facility. Your primary care team (PCT) will direct you to a subset of the facilities in our Tufts Health Plan SCO network that can best coordinate your care and meet your individual needs. This means in most cases you will not have full access to the network facilities for these services. Prior authorization may be required before you receive skilled nursing care services. MassHealth Standard (Medicaid) benefits cover all approved stays in excess of the Medicare limit.

Tufts Health Plan Senior Care Options (HMO-SNP): 2024 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you (continued on the next page)	Institutional care (nursing home care)	$0	Tufts Health Plan Senior Care Options will direct you to selected facilities to best manage your specific needs while receiving care in an institutional setting. You will work with your PCT to select a facility from the identified options. This means in most cases you won't have access to the full network for these services. If applicable, you must pay the Patient Paid Amount (PPA), for which you are responsible, directly to the nursing facility.

Tufts Health Plan Senior Care Options (HMO-SNP): 2024 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you (continued)	Adult Foster Care and Group Adult Foster Care	$0	Adult Foster Care is for members who need daily help with personal care but want to live in a family setting rather than in a nursing home or other facility. The caregiver provides personal care, assistance with medication adherence, meals, homemaking, laundry, medical transportation, companionship, and 24-hour supervision. AFC members live with trained paid caregivers who provide daily care. Caregivers may be individuals, couples, or larger families. Group Adult Foster Care includes personal care services for eligible members with disabilities who live in GAFC-approved housing. Housing may be an assisted living residence or specially designated public or subsidized housing. Before you receive these services, you must first discuss these services with your Care Manager.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Before you receive occupational, physical, or speech therapy services, you must obtain a referral from your PCP.

Tufts Health Plan Senior Care Options (HMO-SNP): 2024 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting to health services	Ambulance services	$0	Prior authorization may be required for non-emergency ambulance services.
	Emergency transportation	$0	
	Transportation to medical appointments and services	$0	Ambulance, taxi, and chair car transport for non-emergency medical appointments. Mode of transportation determined by medical necessity. Services must be provided by the plan-approved transportation provider. Limitations may apply.

Tufts Health Plan Senior Care Options (HMO-SNP): 2024 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B prescription drugs	$0	Except in an emergency situation, prior authorization may be required. Medicare Part B drugs may be subject to Step Therapy requirements. Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the *Evidence of Coverage* for more information on these drugs. The plan will generally cover your drugs at no cost if: • Your prescription is written by a doctor or other prescriber • You use a network pharmacy to fill your prescription • Your drug is on the plan's *List of Covered Drugs (Formulary)* • Your drug is used for a medically accepted indication

Tufts Health Plan Senior Care Options (HMO-SNP): 2024 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued on the next page)	Generic drugs (no brand name)	$0	There may be limitations on the types of drugs covered. Please refer to Tufts Health Plan Senior Care Options' *List of Covered Drugs (Formulary)* for more information. **Important Message About What You Pay for Vaccines** – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan's List of Covered Drugs (Formulary). Our plan covers most Part D vaccines at no cost to you. You can get up to a 90-day supply of most of your prescription drugs through our mail order program and through some retail pharmacies. In most cases, your prescriptions are covered only if they are filled at the plan's network pharmacies. You may get drugs from an out-of-network pharmacy only when you are not able to use a network pharmacy.

Tufts Health Plan Senior Care Options (HMO-SNP): 2024 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued on the next page)	Brand name drugs	$0	There may be limitations on the types of drugs covered. Please refer to Tufts Health Plan Senior Care Options' *List of Covered Drugs (Formulary)* for more information. You can get up to a 90-day supply of most of your prescription drugs through our mail order program and through some retail pharmacies. In most cases, your prescriptions are covered only if they are filled at the plan's network pharmacies. You may get drugs from an out-of-network pharmacy only when you are not able to use a network pharmacy.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Over-the-counter (OTC) drugs	$0	There may be limitations on the types of drugs covered. Please refer to Tufts Health Plan Senior Care Options' *List of Covered Drugs (Formulary)* for more information. Please see MassHealth Standard (Medicaid) OTC drug list. The plan provides coverage for the following additional drugs: • Benzonatate • Chondroitin/MSM • Glucosamine/Chondroitin/MSM • Glucosamine/MSM • Lidocaine 4% Topical Patch • Methylsulfonylmethane (MSM) • Mucinex 600 mg • Omega 3/Fish Oil • Robitussin Cough + Chest Congestion DM (liquid) Before you receive OTC medications, you must first obtain a prescription from your treating provider.

Tufts Health Plan Senior Care Options (HMO-SNP): 2024 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs (continued on the next page)	Rehabilitation services	$0	Before you receive rehabilitation services, you must obtain a referral from your PCP.
	Medical equipment for home care	$0	Except in an emergency, prior authorization may be required.
	Services to treat kidney disease	$0	Including but not limited to dialysis, disease education services, and training.

Tufts Health Plan Senior Care Options (HMO-SNP): 2024 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs (continued)	Diabetes self-management training, diabetic services and supplies	$0	Including but not limited to glucose monitoring supplies (limited to OneTouch products manufactured by LifeScan). Up to three pairs of therapeutic custom-molded shoes are covered for members with severe diabetic foot disease and who meet the requirements as defined by Medicare. Before receiving diabetes self-management training and diabetic services and supplies, you must obtain a referral from your PCP. Prior authorization required for therapeutic Continuous Glucose Monitors (CGMs). Covered therapeutic Continuous Glucose Monitors (CGMs) include Dexcom and FreeStyle Libre products that are considered Durable Medical Equipment (DME) by Medicare.
You need foot care (continued on the next page)	Podiatry services	$0	Before you receive podiatry services, you must obtain a referral from your PCP.

Tufts Health Plan Senior Care Options (HMO-SNP): 2024 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need foot care (continued)	Orthotic services	$0	Before you receive orthotic services as part of outpatient rehabilitation treatment, you must obtain a referral from your PCP. Orthotic devices covered under your durable medical equipment (DME) benefit require prior authorization.
You need durable medical equipment (DME) **Note:** This is not a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the *Evidence of Coverage*.	Wheelchairs, crutches, and walkers	$0	Medical equipment/supplies are covered when medically necessary. Prior authorization may be required.
	Nebulizers	$0	Medical equipment/supplies are covered when medically necessary. Prior authorization may be required.
	Oxygen equipment and supplies	$0	Medical equipment/supplies are covered when medically necessary. Prior authorization may be required.
	Wander response system and personal emergency response systems	$0	Medical equipment/supplies are covered when medically necessary. Prior authorization may be required.
You need help living at home (continued on the next page)	Home health agency care	$0	Before you receive these services, you must first discuss these services with your Care Manager.

Tufts Health Plan Senior Care Options (HMO-SNP): 2024 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	$0	Before you receive these services, you must first discuss these services with your Care Manager. Prior authorization is required for home modification services.
	Adult day health or other support services	$0	Before you receive these services, you must first discuss these services with your Care Manager. Prior authorization may be required.
	Day habilitation services	$0	Before you receive these services, you must first discuss these services with your Care Manager.
	Services to help you live on your own (home health care services or personal care attendant services)	$0	Before you receive these services, you must first discuss these services with your Care Manager.

Tufts Health Plan Senior Care Options (HMO-SNP): 2024 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued on the next page)	Acupuncture services when provided by a licensed acupuncturist	$0	Covered by Medicare 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. MassHealth Standard (Medicaid) benefits cover acupuncture services in excess of Medicare coverage, as well as for the treatment of other types of pain and as an anesthetic. Prior authorization is required beyond 20 visits.
	Acupuncture – Behavioral Health coverage	$0	For persons withdrawing from dependence on substances or recovering from addiction. No visit limit.
	Chiropractic services	$0	You pay nothing for the initial evaluation or the manual manipulation of the spine to correct subluxation. You pay nothing for up to 20 office visits per year for chiropractic manipulative treatment and radiology services. Before you receive services from a specialist, you must obtain a referral from your PCP.

Tufts Health Plan Senior Care Options (HMO-SNP): 2024 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued on the next page)	Instant Savings Card for over-the-counter (OTC) items, personal care items, and groceries	$0	$425 per calendar quarter allowance. Your unused balance at the end of each calendar quarter will not carry over to the next quarter. You may use this allowance toward the purchase of approved over-the-counter (OTC) items, personal care items, and grocery items from participating retailers. You may purchase items such as first-aid supplies, dental care, cold symptom supplies, at-home COVID tests, OTC hearing aids, OTC Naloxone, shampoo, conditioner, deodorant, bath tissue and others. You may also purchase grocery items such as fresh foods, dairy, dry goods, and beverages.
	Prosthetic services	$0	Prior authorization may be required.
	Radiation therapy	$0	Prior authorization may be required.
	Telehealth – Medicare basic coverage	$0	The same referral rules apply to telehealth services as corresponding in-person visits.

Tufts Health Plan Senior Care Options (HMO-SNP): 2024 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued on the next page)	Telehealth – additional Telehealth services	$0	Including • Primary Care Physician Services and Other Health Care Professionals (PAs & NPs) • Physician Specialist Services • Individual and Group Sessions for Behavioral Health Specialty Services • Individual and Group Sessions for Psychiatric Services • Opioid Treatment Program Services • Observation Services • Individual and Group Sessions for Outpatient Substance Use Disorder Services • Other Health Care Professionals (PAs & NPs) • Kidney Disease Education Services • Diabetes Self-Management Training • Urgently Needed Services. • Physical Therapy and Speech-Language Pathology Services The same referral rules apply to additional telehealth services as corresponding in-person visits.

Tufts Health Plan Senior Care Options (HMO-SNP): 2024 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued on the next page)	Transportation (non-medical purposes)	$0	Up to 24 round trips per year (two round trips per month) are provided for non-medical purposes (grocery shopping, church, other community events), with a limit of 20 miles each way. Members must use the plan-approved transportation vendor to access this benefit.
	YMCA membership	$0	Health Club membership at your local YMCA facility in Massachusetts at $0 cost to you.
	Wellness Allowance	$0	The plan reimburses you up to $200 per year toward an activity tracker (one per member per year), YMCA group movement classes and health programs, health club memberships, nutritional counseling, fitness classes like Pilates, Tai Chi, or aerobics, and wellness programs, including memory fitness activities. Reimbursement requests must be received by Tufts Health Plan Senior Care Options no later than March 31st of the following year.

Tufts Health Plan Senior Care Options (HMO-SNP): 2024 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Weight Management program	$0	The plan reimburses you up to $200 per year toward weight-management program fees for weight loss programs such as Weight Watchers, Jenny Craig, or a hospital-based weight loss program. This benefit does not cover costs for pre-packaged meals/foods, books, videos, scales, or other items or supplies.

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the Tufts Health Plan Senior Care Options *Evidence of Coverage*. If you don't have an *Evidence of Coverage*, call Tufts Health Plan Senior Care Options Member Services at the number listed in the footer of this document to get one. If you have questions, you can also call Tufts Health Plan Senior Care Options Member Services or visit www.thpmp.org/sco-member.

D. Services that Tufts Health Plan Senior Care Options, Medicare, and MassHealth (Medicaid) do not cover

This is not a complete list. Call Member Services at the number listed in the footer of this document to find out about other excluded services.

Services Tufts Health Plan Senior Care Options, Medicare, and MassHealth (Medicaid) do not cover
Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television
Naturopath services (uses natural or alternative treatments)
Reversal of sterilization procedures and/or non-prescription contraceptive supplies

E. Your rights as a member of the plan

As a member of Tufts Health Plan Senior Care Options, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Evidence of Coverage*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including behavioral health impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print or audio) free of charge
  - Be free from any form of physical restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and care managers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about and participate in discussions regarding all treatment options and alternatives, no matter what they cost or whether they are covered
  - Refuse treatment, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion. Tufts Health Plan Senior Care Options will pay for the cost of your second opinion visit.
  - Make your health care wishes known in an advance directive

- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act.
  - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
  - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers
  - You can submit a complaint about Tufts Health Plan Senior Care Options directly to Medicare. To submit a complaint to Medicare, go to www.medicare.gov/MedicareComplaintForm/home.aspx. You may also call 1-800-MEDICARE (1-800-633-4227). TTY/TDD users can call 1-877-486-2048.
  - You can submit a complaint about Tufts Health Plan Senior Care Options anytime directly to MassHealth (Medicaid). You can do this by calling the MassHealth (Medicaid) Member Services Center at 1-800-841-2900 (TTY 711) Monday – Friday 8:00 a.m. to 5:00 p.m.
  - Appeal certain decisions made by the Board of Hearing for MassHealth (Medicaid) or the Independent Review Entity (IRE) for Medicare.
  - Ask for a state fair hearing
  - Get a detailed reason for why services were denied

For more information about your rights, you can read the *Evidence of Coverage*. If you have questions, you can call Tufts Health Plan Senior Care Options Member Services at the number listed in the footer of this document.

You can also call My Ombudsman at 1-855-781-9898 (TTY users should call 711), or Videophone (VP) 339-224-6831.

F. How to file a complaint or appeal a denied service

If you have a complaint or think Tufts Health Plan Senior Care Options should cover something we denied, call Member Services at the number listed in the footer of this document. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 8 of the *Evidence of Coverage*. You can also call Tufts Health Plan Senior Care Options Member Services at the number listed in the footer of this document.

You can also contact us at:

Tufts Health Plan Senior Care Options
Attn: Appeals and Grievances Department
P.O. Box 474
Canton, MA 02021-0474
Phone: 1-855-670-5934 (TTY: 711)
Fax: 1-617-972-9516

G. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital, or pharmacy is doing something wrong, please contact us.

- Call Tufts Health Plan Senior Care Options Member Services at the number listed in the footer of this document.
- Or, call the MassHealth (Medicaid) Customer Service Center at 1-800-841-2900. TTY users may call 711.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

Tufts Health Plan Senior Care Options (HMO-SNP): 2024 Summary of Benefits

If you have general questions or questions about our plan, services, service area, billing, or member ID cards, please call Tufts Health Plan Senior Care Options Member Services:

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

Calls to this number are free. Representatives are available 8:00 a.m. to 8:00 p.m., 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.).

Member Services also has free language interpreter services available.

If you have questions about your health:

• Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

•You can also call Tufts Health Plan Senior Care Options Member Services. A representative will connect you to an on-call nurse, who will listen to your problem and tell you how to get care. The number for Tufts Health Plan Senior Care Options Member Services is:

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

Calls to this number are free. Representatives are available 8:00 a.m. to 8:00 p.m., 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). Calls after business hours will be directed to an answering service which will connect you to the on-call nurse practitioner.

Member Services also has free language interpreter services available.