

# 2024 Summary of Benefits

## Senior Whole Health (HMO D-SNP), Senior Whole Health NHC (HMO D-SNP) and Senior Whole Health Senior Care Options (SCO)

### Massachusetts H2224\_001, 003

Serving Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk & Worcester Counties

**Effective January 1 through December 31, 2024**



## Introduction

This document is a brief summary of the benefits and services covered by Senior Whole Health (HMO D-SNP), Senior Whole Health NHC (Nursing Home Certifiable) (HMO D-SNP) and Senior Whole Health Senior Care Options (SCO). 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 Whole Health (HMO D-SNP), Senior Whole Health NHC (HMO D-SNP) and Senior Whole Health Senior Care Options (SCO). Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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## A. Disclaimers



This is a summary of health services covered by Senior Whole Health for January 1, 2024. This is only a summary. Please read the *Evidence of Coverage* for the full list of benefits. Please call Member Services at (888) 794-7268 (TTY: 711), 7 days a week, 8:00 a.m. to 8:00 p.m., local time to request a copy of the *Evidence of Coverage* or go to [SWHMA.com](https://www.swhma.com).

- ❖ Product offered by Molina Healthcare, Inc., dba Senior Whole Health, LLC.
- ❖ Senior Whole Health is an HMO D-SNP Health Plan with a Medicare Contract and a contract with the Massachusetts MassHealth (Medicaid) program. Enrollment depends on annual contract renewal.
- ❖ This is not a complete description of benefits. Call (888) 794-7268 (TTY: 711) for more information.
- ❖ 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](https://www.mass.gov/estaterecovery).
- ❖ 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](https://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 (Medicaid)**, 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 (888)794-7268 (TTY:711), 7 days a week, 8:00 a.m. to 8:00 p.m., local time. The call is free.
- ❖ ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call (888) 794-7268 (TTY: 711).
- ❖ Call Senior Whole Health Member Services at (888) 794-7268 (TTY: 711), 7 days a week, 8:00 a.m. to 8:00 p.m., local time to request materials in your preferred language.
  - To request your preferred language other than English and/or alternate format, call Member Services at (888) 794-7268 (TTY: 711), 7 days a week, 8:00 a.m. to 8:00 p.m., local time.
  - Senior Whole Health will maintain a record of our members' preferred language preferences, and we will keep this information as a standing request for future mailings and communications. This will ensure that our members will not have to make a separate request each time.



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Senior Whole Health (HMO D-SNP), Senior Whole Health NHC (HMO D-SNP) and Senior Whole Health Senior Care Options (SCO) **Summary of Benefits**

- ❖ Senior Whole Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.



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## B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
<p><b>What is a Senior Care Options Plan?</b></p>	<p>A Senior Care Options Plan is a health plan that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees. It is for people age 65 and older. A Senior Care Options Plan has a network of doctors, hospitals, pharmacies, providers of Long-term Services and Supports (LTSS), and other providers. It also has care coordinators to help you manage all your providers and services and supports. They all work together to provide the care you need.</p>
<p><b>Will I get the same Medicare and MassHealth (Medicaid) benefits in Senior Whole Health that I get now?</b></p>	<p>You will get most of your covered Medicare and MassHealth (Medicaid) benefits directly from Senior Whole Health. 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 you doctor and care team. 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 Whole Health, you and your care team will work together to develop an Individual Care Plan (ICP) 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 Whole Health 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 Whole Health to cover your drug if medically necessary. For more information, call Member Services at (888) 794-7268 (TTY: 711), 7 days a week, 8:00 a.m. to 8:00 p.m., local time.</p>



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Frequently Asked Questions	Answers
<p><b>Can I go to the same doctors I use now?</b></p>	<p>This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Senior Whole Health and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> <li>• 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. <b>You must use the providers in Senior Whole Health’s network.</b> If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs.</li> <li>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Senior Whole Health’s plan. See Chapter 3 in the <i>Evidence of Coverage</i> (Using the plan’s coverage for your medical services) for more specific information about emergency, out-of-network, and out-of-area coverage.</li> <li>• If you are currently under treatment with a provider that is out of Senior Whole Health’s network, or have an established relationship with a provider that is out of Senior Whole Health’s network, call Member Services at (888) 794-7268 (TTY: 711), 7 days a week, 8:00 a.m. to 8:00 p.m., local time to check about staying connected.</li> </ul> <p>To find out if your providers are in the plan’s network, call Member Services at (888) 794-7268 (TTY: 711), 7 days a week, 8:00 a.m. to 8:00 p.m., local time, or read Senior Whole Health’s <i>Provider/Pharmacy Directory</i> on the plan’s website at <a href="http://SWHMA.com">SWHMA.com</a>.</p> <p>If Senior Whole Health is new for you, we will work with you to develop an Individual Care Plan to address your needs.</p>
<p><b>What is a Senior Whole Health care coordinator?</b></p>	<p>A Senior Whole Health care coordinator 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
<p><b>What are Long-Term Services and Supports (LTSS)?</b></p>	<p>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. In some cases, an agency may provide these services, and your care coordinator or care team will work with that agency.</p>
<p><b>What is a Geriatric Services Supports Coordinator (GSSC)?</b></p>	<p>A Senior Whole Health 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.</p>
<p><b>What happens if I need a service but no one in Senior Whole Health’s network can provide it?</b></p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Senior Whole Health will pay for the cost of an out-of-network provider.</p>
<p><b>Where is Senior Whole Health available?</b></p>	<p>The service area for this plan includes Bristol, Plymouth, Middlesex, Essex, Norfolk, Suffolk, Hampden and Worcester counties in Massachusetts. You must live in one of these areas to join the plan.</p> <p>Call Member Services at (888) 794-7268 (TTY: 711), 7 days a week, 8:00 a.m. to 8:00 p.m., local time, for more information about whether the plan is available where you live.</p>



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Frequently Asked Questions	Answers
<p><b>What is prior authorization?</b></p>	<p>Prior authorization means an approval from Senior Whole Health to seek services outside of our network or to get services not routinely covered by our network <b>before</b> you get the services. Senior Whole Health may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p><b>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.</b> Senior Whole Health can provide you or your provider with a list of services or procedures that require you to get prior authorization from Senior Whole Health before the service is provided.</p> <p>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.</p> <p>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at (888) 794-7268 (TTY: 711), 7 days a week, 8:00 a.m. to 8:00 p.m., local time for help.</p>
<p><b>Do I pay a monthly amount (also called a premium) under Senior Whole Health?</b></p>	<p>No. Because you have MassHealth (Medicaid), you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.</p>
<p><b>Do I pay a deductible as a member of Senior Whole Health?</b></p>	<p>No. You do not pay deductibles in Senior Whole Health.</p>
<p><b>What is the maximum out-of-pocket amount that I will pay for medical services as a member of Senior Whole Health?</b></p>	<p>There is no cost-sharing for medical services in Senior Whole Health, so your annual out-of-pocket costs will be \$0.</p>
<p><b>Do I have a coverage gap for drugs?</b></p>	<p>No. Because you have MassHealth (Medicaid) you will not have a coverage gap stage for your drugs.</p>



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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)
<p><b>You need hospital care (continued on the next page)</b></p>	<p>Inpatient Hospital stay</p>	<p><b>\$0 per stay</b></p>	<p>Our plan covers 90 days during a benefit period for an inpatient hospital stay under your Medicare benefit. A benefit period begins on the first day that you are admitted to a Medicare-covered hospital or skilled nursing facility (SNF). The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period ends, a new benefit period begins. There is no limit to the number of benefit periods you can have.</p> <p>We cover additional medically necessary inpatient hospital days under your MassHealth (Medicaid) benefit.</p> <p><i>Prior authorization may be required.</i></p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>
	<p>Outpatient hospital services, including observation</p>	<p><b>\$0</b></p>	<p><i>Prior authorization may be required.</i></p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>
	<p>Ambulatory surgical center (ASC) services</p>	<p><b>\$0</b></p>	<p><i>Prior authorization may be required.</i></p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</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)
<b>You need hospital care (continued)</b>	Doctor or surgeon care	<b>\$0</b>	<p><i>Prior authorization may be required.</i></p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>
<b>You want a doctor (continued on the next page)</b>	Visits to treat an injury or illness	<b>\$0</b>	As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	<b>\$0</b>	<p>Covered Medicare Part B services include:</p> <ul style="list-style-type: none"> <li>• Pneumonia vaccine</li> <li>• Flu shots, once each flu season in the fall and winter, with additional flu shots if medically necessary</li> <li>• Hepatitis B vaccine if you are at high or intermediate risk of getting Hepatitis B</li> <li>• COVID-19 vaccine</li> <li>• Other vaccines if you are at risk and they meet Medicare Part B coverage rules</li> </ul> <p>We also cover some vaccines under our Part D prescription drug benefit</p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>
	Wellness visits, such as a physical	<b>\$0</b>	<p>If you've had Part B for longer than 12 months, you can get an annual wellness visit to develop or update a personalized prevention plan based on your current health and risk factors. This is covered once every 12 months.</p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</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)
<p><b>You want a doctor (continued)</b></p>	<p>“Welcome to Medicare” (preventive visit one time only)</p>	<p><b>\$0</b></p>	<p>Your first annual wellness visit can’t take place within 12 months of your “Welcome to Medicare” preventive visit. However, you don’t need to have had a “Welcome to Medicare” visit to be covered for annual wellness visits after you’ve had Part B for 12 months.</p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>
	<p>Specialist care</p>	<p><b>\$0</b></p>	<p><i>Prior authorization may be required.</i></p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>
<p><b>You need emergency care (continued on the next page)</b></p>	<p>Emergency room services</p>	<p><b>\$0</b></p>	<p>Emergency room services provided in or out-of-network do not require prior authorization</p> <p>If you receive emergency care at an out-of-network hospital and need inpatient care after your condition is stabilized, you must have your inpatient care at the out-of-network hospital authorized by the plan.</p> <p>Worldwide emergency coverage is covered up to \$10,000 per year as a Medicare Supplemental Benefit.</p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</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)
<b>You need emergency care (continued)</b>	Urgent care	<b>\$0</b>	<p>Urgent care provided in or out-of-network does not require prior authorization</p> <p>Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care.</p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>
<b>You need medical tests</b>	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	<b>\$0</b>	<p><i>Prior authorization may be required for some services.</i></p> <p><i>No authorization is required for outpatient lab services and outpatient X-ray services.</i></p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>
	Lab tests and diagnostic procedures, such as blood work	<b>\$0</b>	<p><i>Genetic lab testing requires prior authorization.</i></p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>
	Screenings for infections, cancer and other diseases	<b>\$0</b>	<p><i>Prior authorization may be required.</i></p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</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)
<p><b>You need hearing/auditory services</b></p>	<p>Hearing screenings</p>	<p><b>\$0</b></p>	<p>Routine hearing exams are covered under the MassHealth (Medicaid) benefit.</p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>
	<p>Hearing aids</p>	<p><b>\$0</b></p>	<p>Fittings/evaluations for hearing aids can be done once every calendar year under your MassHealth (Medicaid) benefit.</p> <p>Hearing aids are covered under the MassHealth (Medicaid) benefit. MassHealth (Medicaid) does not pay for more than one hearing aid per ear, per member, in a 60-month period without <i>prior authorization</i>.</p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>
<p><b>You need dental care (continued on the next page)</b></p>	<p>Dental check-ups and preventive care</p>	<p><b>\$0</b></p>	<p>Preventive dental services are covered under your MassHealth (Medicaid) benefit. You must use a network provider. To find a dental provider near you, you can search online at <a href="http://SWHMA.com">SWHMA.com</a> or call member services for help.</p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</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)
<p><b>You need dental care (continued)</b></p>	<p>Restorative and emergency dental care</p>	<p><b>\$0</b></p>	<p>Our plan covers additional dental services including emergency care visits, X-rays, extractions and oral surgery under your MassHealth (Medicaid) benefit.</p> <p>In addition to MassHealth (Medicaid) dental coverage, Senior Whole Health offers coverage for up to 4 dental implants through your Medicare Supplemental Benefit coverage for up to 4 implants per year.</p> <p><i>Prior authorization may be required.</i></p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>
<p><b>You need eye care (continued on the next page)</b></p>	<p>Eye exams</p>	<p><b>\$0</b></p>	<p>Your Medicare Supplemental Benefit coverage includes One routine eye exam every calendar year.</p> <p>You may be able to access additional vision services, including eye exams, through your MassHealth (Medicaid) benefit.</p> <p>To find an in-network provider near you, you can search online at <a href="http://SWHMA.com">SWHMA.com</a> or call member services for help.</p> <p><i>Prior authorization is not required.</i></p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</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)
<p><b>You need eye care (continued on the next page)</b></p>	<p>Glasses or contact lenses</p>	<p><b>\$0</b></p>	<ul style="list-style-type: none"> <li>• MassHealth (Medicaid) covers one pair of eyeglass frames or contact lenses per year.</li> <li>• In addition to MassHealth (Medicaid), Senior Whole Health offers an additional \$300 allowance every calendar year through your Medicare Supplemental benefit coverage. You can use your eyewear allowance to purchase: <ul style="list-style-type: none"> <li>• Contact lenses</li> <li>• Eyeglasses (lenses and frames)</li> <li>• Eyeglass lenses and/or frames</li> <li>• Upgrades (such as, tinted, U-V, polarized or photochromatic lenses)</li> </ul> </li> </ul> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>





Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need eye care (continued)</b></p>	<p>Other vision care</p>	<p><b>\$0</b></p>	<p>Covered services include:</p> <ul style="list-style-type: none"> <li>• Medicare-covered vision care such as exams to diagnose and treat diseases and conditions of the eye</li> <li>• One Medicare-covered glaucoma screening each calendar year if you are at high risk of glaucoma</li> <li>• One Medicare-covered diabetic retinopathy screening each calendar year if you have diabetes</li> <li>• One pair of Medicare-covered eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens</li> <li>• Medicare-covered corrective lenses / frames (and replacement(s) needed after a cataract removal without a lens implant</li> </ul> <p>You may have additional vision care benefits under your MassHealth (Medicaid) benefit, including professional care to diagnose and treat conditions of the eye.</p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</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)
<p><b>You need behavioral health services</b></p>	<p>Behavioral health services</p>	<p><b>\$0</b></p>	<ul style="list-style-type: none"> <li>• Inpatient visit</li> <li>• Outpatient group therapy visit</li> <li>• Outpatient individual therapy visit</li> <li>• Outpatient couples/family visit</li> </ul> <p><i>Prior authorization is not required.</i></p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefit.</p>
	<p>Inpatient and outpatient care and community-based services for people who need behavioral health care services</p>	<p><b>\$0</b></p>	<p>In addition to your Medicare benefits, your MassHealth behavioral health benefits include inpatient and outpatient mental health and substance use disorder (SUD) services. Your MassHealth behavioral health benefits also include community supports designed to prevent hospitalization.</p> <p>Prior authorization may be required.</p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefit.</p>



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need substance use disorder services (Continued on the next page)</b></p>	<p>Substance use disorder services</p>	<p><b>\$0</b></p>	<p>Inpatient and outpatient treatment for substance use disorders (SUD). You also have coverage for some SUD treatment and detoxification services under your MassHealth (Medicaid) benefit.</p> <p><i>Prior authorization is not required.</i></p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>
	<p>Smoking and tobacco cessation counseling</p>	<p><b>\$0</b></p>	<ul style="list-style-type: none"> <li>• Two counseling quit attempts per year</li> <li>• Each attempt includes up to four face-to-face visits</li> <li>• Plus 8 more visits offered in addition to Medicare as a Medicare Supplemental Benefit.</li> </ul> <p><i>Prior authorization is not required.</i></p> <p>You may have additional coverage of tobacco cessation benefits under your MassHealth (Medicaid) benefit.</p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need substance use disorder services (continued)</b></p>	<p>Opioid treatment program services</p>	<p><b>\$0</b></p>	<p>Members of our plan with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program (OTP), which includes:</p> <ul style="list-style-type: none"> <li>• Agonist and antagonist medication-assisted treatment (MAT) medications.</li> <li>• Dispensing and administration of MAT medications (if applicable)</li> <li>• Substance use counseling</li> <li>• Individual &amp; group therapy</li> <li>• Toxicology testing</li> <li>• Intake activities</li> <li>• Periodic assessments</li> </ul> <p><i>No prior authorization required for medications administered in an Opioid Treatment Program.</i></p> <p>You may have additional opioid treatment benefits under your MassHealth (Medicaid) benefit.</p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefit.</p>



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need a place to live with people available to help you (continued on the next page)</b></p>	<p>Skilled nursing care</p>	<p><b>\$0</b></p>	<p>Our plan covers up to 100 days in a SNF under your Medicare benefit. Additional days are covered under the MassHealth (Medicaid) benefit. We do not require a 3-day hospital stay prior to admission.</p> <p><i>Prior authorization may be required.</i></p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>
	<p>Nursing home care</p>	<p><b>\$0</b></p>	<p>Medicare does not cover custodial care. Custodial care is personal care that does not require the continuing attention of trained medical or paramedical personnel, such as care that helps you with activities of daily living, such as bathing or dressing.</p> <p>You have coverage for institutional long-term nursing home care or long-term services and supports under your MassHealth (Medicaid) benefit. As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits. Your care coordinator can help you obtain more information about these services and whether you might qualify.</p> <p><i>Prior authorization may be required.</i></p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need a place to live with people available to help you (continued)</b></p>	<p>Adult Foster Care (AFC) and Group Adult Foster Care (GAFC)</p>	<p><b>\$0</b></p>	<p>AFC is for members who need daily help with personal care and want to live in a family setting rather than in a nursing home or other facility. AFC members live with trained paid caregivers who provide daily care. The caregiver provides meals, companionship, personal care assistance, and 24- hour supervision. Caregivers may be individuals, couples or larger families.</p> <p>GAFC 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.</p> <p>AFC and GAFC are covered under your MassHealth (Medicaid) benefit.</p> <p><i>Prior authorization may be required.</i></p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need therapy after a stroke or accident</b></p>	<p>Occupational, physical, or speech therapy</p>	<p><b>\$0</b></p>	<p>Physical therapy, occupational therapy, and speech and hearing therapy may also be covered under your MassHealth (Medicaid) benefit.</p> <p><i>Prior authorization may be required.</i></p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>
<p><b>You need help getting to health services (continued on the next page)</b></p>	<p>Ambulance services</p>	<p><b>\$0</b></p>	<ul style="list-style-type: none"> <li>Covered ambulance services include fixed wing, rotary wing, and ground ambulance services, to the nearest appropriate facility that can provide care only if they are furnished to a member whose medical condition is such that other means of transportation could endanger the person’s health or if authorized by the plan</li> <li>Non-emergency transportation by ambulance is appropriate if it is documented that the member’s condition is such that other means of transportation could endanger the person’s health and that transportation by ambulance is medically required.</li> </ul> <p><i>Prior authorization is required for non-emergency ambulance transport except for interfacility transportation.</i></p> <p>Refer to “Worldwide emergency/urgent coverage” in this chart if you need emergency ambulance transport outside the U.S.</p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</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)
<p><b>You need help getting to health services (continued)</b></p>	<p>Transportation to medical and non-medical appointments and services</p>	<p><b>\$0</b></p>	<p>Our plan covers non-emergent medical transportation services as a MassHealth (Medicaid) benefit.</p> <p>Your coverage also includes up to 80 non-medical one-way trips per year at no cost for all members of the plan under your Medicare Supplement Benefit.</p> <p>You must use an in-network transportation provider to receive this benefit. Contact ModivCare at 1-844-544-1391 to coordinate.</p> <p><i>Trips over one hundred (100) miles one way require prior authorization.</i></p> <p><b>Please call to request a ride at least three (3) days in advance to ensure the appropriate transportation is available for your trip.</b></p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>





Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or Condition (continued on next page)</b></p>	<p>Medicare Part B prescription drugs</p>	<p><b>\$0</b></p>	<p>Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment.</p> <p><i>Prior authorization may be required.</i></p> <p><i>Step therapy may be required for certain drugs.</i></p> <p>Read the <i>Evidence of Coverage</i> for more information on these drugs.</p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>
	<p>Generic drugs (no brand name)</p>	<p><b>\$0 copay for a 31-day supply</b></p>	<p>There may be limitations on the types of drugs covered. Please see Senior Whole Health's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Note: You have prescription drug coverage under Medicare Part D. MassHealth (Medicaid) does not cover any Medicare Part D drugs. Over-the-counter and other drugs covered by MassHealth (Medicaid) may be covered if they are on the Senior Whole Health Over-the-counter (OTC) and other drugs list and you have a prescription. As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or Condition (continued on the next page)</b></p>	<p>Brand name drugs</p>	<p><b>\$0 copay for a 31-day supply</b></p>	<p>There may be limitations on the types of drugs covered. Please see Senior Whole Health's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Note: You have prescription drug coverage under Medicare Part D. MassHealth (Medicaid) does not cover any Medicare Part D drugs. Over-the-counter and other drugs covered by MassHealth (Medicaid) may be covered if they are on the Senior Whole Health Over-the-counter (OTC) and other drugs list and you have a prescription. As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>
	<p>Over-the-counter (OTC) drugs</p>	<p><b>\$0</b></p>	<p>Over-the-counter and other drugs covered by MassHealth (Medicaid) may be covered if they are on the Senior Whole Health Over-the-counter (OTC) and other drugs list and you have a prescription. As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p> <p>We also cover non-prescription over-the-counter (OTC) products like vitamins, sunscreen, pain relievers, cough/cold medicine, and bandages.</p> <p>You get \$270 every 3 months on your Healthy You debit card that you can spend on plan-approved items. Any amount that you do not use will not carry over into the next 3 months. You do not need a prescription from your doctor to get OTC items through this Medicare Supplemental Benefit. You must show your Healthy You debit card to participating providers to receive approved</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)
<p><b>You need drugs to treat your illness or Condition (continued)</b></p>			<p>health-related items at retailers. Your Healthy You debit card is required to access this benefit. You can get more information about your Healthy You card in this Summary of Benefits and in Chapter 4 of the Evidence of Coverage.</p>
	<p>Home infusion therapy</p>	<p><b>\$0</b></p>	<p>Covered services include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Professional services, including nursing services</li> <li>• Patient training and education</li> <li>• Remote monitoring</li> <li>• Monitoring services by a qualified home infusion therapy supplier</li> </ul> <p><i>Prior authorization may be required.</i></p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>
<p><b>You need help getting better or have special health needs (continued on the next page)</b></p>	<p>Rehabilitation services</p>	<p><b>\$0</b></p>	<p>Physical therapy, occupational therapy, and speech and hearing therapy may also be covered under your MassHealth (Medicaid) benefit.</p> <p><i>Prior authorization may be required.</i></p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>
	<p>Cardiac rehabilitation services</p>	<p><b>\$0</b></p>	<p>Comprehensive programs of cardiac rehabilitation services, including intensive cardiac rehabilitation.</p> <p><i>Prior authorization may be required.</i></p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</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)
<p><b>You need help getting better or have special health needs (continued on the next page)</b></p>	<p>Diabetes screening</p>	<p><b>\$0</b></p>	<p>We cover this screening (includes fasting glucose tests) if you have any of the following risk factors: high blood pressure (hypertension), history of abnormal cholesterol and triglyceride levels (dyslipidemia), obesity, or a history of high blood sugar (glucose). Tests may also be covered if you meet other requirements, like being overweight and having a family history of diabetes.</p> <p>Based on the results of these tests, you may be eligible for up to two diabetes screenings every 12 months.</p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>
	<p>Diabetes services and supplies</p>	<p><b>\$0</b></p>	<ul style="list-style-type: none"> <li>• Diabetes self-management training</li> <li>• We have a preferred manufacturer for diabetic test strips.</li> <li>• We have an exception request coverage review process for non-preferred brands.</li> </ul> <p><i>Prior authorization may be required for diabetic shoes and inserts.</i></p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need help getting better or have special health needs (continued)</b></p>	<p>Medical equipment for home care</p>	<p><b>\$0</b></p>	<p>See Durable Medical Equipment (DME) section for more information. Some medical equipment and supplies may also be covered under your Home Health Agency Care benefit if you are receiving home health services.</p> <p><i>Prior authorization may be required.</i></p> <p>Your MassHealth (Medicaid) benefit includes coverage of DME and medical supplies and DME associated with home health care services. As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>
	<p>Dialysis services</p>	<p><b>\$0</b></p>	<p>Our plan covers dialysis services to treat kidney disease. If you need urgent or emergency out-of-area dialysis services, you can use out-of-network providers and don't need to get prior authorization.</p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</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)
<p><b>You need foot care</b></p>	<p>Podiatry services</p>	<p><b>\$0</b></p>	<p>Medicare covered services include:</p> <ul style="list-style-type: none"> <li>• Diagnosis and the medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs)</li> <li>• Routine foot care for members with certain medical conditions affecting the lower limbs</li> </ul> <p>We cover podiatric care not covered by Medicare under the MassHealth (Medicaid) benefit.</p> <p>There is no coinsurance, copayment, or deductible for members eligible for this benefit.</p> <p><i>Prior authorization may be required.</i></p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>
	<p>Orthotic services</p>	<p><b>\$0</b></p>	<p><i>Prior authorization may be required.</i></p> <p>You may have additional coverage for orthotics under your MassHealth (Medicaid) benefit, including braces (non-dental) and other mechanical or molded devices to support or correct a defect. As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need durable medical equipment (DME)</b></p> <p><b>Note:</b> 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>.</p>	Wheelchairs, crutches, and walkers	<b>\$0</b>	<p><i>Prior authorization may be required.</i></p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>
	Nebulizers		<p><i>Prior authorization may be required.</i></p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>
	Oxygen equipment and supplies		<p>Your MassHealth (Medicaid) benefit also includes coverage of oxygen and respiratory therapy equipment. As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p> <p><i>Prior authorization may be required.</i></p>
<p><b>You need help living at home (continued on the next page)</b></p>	Home health services	<b>\$0</b>	<p>Prior to receiving home health services, a doctor must certify that you need home health services and will order home health services to be provided by a home health agency. You must be homebound, which means leaving home is a major effort.</p> <p>Covered services include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Part-time or intermittent skilled nursing and home health aide services</li> <li>• Physical therapy, occupational therapy, and speech therapy</li> <li>• Medical and social services</li> <li>• Medical equipment and supplies</li> </ul> <p><i>Prior authorization may be required.</i></p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</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)
<p><b>You need help living at home (continued on the next page)</b></p>	<p>Home services, such as cleaning or housekeeping, or home modifications such as grab bars</p>	<p><b>\$0</b></p>	<p>Home services, such as cleaning or housekeeping, or home modifications such as grab bars are not covered by Medicare. These kinds of services may be available to you if you qualify for Community-Based Services or Frail Elder Waiver services. Your care coordinator can help you obtain more information about these services and whether you qualify.</p> <p><i>Prior authorization may be required.</i></p> <p>As a Senior Care Options Plan, we will coordinate any of these additional services you may qualify to receive as part of your MassHealth (Medicaid) benefits.</p>
	<p>Adult day health or other support services</p>	<p><b>\$0</b></p>	<p>Adult day health services are covered under your MassHealth (Medicaid) benefit. Adult day health services are center-based services that may include nursing services and health oversight, assistance with activities of daily living, nutritional and dietary services, counseling services, activities at and transportation to and from a MassHealth (Medicaid) approved site. Your care coordinator can help you obtain information about adult day health services and whether you might qualify.</p> <p><i>Prior authorization may be required.</i></p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>





<b>You need help living at home (continued)</b>	Day habilitation services	<b>\$0</b>	Day habilitation is covered under your MassHealth (Medicaid) benefit. Day habilitation is a structured, goal-oriented treatment program of medically oriented, therapeutic and habilitation services for members with developmental disabilities. Your care coordinator can help you obtain information about day habilitation services and whether you might qualify.
	Services to help you live on your own (home health care services or personal care attendant services)	<b>\$0</b>	<ul style="list-style-type: none"> <li>• Companion services</li> <li>• Environmental adaptation services</li> <li>• Grocery shopping/delivery services</li> <li>• Home-delivered meals</li> <li>• Homemaker-assistance</li> <li>• Laundry and cleaning services</li> <li>• Personal care services</li> <li>• Respite services</li> </ul> <p><i>Prior authorization may be required.</i></p> <p>As a Senior Care Options Plan, we will coordinate your Medicare benefits, MassHealth (Medicaid) benefits, and any Frail Elder Waiver services you qualify to receive.</p>
	Personal Emergency Response System (PERS)	<b>\$0</b>	<p>This services may be available to you if you qualify for Community-Based Services or Frail Elder Waiver services. Your care coordinator can help you obtain more information about these services and whether you qualify.</p> <p><i>Prior authorization may be required.</i></p> <p>As a Senior Care Options Plan, we will coordinate any of these additional services you may qualify to receive as part of your MassHealth (Medicaid) benefits.</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)
<b>Additional services (continued on the next page)</b>	Acupuncture	<b>\$0</b>	<ul style="list-style-type: none"> <li>Up to 12 visits for chronic low back pain in 90 days are covered for Medicare; 8 additional visits for those demonstrating an improvement</li> <li>Our plan also covers 40 visits/year for other conditions as a Medicare Supplemental benefit.</li> </ul> <p><i>Prior authorization may be required.</i></p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>
	Chiropractic services	<b>\$0</b>	<p>Covered services include:</p> <ul style="list-style-type: none"> <li>Medically necessary “routine” chiropractic services</li> <li>Manual manipulation of the spine to correct subluxation</li> </ul> <p>You may have additional coverage for chiropractic services under your MassHealth (Medicaid) benefit. As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p> <p><i>Prior authorization may be required.</i></p>
	Health Education	<b>\$0</b>	<p>Programs to help you learn to manage your health conditions, including health education, learning materials, health advice, and care tips.</p>
	Healthy You: a prepaid debit card you can use to buy over the counter (OTC) items, food & groceries, and vision.	<b>\$0</b>	<p><b>OTC items:</b> all members are eligible for a Healthy You card for purchasing OTC items.</p> <ul style="list-style-type: none"> <li>\$270 maximum quarterly</li> </ul>



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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)
<b>Additional services (continued on the next page)</b>	<ul style="list-style-type: none"> <li>• OTC items</li> <li>• Food &amp; Produce</li> </ul>		<p>Note: The OTC allowance on your Healthy You card is a Medicare Supplemental Benefit. Over-the-counter and other drugs covered by MassHealth (Medicaid) may be covered if they are on the Senior Whole Health Over-the-counter (OTC) and other drugs list and you have a prescription. As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>
		<b>\$0</b>	<p><b>Food and Produce:</b> members with a chronic illness are eligible for this additional Healthy You card benefit.</p> <ul style="list-style-type: none"> <li>• \$125 maximum quarterly allowance to purchase fresh produce and groceries.</li> </ul> <p><i>Participation in a care management program may be required.</i></p>
	Nutrition counseling	<b>\$0</b>	<p>Individual telephonic nutrition counseling upon request</p> <p><i>Provider referral may be required.</i></p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>
Physical fitness benefit	<b>\$0</b>	<p>Members have access to:</p> <ul style="list-style-type: none"> <li>• Contracted fitness facilities</li> <li>• Home fitness kits</li> </ul> <p>Your fitness benefit is a Medicare Supplemental benefit.</p>	



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Additional services (continued on the next page)</b>	Prosthetic services	<b>\$0</b>	<p>Devices (other than dental) that replace all or part of a body part or function. These include but are not limited to: colostomy bags and supplies directly related to colostomy care, pacemakers, braces, prosthetic shoes, artificial limbs, and breast prostheses (including a surgical brassiere after a mastectomy). Includes certain supplies related to prosthetic devices, and repair and/or replacement of prosthetic devices.</p> <p><i>Prior authorization may be required.</i></p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>
	Radiation therapy	<b>\$0</b>	<p>Radiation (radium and isotope) therapy including technician materials and supplies.</p> <p><i>Prior authorization may be required.</i></p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>
	Remote access	<b>\$0</b>	<p>Nurse Advice Line is available 24 hours/day and 7 days/week.</p>
	Services to help manage your disease	<b>\$0</b>	<p>Includes services by a physician or other accredited provider (registered nurse, physician assistant, nurse practitioner, or licensed dietitian)</p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>



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Senior Whole Health (HMO D-SNP), Senior Whole Health NHC (HMO D-SNP) and Senior Whole Health Senior Care Options (SCO) **Summary of Benefits**

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Additional services (continued)</b>	Telehealth services	<b>\$0</b>	<ul style="list-style-type: none"> <li>• Primary care physician services</li> <li>• Physician specialist services</li> </ul> <p><i>Prior authorization may be required.</i></p> <p>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.</p>
	Utilities Benefit	<b>\$0</b>	<p>You may be eligible for a Utilities Benefit as a Special Supplemental Benefit for the Chronically Ill (SSBCI). If you qualify, you may receive reimbursement for up to \$150 per quarter to assist with Utility bills (electricity, natural gas, water, and internet). Special Supplemental Benefits for the Chronically Ill (SSBCI) require specific chronic conditions to be met for coverage.</p> <p>Members must engage in an assessment to determine eligibility under the benefit for assistance with Utilities (Electricity, Natural Gas, Water &amp; Internet).</p> <p>Quarterly allowances must be used for services rendered in that quarter and do not carry over to the next quarter if unused.</p> <p>You can find more information about this benefit in Chapter 4 of the Evidence of Coverage.</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 Whole Health’s *Evidence of Coverage*. If you don’t have an *Evidence of Coverage*, call Senior Whole Health Member Services at (888) 794-7268 (TTY: 711), 7 days a week, 8:00 a.m. to 8:00 p.m., local time to get one. If you have questions, you can also call Member Services or visit [SWHMA.com](http://SWHMA.com).

## D. Benefits covered outside of Senior Whole Health

There are some services that you can get that are not covered by Senior Whole Health but are covered by Medicare, MassHealth (Medicaid), or a State or county agency. This is not a complete list. Please see your MassHealth (Medicaid) member handbook or other MassHealth (Medicaid) documents for full details on your Medicaid benefits, limitations, restrictions and exclusions. You may also call Member Services at (888) 794-7268 (TTY: 711), 7 days a week, 8:00 a.m. to 8:00 p.m., local time to find out about these services.

A person who is entitled to both medical assistance from a state's Medicaid plan (MassHealth) and from Medicare is referred to as a "dual-eligible" member. As a dual-eligible member, your services are paid first by Medicare and then by MassHealth (Medicaid). As a member of Senior Whole Health, you pay \$0.

Other services covered by Medicare, MassHealth (Medicaid), or a State Agency	Your costs
Certain hospice care services covered outside of Senior Whole Health	\$0



## E. Services that Senior Whole Health, Medicare, and MassHealth (Medicaid) do not cover

This is not a complete list. Call Member Services at (888) 794-7268 (TTY: 711), 7 days a week, 8:00 a.m. to 8:00 p.m., local time to find out about other excluded services.

Services Senior Whole Health, Medicare, and MassHealth (Medicaid) do not cover	
<p>Experimental medical and surgical procedures, equipment and medications.</p> <p>Experimental procedures and items are those items and procedures determined by Original Medicare to not be generally accepted by the medical community.</p>	<p>May be covered by Original Medicare under a Medicare-approved clinical research study or by our plan. (See Chapter 3, Section 5 of your <i>Evidence of Coverage</i> for more information on clinical research studies).</p>
<p>Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television</p>	
<p>Cosmetic surgery or procedures</p>	<p>Covered in cases of an accidental injury or for improvement of the functioning of a malformed body member. Covered for all stages of reconstruction for a breast after a mastectomy, as well as for the unaffected breast to produce a symmetrical appearance.</p>

## F. Your rights as a member of the plan

As a member of Senior Whole Health, 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 languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion



**If you have questions**, please call Senior Whole Health at (888) 794-7268 (TTY: 711), 7 days a week, 8:00 a.m. to 8:00 p.m., local time. The call is free. **For more information**, visit [SWHMA.com](http://SWHMA.com)

- **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 – SWH members would be responsible for \$0 costs.
  - Names of health care providers and care coordinator
- **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 all treatment options, 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; Senior Whole Health 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





- File a complaint about your MassHealth (Medicaid) benefits with My Ombudsman at (855) 781-9898 or by videophone at (339) 224-6831, Monday through Friday, 9:00 a.m. to 4:00 p.m., local time. The ombudsman is an independent program contracted by MassHealth to assist members (and their families, caregivers, representatives, and advocates) with information, issues, or concerns related to Senior Care Options.
- 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* in Chapter 7, Section 1. If you have questions, you can call Senior Whole Health Member Services at (888) 794-7268 (TTY: 711), 7 days a week, 8:00 a.m. to 8:00 p.m., local time.

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 Whole Health should cover something we denied, call Member Services at (888) 794-7268 (TTY: 711), 7 days a week, 8:00 a.m. to 8:00 p.m., local time. 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 Whole Health Member Services at (888) 794-7268 (TTY: 711), 7 days a week, 8:00 a.m. to 8:00 p.m., local time.

### **You may file a complaint (grievance) or someone else may file the complaint (grievance) on your behalf.**

To file the complaint (grievance):

- Call Member Services at (888) 794-7268 (TTY: 711)
- Fax your complaint to (562) 499-0610
- Write to:  
Senior Whole Health  
Attn: Appeals & Grievances  
P.O. Box 22816  
Long Beach, CA 90801-9977

You can make a complaint at any time unless it is about a Part D drug. If the complaint is about a Part D drug, you must make it within 60 calendar days after you had the problem you want to complain about.



**You may file an appeal request within 60 days of receiving the coverage decision. You may file your appeal orally or in writing. To appeal a decision about medical coverage:**

- Call Member Services at (888) 794-7268 (TTY: 711)
- Fax your complaint to (562) 499-0610
- Write to:  
Senior Whole Health  
Attn: Appeals & Grievances  
P.O. Box 22816  
Long Beach, CA 90801-9977

## **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 Whole Health Member Services. Phone numbers are (888) 794-7268 (TTY: 711), 7 days a week, 8:00 a.m. to 8:00 p.m., local time.
- Or call the MassHealth (Medicaid) 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.

To report suspected fraud, contact Senior Whole Health's Fraud Hotline at (866) 606-3889.



**If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Senior Whole Health Member Services:**

(888) 794-7268

Calls to this number are free. 7 days a week, 8:00 a.m. to 8:00 p.m., local time.

Member Services also has free language interpreter services available.

711

Calls to this number are free. 7 days a week, 8:00 a.m. to 8:00 p.m., local time.

**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.
- If your PCP's office is closed, you can also call the Nurse Advice Line. A nurse will listen to your problem and tell you how to get care. (Example: urgent care, emergency room).

The number for the Nurse Advice Line is:

(888) 794-7268

Calls to this number are free. 24 hours a days, 7 days a week.

Member Services also has free language interpreter services available.

711

Calls to this number are free. 7 days a week, 8:00 a.m. to 8 p.m., local time.





# Language Assistance Services

Free aids and services, such as sign language interpreters and written information in alternative formats, are available to you. Call 1-888-794-7268 (TTY: 711).

### English:

The enclosed materials are important and should be translated immediately. We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-794-7268. Someone who speaks language can help you. This is a free service.

### Spanish:

Los materiales adjuntos son importantes y se deben traducir inmediatamente. Contamos con servicios de intérprete gratuitos para responder a cualquier pregunta que pueda tener acerca de nuestro plan de salud o medicamentos. Para obtener un intérprete, llámenos al 1-888-794-7268. Alguien que hable idioma puede ayudarle. Este es un servicio gratuito.

### Cambodian:

ឯកសារដែលភ្ជាប់មកជាមួយគ្នា នេះជាឯកសារសំខាន់ និងគួរតែត្រូវបកប្រែភ្លាមៗ។ យើងមានសេវាអ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយតបទៅនឹងសំណួរនានា ដែលអ្នកអាចនឹងមានអំពីគម្រោងសុខភាពនិងឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ ក៏គ្រាន់តែទូរសព្ទមកយើងខ្ញុំតាមលេខ 1-888-794-7268។ មនុស្សម្នាក់ដែលនិយាយភាសាខ្មែរអាចជួយអ្នកបាន។

### Chinese Mandarin:

所附材料非常重要，必须立即翻译。如果您对我们的健康计划或药品计划有任何问题，我们可以提供免费的口译服务回答您的问题。若要获得口译服务，请致电我们：1-888-794-7268。说语言的人士会帮助您。这是免费服务。我们可以为您提供免费帮助和服务，如手语翻译和其他格式的书面信息。

### Haitian Creole:

Dokiman ki anekse yo enpòtan e yo ta dwe tradui imedyatman. Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-794-7268. Yon moun ki pale lang ka ede w. Sa a se yon sèvis gratis.

### Laotian:

ສິ່ງທີ່ແນ່ນມາແມ່ນມີຄວາມສໍາຄັນຫຼາຍ ແລະ ຄວນຈະຖືກແປທັນທີ. ພວກເຮົາມີການບໍລິການນາຍພາສາພຣີເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ການຢາຂອງພວກເຮົາ. ຖ້າຕ້ອງການນາຍແປພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ 1-888-794-7268. ຄົນທີ່ເວົ້າພາສາ ຯ ສ າມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການຟຣີ.

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**Portugués:**

Os materiais em anexo são importantes e devem ser traduzidos imediatamente. Temos serviços de intérprete gratuitos para responder a quaisquer perguntas que possa ter sobre o nosso plano de saúde ou de medicamentos. Para obter um intérprete, contacte-nos através do número 1-888-794-7268. Alguém que fale idioma pode ajudá-lo. Este serviço é gratuito.

**Russian:**

Прилагаемые материалы крайне важны и подлежат немедленному переводу. Если у вас возникли какие-либо вопросы о вашем плане медицинского обслуживания или плане с покрытием лекарственных препаратов, для вас предусмотрены бесплатные услуги переводчика. Чтобы воспользоваться услугами переводчика, просто позвоните нам по номеру 1-888-794-7268. Вам поможет сотрудник, владеющий Россия. Эта услуга предоставляется бесплатно.

**Vietnamese:**

Các tài liệu đính kèm rất quan trọng và cần phải dịch ngay lập tức. Chúng tôi có các dịch vụ phiên dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình chăm sóc sức khỏe hoặc chương trình thuốc của chúng tôi. Để có phiên dịch viên, chỉ cần gọi cho chúng tôi theo số 1-888-794-7268. Một người nói ngôn ngữ có thể giúp quý vị. Đây là dịch vụ miễn phí.

**Chinese Cantonese:**

您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-794-7268。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:**

Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-794-7268. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:**

Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-794-7268. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**German:**

Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-794-7268. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

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**Korean:**

당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-794-7268 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**:Arabic** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-888-794-7268. سيقوم شخص جانيتم تتمدذ ده. اعدتك سمر بية بعلا حدثتيا م.

**Hindi:**

हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी परश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-794-7268 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:**

È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-794-7268. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**French Creole:**

Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-794-7268. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:**

Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-794-7268. Ta usługa jest bezpłatna.

**Japanese:**

当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-794-7268にお電話ください。日本語を話す 人が支援いたします。これは無料のサービスです。

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