

2021 Summary of Benefits

Commonwealth Care Alliance® (HMO SNP)
Senior Care Options Program



Senior Care Options Program (HMO SNP) is a Coordinated Care plan with a Medicare contract and a contract with the Commonwealth of Massachusetts/Executive Office of Health and Human Services Medicaid program. Enrollment in Senior Care Options Program depends on contract renewal. Enrollment is voluntary.

30 Winter Street
Boston, MA 02108

H2225_SB2021



Senior Care Options Program, HMO SNP | 2021 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by Senior Care Options Program. 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 Senior Care Options Program. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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If you have questions, please call Senior Care Options Program at 1-866-610-2273 (TTY: 711), 8 a.m. – 8 p.m., 7 days a week (Apr. 1 through Sept. 30, Monday – Friday, 8 a.m. – 8 p.m./ Saturday – Sunday 8 a.m. – 6 p.m.). The call is free. **For more information**, visit

www.CommonwealthCareSCO.org.



A. Disclaimers



This is a summary of health services covered by Senior Care Options Program for date. This is only a summary. Please read the *Evidence of Coverage* for the full list of benefits. To get a complete list of services we cover, call our Member Services at 1-866-610-2273 (TTY: 711), 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.), and ask for the Evidence of Coverage. You can also find it online at www.CommonwealthCareSCO.org.

- ❖ Senior Care Options Program is an HMO-SNP plan with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in Senior Care Options Program depends on contract renewal. Senior Care Options Program is a voluntary MassHealth (Medicaid) program in association with the Executive Office of Health and Human Services (EOHHS) and Centers for Medicare & Medicaid Services (CMS).
- ❖ Senior Care Options Program is a health plan that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees. It is for people with MassHealth (Medicaid) age 65 and older.
- ❖ Under Senior Care Options Program you can get your Medicare and MassHealth (Medicaid) services in one health plan called a Senior Care Options plan. A Senior Care Options Program Care Partner will help manage your health care needs.
- ❖ This information is not a complete description of benefits. Contact the plan for more information.
- ❖ 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**, call 1-800-841-2900. TTY users should call 1-800-497-4648.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 1-866-610-2273 (TTY: 711), 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.). The call is free.
- ❖ ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-866-610-2273 (TTY: call MassRelay at 711).
- ❖ ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-610-2273 (TTY: llamar a MassRelay al 711).

- ❖ You can get this document for free in other formats, such as large print, formats that work with screen reader technology, braille, or audio. We will keep your request for alternative formats and special languages on file for future mailings. Call 1-866-610-2273 (TTY: call MassRelay at 711), 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.). The call is free.
- ❖ You can get this document for free in other formats, such as large print, formats that work with screen reader technology, braille, or audio. We will keep your request for alternative formats and special languages on file for future mailings. Call 1-866-610-2273 (TTY: call MassRelay at 711), 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.). The call is free.

Multi-language Interpreter Services

English: ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-866-610-2273 (TTY: 711).

Spanish (Español): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-610-2273 (TTY: 711).

Chinese (繁體中文): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-610-2273 (TTY : 711)。

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-610-2273 (TTY: 711).

French (Français): ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-610-2273 (ATS: 711).

Vietnamese (Tiếng Việt): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-610-2273 (TTY: 711).

German (Deutsch): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-610-2273 (TTY: 711).

Korean (한국어): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-610-2273 (TTY: 711)번으로 전화해 주십시오.

- **If you have questions**, please call Senior Care Options Program at 1-866-610-2273 (TTY: 711), 8 a.m. – 8 p.m., 7 days a week (Apr. 1 through Sept. 30, Monday – Friday, 8 a.m. – 8 p.m./ Saturday – Sunday 8 a.m. – 6 p.m.). The call is free. **For more information**, visit www.CommonwealthCareSCO.org.



Russian (Русский): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-610-2273 (телетайп: 711).

Arabic (العربية): ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-668-016-3722 (رقم هاتف الصم والبكم: 117).

Hindi (हिंदी): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-610-2273 (TTY: 711) पर कॉल करें।

Italian (Italiano): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-610-2273 (TTY: 711).

Portuguese (Português): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-610-2273 (TTY: 711).

French Creole (Kreyòl Ayisyen): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-610-2273 (TTY: 711).

Polish (Polski): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-610-2273 (TTY: 711).

Greek (Ελληνικά): ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-610-2273 (TTY: 711).

Japanese (日本語): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-610-2273（TTY:711）まで、お電話にてご連絡ください。

Cambodian (ខ្មែរ): ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អៗ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-866-610-2273 (TTY: 711)។

Lao/Laotian (ພາສາລາວ): ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-866-610-2273 (TTY: 711).

Gujarati (ગુજરાતી): સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-610-2273 (TTY: 711).

Notice of Nondiscrimination

Commonwealth Care Alliance® complies with applicable Federal civil rights laws and does not discriminate on the basis of medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance. Commonwealth Care Alliance does not exclude people or treat them differently because of medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance. Commonwealth Care Alliance:

- 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 Civil Rights Coordinator.

If you believe that Commonwealth Care Alliance has failed to provide these services or discriminated in another way on the basis of medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance, you can file a grievance with:

Civil Rights Coordinator
30 Winter Street
Boston, MA 02108
Phone: 1-617-960-0474, ext. 3932, (TTY: 711)
Fax: 1-617-249-0709
E-mail: civilrightscordinator@commonwealthcare.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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 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 Partners to help you manage all your providers and services and supports. They all work together to provide the care you need.

Frequently Asked Questions	Answers
What makes Senior Care Options Program special?	<p>Senior Care Options Program is offered by Commonwealth Care Alliance, Inc., a nonprofit, innovative care delivery system. We aim to provide the best possible personalized care to adults with complex health care needs. We use proven clinical strategies that improve care, within a team-based approach to care and look for new and better ways to provide high quality primary care and support services. Our members have a voice in the decisions affecting their care. Our clinical teams work with members, their families, and guardians. Our goal is to help members enjoy the best possible quality of life through better health and greater independence.</p> <p>Some special features of the program include:</p> <ul style="list-style-type: none"> • Individualized personal care plans to address your care needs • The ability to receive care and support services in your own community • Flexibility to remain at home with needed care and supports • 24 hours a day/ 7 days a week access to clinical staff • Active involvement in care decisions by you and your appointed representative • A centralized record of your health and medical information

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Frequently Asked Questions	Answers
Will I get the same Medicare and MassHealth benefits in Senior Care Options Program that I get now?	<p>You will get your covered Medicare and MassHealth benefits directly from Senior Care Options Program. 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. 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.</p> <p>When you enroll in Senior Care Options Program, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that Senior Care Options Program 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 Senior Care Options Program to cover your drug if medically necessary. For more information, call Member Services at 1-866-610-2273 (TTY: 711), 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.).</p>

Frequently Asked Questions	Answers
Can I go to the same doctors I see now?	<p>Often that is the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Senior Care Options Program and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> 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 Senior Care Options Program’s 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 Senior Care Options Program’s plan. <p>To find out if your doctors are in the plan’s network, call Member Services at 1-866-610-2273 (TTY: 711), 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.). You can also read Senior Care Options Program’s Provider and Pharmacy Directory on the plan’s website www.commonwealthcarealliance.org/members/sco/sco-provider-directory</p> <p>If Senior Care Options Program is new for you, we will work with you to develop an Individualized Care Plan to address your needs.</p>
What is a Senior Care Options Program Care Partner?	<p>A Senior Care Options Program Care Partner is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.</p>

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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 taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.
What is a Geriatric Services Supports Coordinator (GSSC)?	A Senior Care Options Program 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 Senior Care Options Program's 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, Senior Care Options Program will pay for the cost of an out-of-network provider.
Where is Senior Care Options Program available?	<p>The service area for this plan includes: Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester in Massachusetts. You must live in of these areas to join the plan.</p> <p>We do not currently service Barnstable, Berkshire, Dukes, or Nantucket counties.</p> <p>Call Member Services at 1-866-610-2273 (TTY: 711), 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.) for more information about whether the plan is available where you live.</p>
What is prior authorization?	Prior authorization means approval in advance to get services or certain drugs that may or may not be on our formulary. Some in-network medical services are covered only if your doctor or other network provider gets “prior authorization” from our plan. Covered services that need prior authorization are marked in the Benefits Chart in Chapter 4 of the Evidence of Coverage. Some drugs are covered only if your doctor or other network provider gets “prior authorization” from us. Covered drugs that need prior authorization are marked in the formulary.

Frequently Asked Questions	Answers
	If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. Senior Care Options Program can provide you or your provider with a list of services or procedures that require you to get prior authorization from Senior Care Options Program before the service is provided. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, please review this document, the Evidence of Coverage or call Member Services at 1-866-610-2273 (TTY: 711), 8 a.m. – 8 p.m., 7 days a week for help from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.).
Do I pay a monthly amount (also called a premium) under Senior Care Options Program?	No. Because you have MassHealth, you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of Senior Care Options Program?	No. You do not pay deductibles in Senior Care Options Program.
What is the maximum out-of-pocket amount that I will pay for medical services as a member of Senior Care Options Program?	There is no cost sharing for medical services in Senior Care Options Program, so your annual out-of-pocket costs will be \$0.

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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	Hospital stay	\$0	There is no coverage limit to this benefit. Prior authorization is required, except for inpatient substance abuse and emergency admissions.
	Doctor or surgeon care	\$0	Prior authorization is not required for services provided by a contracted provider, except for certified ambulatory surgical centers, non-routine dental care, and services provided by out-of-network providers.
	Outpatient hospital services, including observation	\$0	Prior authorization is required for outpatient surgery. Prior authorization may be required for outpatient diagnostic tests and therapeutic services and supplies. For example, specialized imaging and specialized screening tests may require a prior authorization. Observation during your stay in a hospital does not require prior authorization.
	Ambulatory surgical center (ASC) services	\$0	Prior authorization is required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to see a doctor	Visits to treat an injury or illness	\$0	Prior authorization is not required.
	Specialist care	\$0	Prior authorization is not required for services provided by a contracted provider. Prior authorization is required for certified ambulatory surgical centers, non-routine dental care, and services provided by out-of-network providers.
	Wellness visits, such as a physical	\$0	Prior authorization is not required.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	Prior authorization is not required.
	“Welcome to Medicare” (preventative visit one time only)	\$0	Prior authorization is not required.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care	Emergency room services	\$0	<p>Emergency services may be furnished by network providers or by out-of-network providers when network providers are temporarily unavailable or inaccessible.</p> <p>Our plan also covers urgently needed care and emergency services, including emergency transportation, outside the United States and its territories up to one thousand dollars (\$1,000) per calendar year. This is a supplemental benefit covered under our plan. For more information about urgently needed care, see the Evidence of Coverage, Chapter 3.</p> <p>Prior authorization is not required.</p>
	Urgent care	\$0	<p>Urgently needed services may be furnished by network providers or by out-of-network providers when network providers are temporarily unavailable or inaccessible.</p> <p>Our plan also covers urgently needed care and emergency services, including emergency transportation, outside the United States and its territories up to one thousand dollars (\$1,000) per calendar year. This is a supplemental benefit covered under our plan. For more information about urgently needed care, see the Evidence of Coverage, Chapter 3.</p> <p>Prior authorization is not required.</p>

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 for outpatient diagnostic tests and therapeutic services and supplies. For example, specialized imaging and specialized screening tests may require a prior authorization.
	Lab tests and diagnostic procedures, such as blood work	\$0	Prior authorization may be required for outpatient diagnostic tests and therapeutic services and supplies. For example, specialized imaging and specialized screening tests may require a prior authorization.
You need hearing/auditory services	Hearing screenings	\$0	Prior authorization is not required for routine hearing exams, evaluations, repairs and replacements provided by a contracted provider.
	Hearing aids	\$0	Prior authorization is required for hearing aids costing more than \$500.
You need dental care	Dental check-ups and preventive care	\$0	Prior authorization is not required.
	Restorative and emergency dental care	\$0	Prior authorization may be required. Please contact Member Services using the number in the footer and back page of this document for additional information.

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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	Eye exams	\$0	Prior authorization is not required.
	Glasses or contact lenses	\$0	Prior authorization is not required for prescription eyewear up to \$200. Prior authorization is required for any eyewear beyond the \$200 limit. Services must be provided by a contracted provider.
	Other vision care	\$0	Prior authorization may be required.
You have a behavioral health condition	Behavioral health services	\$0	Prior authorization is not required.
	Inpatient and outpatient care and community-based services for people who need behavioral health care	\$0	<p>Prior authorization is required for inpatient care, except for inpatient substance abuse and emergency admissions.</p> <p>Prior authorization is not required except for neuropsychological testing, psychological testing, electroconvulsive therapy and transcranial magnetic stimulation.</p>
You have a substance use disorder	Substance use disorder services	\$0	Prior authorization is not required.

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	Skilled nursing care	\$0	You are covered for up to 100 days for skilled nursing each benefit period. Your stay is unlimited for long-term care. No prior hospital stay is required. Prior authorization is required.
	Nursing home care	\$0	Prior authorization is required.
	Adult Foster Care and Group Adult Foster Care	\$0	Prior authorization is required.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization is required.
You need help getting to health services	Ambulance services	\$0	Prior authorization is not required, except for non-emergency ambulance services.
	Emergency transportation	\$0	Prior authorization is not required.
	Transportation to medical appointments and services	\$0	Prior authorization is not required, except for medical marijuana. Limitations apply. Please refer to “additional services” for transportation to non-medical destinations

- **If you have questions**, please call Senior Care Options Program at 1-866-610-2273 (TTY: 711), 8 a.m. – 8 p.m., 7 days a week (Apr. 1 through Sept. 30, Monday – Friday, 8 a.m. – 8 p.m./ Saturday – Sunday 8 a.m. – 6 p.m.). The call is free. **For more information**, visit www.CommonwealthCareSCO.org.



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	Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Evidence of Coverage</i> for more information on these drugs. Prior authorization may be required.

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)	Generic drugs (no brand name)	\$0	<p>There may be limitations on the types of drugs covered. Please see Senior Care Options Program's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>You pay \$0 for a 31-day supply, mail-order or extended day supply (90 days). Extended day supplies are available at both retail and mail order pharmacy locations.</p>
	Brand name drugs	\$0	<p>There may be limitations on the types of drugs covered. Please see Senior Care Options Program's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>You pay \$0 for a 31-day supply, mail-order or extended day supply (90 day supply). Extended day supplies are available at both retail and mail order pharmacy locations.</p>
	Over-the-counter (OTC) drugs	\$0	<p>There may be limitations on the types of drugs covered. Please see Senior Care Options Program's <i>List of Covered Drugs</i> (Drug List) for more information.</p>

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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	Rehabilitation services, including Supervised Exercise Therapy (SET)	\$0	Prior authorization is required.
	Medical equipment for home care	\$0	Prior authorization may be required. Limitations may apply.
	Dialysis services	\$0	Prior authorization is not required for services provided by a contracted provider or for dialysis provided by an out-of-network provider when you are temporarily out of the service area.
You need foot care	Podiatry services	\$0	Prior authorization is not required for services provided by a contracted provider, except for podiatric surgery and podiatry services provided in a nursing home.
	Orthotic services	\$0	Prior authorization may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
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 <i>Evidence of Coverage</i> .	Wheelchairs, crutches, and walkers	\$0	Limits may apply to certain DME. Prior authorization may be required.
	Nebulizers	\$0	Limits may apply to certain DME. Prior authorization is not required.
	Oxygen equipment and supplies	\$0	Limits may apply to certain DME. Prior authorization may be required.
You need help living at home	Home health services	\$0	Prior authorization is required.
	Home services, such as cleaning or housekeeping	\$0	Prior authorization is required.
	Adult day health or other support services	\$0	Prior authorization is required.
	Day habilitation services	\$0	Prior authorization is required.
	Services to help you live on your own (home health care services or personal care attendant services)	\$0	Prior authorization is required.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services	Acupuncture services	\$0	<p>The plan covers 36 visits per calendar year unless authorized differently in your Individualized Care Plan.</p> <p>For details, please see the Benefits Chart in Chapter 4 of the Evidence of Coverage.</p>
	Chiropractic services	\$0	The plan covers 36 visits per calendar year unless authorized differently in your Individualized Care Plan.
	Diabetes supplies and services	\$0	<p>Prior authorization is not required for select products received from Abbott Diabetes Care. Prior authorization is required for glucometers, therapeutic continuous glucose monitors (CGMs) and test strips received from other manufacturers.</p> <p>Prior authorization is not required for diabetes self-management training, diabetic services and other diabetic supplies provided by a contracted provider.</p> <p>Read the Evidence of Coverage, Chapter 4, Section 2, Benefit Chart for more information.</p>
	Prosthetic services	\$0	Prior authorization may be required.
	Radiation therapy	\$0	Prior authorization may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Services to help manage your disease	\$0	Prior authorization may be required.
	Palliative Care Program (Life Choices)	\$0	<p>Palliative care is care that aims to improve the quality of life for people living with a serious illness.</p> <p>Prior authorization is not required for services provided by Senior Care Option Program's Life Choices program or from a contracted provider.</p>
	Hospice Care	\$0	<p>You are eligible for the hospice benefit when your doctor and the hospice medical director have given you a terminal prognosis certifying that you're terminally ill and have 6 months or less to live if your illness runs its normal course.</p> <p>Prior authorization is not required for services provided by a hospice organization in Massachusetts or by a contracted provider.</p>
	Non-Medical Transportation	\$0	<p>Eight one-way trips per month are provided for non-medical purposes, such as grocery shopping. Mile limitation applicable.</p> <p>Prior authorization is required.</p>

For questions, please call Senior Care Options Program at 1-866-610-2273 (TTY: 711), 8 a.m. – 8 p.m., 7 days a week (Apr. 1 – Sept. 30, Monday – Friday, 8 a.m. – 8 p.m./ Saturday – Sunday 8 a.m. – 6 p.m.). The call is free. **For more information**, visit HealthCareSCO.org.



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Healthy Savings OTC Card	\$0	You receive a card with an allowance of \$125 every calendar quarter (every three months) to purchase Medicare-approved items such as hand sanitizer, masks, first aid supplies, dental care, cold symptoms supplies, and others, without a prescription. Prior authorization is not required for covered Medicare approved items purchased from a contracted retailer.
	Wellness Allowance	\$0	The plan reimburses you up to \$250 each calendar year towards your cost for membership in a qualified health club or fitness facility, covered instructional fitness classes, participation in wellness programs, memory fitness activities, an activity tracker (e.g. Fitbit, Apple watch, etc.). Please read the Evidence of Coverage, Chapter 4, Section 2, Benefit Chart for more information.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Help with Chronic Conditions	\$0	<p>Members with chronic conditions may qualify for:</p> <ul style="list-style-type: none"> - Use of the Healthy Savings OTC Card for healthy and nutritious food products. <p>Chronic diseases are generally conditions that require ongoing medical attention or limit activities of daily living. The condition is diagnosed by a licensed medical professional, including your primary care physician, nurse practitioner and similar providers.</p> <p>Please read the Evidence of Coverage, Chapter 4, Section 2, Benefit Chart for more information.</p>

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 Senior Care Options Program *Evidence of Coverage*. If you don't have an *Evidence of Coverage*, call Senior Care Options Program Member Services at 1-866-610-2273 (TTY: 711), 8 a.m. – 8 p.m., 7 days from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.) a week to get one. If you have questions, you can also call Member Services or visit www.CommonwealthCareSCO.org.

D. Benefits covered outside of Senior Care Options Program

There are some services that you can get that are not covered by Senior Care Options Program but are covered by Medicare, MassHealth, or a State Agency. This is not a complete list. Call Member Services at the number in the footer of this document to find out about these services.

- **If you have questions**, please call Senior Care Options Program at 1-866-610-2273 (TTY: 711), 8 a.m. – 8 p.m., 7 days a week (Apr. 1 through Sept. 30, Monday – Friday, 8 a.m. – 8 p.m./ Saturday – Sunday 8 a.m. – 6 p.m.). The call is free. **For more information**, visit www.CommonwealthCareSCO.org.



Other services covered by Medicare, MassHealth, or a State Agency	Your costs
Medicare-approved clinical research study	<p>\$0</p> <p>See Chapter 3, Section 5 of the Evidence of Coverage for more information on clinical research studies.)</p>
Experimental medical and surgical procedures, equipment and medications.	<p>\$0</p> <p>May be covered by Original Medicare under a Medicare-approved clinical research study or by our plan.</p>

E. Services that Senior Care Options Program, Medicare, and MassHealth do not cover

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

Services Senior Care Options Program, Medicare, and MassHealth do not cover	
Services that you get without prior authorization when prior authorization is required. (The benefits chart earlier in this chapter tells which services require prior authorization.)	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)	Routine services provided outside of the service area are not covered.
E-cigarettes	

F. Your rights as a member of the plan

As a member of Senior Care Options Program, 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 mental 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 formats (for example, large print, braille, or audio) free of charge
 - Be free from any form of physical restraint or seclusion
- **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 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; You pay \$0 as a member of Senior Care Options Program
 - Names of health care providers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP). You can change your PCP at any time during the year
 - See a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they are covered
 - Refuse treatment, even if your health care provider advises against it
- **If you have questions**, please call Senior Care Options Program at 1-866-610-2273 (TTY: 711), 8 a.m. – 8 p.m., 7 days a week (Apr. 1 through Sept. 30, Monday – Friday, 8 a.m. – 8 p.m./ Saturday – Sunday 8 a.m. – 6 p.m.). The call is free. **For more information**, visit www.CommonwealthCareSCO.org.



- Stop taking medicine, even if your health care provider advises against it
- Ask for a second opinion. Senior Care Options Program 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
 - See 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
- **You have the right to make recommendations about our member rights and responsibilities policy**
 - If you have any recommendations on our member rights and responsibilities policy, you can call Member Services 1-866-610-2273 (TTY: call MassRelay at 711), 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.).
- **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
 - 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, Chapter 7, Your Rights and Responsibilities*. If you have questions, you can call Senior Care Options Program Member Services at 1-866-610-2273 (TTY: 711), 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.).

You can also call My Ombudsman at 1-855-781-9898 (or use MassRelay at 711 to call 1-855-781-9898 or Videophone (VP) 339-224-6831).

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

If you have a complaint or think Senior Care Options Program should cover something we denied, call Member Services at 1-866-610-2273 (TTY: 711), 8 a.m. – 8 p.m., 7 days a week. 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 Senior Care Options Program Member Services at 1-866-610-2273 (TTY: 711), 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.).

H. 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 other pharmacy is doing something wrong, please contact us.

- Call us at Senior Care Options Program Member Services at 1-866-610-2273 (TTY: 711), 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.).
 - Or, call the MassHealth Customer Service Center at 1-800-841-2900. TTY users may call 1-800-497-4648.
 - 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.
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- **If you have questions**, please call Senior Care Options Program at 1-866-610-2273 (TTY: 711), 8 a.m. – 8 p.m., 7 days a week (Apr. 1 through Sept. 30, Monday – Friday, 8 a.m. – 8 p.m./ Saturday – Sunday 8 a.m. – 6 p.m.). The call is free. **For more information**, visit www.CommonwealthCareSCO.org.



If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Senior Care Options Program Member Services:

1-866-610-2273 (TTY: 711)

Calls to this number are free. Member Services Representatives are available 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m).

Member Services also has free language interpreter services available for non-English speakers.

(TTY: 711)

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

Calls to this number are free. Member Services Representatives are available 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m).