Medicare

2022
Summary of Benefits

Senior Whole Health (HMO D-SNP)

Massachusetts H2224-001, 003

Serving the following counties: Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk and Worcester.

Effective January 1 through December 31, 2022

Senior Whole Health
BY MOLINA HEALTHCARE

Senior Whole Health (HMO D-SNP) *and* Senior Whole Health NHC (HMO D-SNP)

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

2022 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by Senior Whole Health and Senior Whole Health NHC. 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 our plan. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage.*

Table of Contents

A. Disclaimers 4

B. Frequently asked questions (FAQ) 5

C. List of covered services 8

D. Benefits covered outside of Senior Whole Health 22

E. Services that Senior Whole Health , Medicare, and MassHealth Standard do not cover 26

F. Your rights as a member of the plan 28

G. How to file a complaint or appeal a denied service 30

H. What to do if you suspect fraud 31

If you have questions, please call Senior Whole Health at 1-888-794-7268 (TTY 711), 8 a.m. to 8 p.m., 7 days a week October 1-March 31 and 5 days a week April-September 30. If you have health or care management questions, we have nurses available to answer your questions 24/7 at 1-888-794-7268 (TTY 711). The calls are free. **For more information**, visit www.SWHMA.com.

Disclaimers

This is a summary of health services covered by Senior Whole Health for January 1, 2022. This is only a summary. Please read the *Evidence of Coverage* for the full list of benefits. Please call Senior Whole Health at 1-888-794-7268 (TTY 711), 8 a.m. to 8 p.m., 7 days a week Oct 1- March 31, 5 days a week April 1 – September 30. If you have health or care management questions, we have nurses available to answer your questions 24/7 at 1-888-794-7268 (TTY 711). The calls are free. To request a copy of the *Evidence of Coverage* or go to www.SWHMA.com.

- Product offered by Senior Whole Health of Massachusetts, LLC, a wholly owned subsidiary of Molina Healthcare, Inc.
- Senior Whole Health (HMO D-SNP) and Senior Whole Health NHC (HMO D-SNP) are Coordinated Care plans with a Medicare Advantage contract and a contract with the Commonwealth of Massachusetts/ EOHHS MassHealth program. Enrollment depends on annual contract renewal.
- This is not a complete description of benefits. Call 1-888-794-7268 (TTY 711) 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 (http://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.
- This information is available in other formats, such as braille, large print, and audio.
- Call Member Services at 1-888-794-7268 (TTY 711), 8 a.m. to 8 p.m., 7 days a week (October 1 – March 31), 5 days a week April 1 – September 30). The call is free.
- ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-794-7268 (TTY 711).
- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-794-7268 (TTY 711).
- To request your preferred language other than English and/or alternate format, call Member Services at 1-888-794-7268 (TTY 711), 8 a.m. to 8 p.m., 7 days a week (October 1 – March 31), 5 days a week April 1 – September 30). The call is free.
- 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.
- Senior Whole Health/Senior Whole Health NHC (HMO D-SNP) 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.
- Molina Healthcare, Inc., 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.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What is a Senior Care Options (SCO) Plan?	A Senior Care Options (SCO) Plan is a health plan that contracts with both Medicare and MassHealth Standard to provide benefits of both programs to enrollees. It is for people ages 65 and older with Medicare and MassHealth Standard coverage, and no other comprehensive health insurance. A Senior Care Options (SCO) Plan is an organization made up of doctors, hospitals, pharmacies, providers of Long-term Services and Supports (LTSS), and other providers. It also has Individual Care Managers to help you manage all your providers and services and supports. They all work together to provide the care you need.
Will I get the same Medicare and MassHealth Standard benefits in Senior Whole Health that I get now?	You will get your covered Medicare and MassHealth Standard 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. You may also get other benefits the same way you do now, directly from a State agency like the Department of Mental Health or the Department of Developmental Services. When you enroll in 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.
	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 1-888-794-7268 (TTY 711), 8 a.m. to 8 p.m., 7 days a week (October 1 – March 31), 5 days a week April 1 – September 30) The call is free.

Can I go to the same doctors I see now?	Often that is 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. 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 Whole Health'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 Whole Health's plan. See Chapter 3 in the *Evidence of Coverage* (Using the plan's coverage for your medical services) for more specific information about emergency, out-of-network, and out-of-area coverage. To find out if your doctors are in the plan's network, call Member Services at 1-888-794-7268 (TTY 711), 8 a.m. to 8 p.m., 7 days a week (October 1 – March 31), 5 days a week April 1 – September 30) The call is free or read Senior Whole Health's *Provider/Pharmacy Directory* on the plan's website at www.SWHMA.com. If Senior Whole Health is new for you, we will work with you to develop an Individual Care Plan to address your needs.
What is a Senior Whole Health Individual Care Manager?	A Senior Whole Health Individual Care Manager 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.
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 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.

What happens if I need a service but no one in Senior Whole Health'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 Whole Health will pay for the cost of an out-of-network provider.
Where is Senior Whole Health available?	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. Call Member Services at the numbers in the footer of this document for more information about whether the plan is available where you live.
What is prior authorization?	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 **before** you get the services. Senior Whole Health may not cover the service, procedure, item, or drug if you don't get prior authorization. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first**. 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. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers in the footer of this document for help.
Do I pay a monthly amount (also called a premium) under Senior Whole Health?	No. Because you have MassHealth Standard, 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 Whole Health?	No. You do not pay deductibles in Senior Whole Health.
What is the maximum out-of-pocket amount that I will pay for medical services as a member of Senior Whole Health?	There is no cost-sharing for medical services in Senior Whole Health, so your annual out-of-pocket costs will be $0.

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 per stay**	Our plan covers 90 days for an inpatient hospital stay under your Medicare benefit. We cover additional medically necessary inpatient hospital days under your MassHealth Standard (Medicaid) benefit. *Prior authorization may be required.*
	Doctor or surgeon care	**$0**	*Prior authorization may be required.*
	Outpatient hospital coverage • Surgical services • Nonsurgical services ◦ Observation ◦ Mental health ◦ Rehabilitation ◦ Substance abuse	**$0**	We cover medically necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury. *Prior authorization may be required.*
	Ambulatory surgical center (ASC) services	**$0**	Visits to treat an injury or illness *Prior authorization may be required.*
You want to see a doctor	Specialist care	**$0**	*Prior authorization may be required.*
	Wellness visits, such as a physical	**$0**	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.

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 (cont.)	Care to keep you from getting sick, such as flu shots	**$0**	Covered Medicare Part B services include: • Pneumonia vaccine • Flu shots, once each flu season in the fall and winter, with additional flu shots if medically necessary • Hepatitis B vaccine if you are at high or intermediate risk of getting Hepatitis B • COVID-19 vaccine • Other vaccines if you are at risk and they meet Medicare Part B coverage rules We also cover some vaccines under our Part D prescription drug benefit.
	"Welcome to Medicare" (preventive visit one time only)	**$0**	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.
You need emergency care	Emergency room services	**$0**	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. The plan provides worldwide emergency coverage outside of the United States as part of its supplemental Medicare benefits, up to $1000 per year. As a member of the Senior Care Options program, you pay $0 for this benefit.
	Urgent care	**$0**	Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care.

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) • Lab tests and diagnostic procedures, such as blood work • Screenings for infections, cancer and other diseases	**$0**	Prior authorization is not required for outpatient x-ray services. *Prior authorization may be required.*
You need hearing/auditory services	Hearing screenings	**$0**	Routine hearing exams are covered under the MassHealth Standard (Medicaid) benefit.
	Hearing aids	**$0**	Fittings/evaluations for hearing aids can be done once every calendar year. Hearing aids are covered under the MassHealth Standard (Medicaid) benefit. MassHealth does not pay for more than one hearing aid per ear, per member, in a 60-month period without *prior authorization*.
You need dental care	Dental check-ups and preventive care	**$0**	Must use a network provider.
	Restorative and emergency dental care	**$0**	Our plan covers additional dental services including emergency care visits, x-rays, extractions, implants, and oral surgery under the MassHealth Standard (Medicaid) benefit. *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 eye care	Eye exams	**$0**	MassHealth Standard (Medicaid) covers routine eye examinations for members once every 12 months. Prior authorization is not required.
	Eyewear	**$0**	• MassHealth Standard (Medicaid) covers one pair of eyeglass frames or contact lenses per year • Includes $300 towards frame coverage above Medicaid allowance per year *Prior authorization may be required.*
	Other vision care	**$0**	Covered services include: • Medicare-covered vision care such as exams to diagnose and treat diseases and conditions of the eye • One Medicare-covered glaucoma screening each calendar year if you are at high risk of glaucoma • One Medicare-covered diabetic retinopathy screening each calendar year if you have diabetes • One pair of Medicare-covered eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens • Medicare-covered corrective lenses / frames (and replacement(s) needed after a cataract removal without a lens implant **Note** – Medicare-covered eyewear following cataract surgery is a limited benefit and only includes basic frames, lenses, or contact lenses.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a behavioral health condition	Behavioral health services	**$0**	• Inpatient visit • Outpatient group therapy visit • Outpatient individual therapy visit • Outpatient couples/family visit *Prior authorization may be required.*
	Inpatient and outpatient care and community-based services for people who need behavioral health care	**$0**	Additional outpatient mental health visits including day treatment *Prior authorization may be required.*
You have a substance use disorder	Substance use disorder services	**$0**	Certain 24-hour substance use treatment services for post medical detoxification defined as Level 3.5 by the Massachusetts Department of Public Health. Prior authorization is not required.
	Smoking and tobacco cessation counseling	**$0**	• Two counseling quit attempts per year • Each attempt includes up to four face-to-face visits • Plus 8 more visits offered in addition to Medicare Prior authorization is not required.
	Opioid treatment program services	**$0**	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: • Agonist and antagonist medication-assisted treatment (MAT) medications. • Dispensing and administration of MAT medications (if applicable) • Substance use counseling • Individual & group therapy • Toxicology testing • Intake activities • Periodic assessments

You need a place to live with people available to help you	Skilled nursing care	**$0**	Our plan covers up to 100 days in a SNF under your Medicare benefit. Additional days are covered under the MassHealth Standard (Medicaid) benefit. We do not require a 3-day hospital stay prior to admission. *Prior authorization may be required.*
	Nursing home care	**$0**	Non-skilled, personal care including help with activities of daily living like bathing, dressing, eating, getting in or out of a bed or chair, moving around and using the bathroom. It may also include care that most people do themselves, like using eye drops. In most cases, Medicare doesn't pay for custodial care. *Prior authorization may be required.*
	Adult foster care and group adult foster care (AFC)	**$0**	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. *Prior authorization may be required.*
	Group adult foster care (GAFC)	**$0**	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. *Prior authorization may be required.*
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	**$0**	Our plan covers additional outpatient rehabilitation services under the MassHealth Standard (Medicaid) benefit. *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 help getting to health services	Ambulance services	**$0**	• 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 • 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. Refer to "Worldwide emergency/urgent coverage" in this chart if you need emergency ambulance transport outside the U.S.
	Emergency transportation	**$0**	*Prior authorization is required for non-emergency ambulance transport except for interfacility transportation.*
	Transportation to and from medical appointments and services	**$0**	Must use in-network provider only. Contact ModivCare at 1-844-544-1391 to coordinate. **Please call to request a ride at least three (3) days in advance to ensure the appropriate transportation is available for your trip.**

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	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 *Evidence of Coverage* for more information on these drugs.
	Generic drugs (no brand name)	**$0**	There may be limitations on the types of drugs covered. Please see Senior Whole Health's *List of Covered Drugs* (Drug List) for more information.
	Brand name drugs	**$0**	There may be limitations on the types of drugs covered. Please see Senior Whole Health's *List of Covered Drugs* (Drug List) for more information.
	Over-the-counter (OTC) drugs	**$0**	There may be limitations on the types of drugs covered. Please see Senior Whole Health's *List of Covered Drugs* (Drug List) for more information.
	Home infusion therapy	**$0**	Covered services include, but are not limited to: • Professional services, including nursing services • Patient training and education • Remote monitoring • Monitoring services by a qualified home infusion therapy supplier *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 help getting better or have special health needs	Cardiac rehabilitation services	**$0**	Covers cardiac (heart) rehab services in a primary care setting like your doctor's office. Plan maximum applies: • Up to 36 sessions over 36 weeks. • No more than 2 one-hour sessions per day. *Prior authorization may be required.*
	Diabetes screening	**$0**	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. Based on the results of these tests, you may be eligible for up to two diabetes screenings every 12 months.
	Diabetes services and supplies	**$0**	• Diabetes self-management training • We have a preferred manufacturer for diabetic test strips. • We have an exception request coverage review process for non-preferred brands. *Prior authorization may be required for diabetic shoes and inserts.*
	Dialysis services	**$0**	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.

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 (cont.)	Orthotic services	**$0**	Prosthetics and orthotics devices (other than dental) that replace all or part of an internal body organ (including contiguous tissue), or all or part of the function of a permanently inoperative or malfunctioning internal body organ, including replacement or repairs of such devices *Prior authorization may be required.*
	Podiatry services	**$0**	Covered services include: • Diagnosis and the medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs) • Routine foot care for members with certain medical conditions affecting the lower limbs We cover podiatric care not covered by Medicare under the MassHealth Standard (Medicaid) benefit. There is no coinsurance, copayment, or deductible for members eligible for this benefit. Plan maximum of up to 6 supplemental routine foot care visits every calendar year. *Prior authorization may be required.*
	Rehabilitation services	**$0**	Our plan covers additional outpatient rehabilitation services under the MassHealth Standard (Medicaid) benefit. *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 *Evidence of Coverage*.	Wheelchairs, crutches, and walkers	**$0**	*Prior authorization may be required.*
	Nebulizers		*Prior authorization may be required.*
	Medical equipment and supplies		Our plan covers additional durable medical supplies under the MassHealth Standard (Medicaid) benefit. *Prior authorization may be required.*
You need help living at home	Home health services	**$0**	**Home health agency care** 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. Covered services include, but are not limited to: • Part-time or intermittent skilled nursing and home health aide services • Physical therapy, occupational therapy, and speech therapy • Medical and social services • Medical equipment and supplies *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 help living at home (cont.)	Services to help you live on your own (home health care services or personal care attendant services)	**$0**	• Companion services • Environmental adaptation services • Grocery shopping/delivery services • Home-delivered meals • Homemaker-assistance • Laundry and cleaning services • Personal care services • Respite services *Prior authorization may be required.*
	Adult day health or other support services	**$0**	Center-based services that may include nursing services and health oversight, assistance with activities of daily living, nutritional and dietary services, counseling services, activities and transportation at a MassHealth approved site. *Prior authorization may be required.*
	Day habilitation services	**$0**	Structured, goal-oriented treatment program of medically oriented, therapeutic and habilitation services for members with developmental disabilities.
	Personal Emergency Response System (PERS) • In-home medical alarm system • For emergency and non-emergency needs	**$0**	Member must meet qualifying criteria. *Case management review required.*

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services	Acupuncture	**$0**	• Up to 12 visits for back pain in 90 days are covered for Medicare; 8 additional visits for those demonstrating an improvement • Plus 40 visits/year for other conditions *Prior authorization may be required.*
	Chiropractic services	**$0**	Covered services include: • Medically necessary "routine" chiropractic services • Manual manipulation of the spine to correct subluxation • Plan maximum of up to 20 visits every calendar year applies
	Healthy You: a debit card you can use to buy over the counter (OTC) items, food and groceries. • OTC items • Food & groceries	**$0**	**OTC items**: all members are eligible for a Healthy You Card for purchasing OTC items. • $160 maximum quarterly
		$0	**Food and groceries**: beneficiaries with a chronic illness are eligible for this additional Healthy You card benefit. • $100 maximum quarterly *Participation in a care management program may be required.*
	Nutrition counseling	**$0**	• Individual telephonic nutrition counseling upon request • Up to 12 individual in-person or group sessions every calendar year *Provider referral may be required.*
	Physical fitness benefit	**$0**	Members have access to: • Contracted fitness facilities • Home fitness kits • Activity tracker

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (cont.)	Prosthetic services	**$0**	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. *Prior authorization may be required.*
	Radiation therapy	**$0**	Radiation (radium and isotope) therapy including technician materials and supplies. *Prior authorization may be required.*
	Remote access	**$0**	Nursing Hotline is available 24 hours/day and 7 days/week.
	Services to help manage your disease	**$0**	Includes services by a physician or other accredited provider (registered nurse, physician assistant, nurse practitioner, licensed dietitian)
	Telehealth services	**$0**	• Primary care physician services • Physician specialist services *Prior authorization may be required.*
	Transportation for non-medical needs	**$0**	Beneficiaries with a chronic illness are eligible for non-medical transportation (e.g., to church or grocery store), provided by the plan's medical transportation vendor, rideshare services or taxi. • Plan-approved locations only • Maximum 75 one-way trips per year, to a single destination, up to 25 miles in one direction *Participation in a care management program may be required.*

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 the numbers in the footer of this document to get one. If you have questions, you can also call Member Services or visit www.SWHMA.com.

If you have questions, please call Senior Whole Health at 1-888-794-7268 (TTY 711), 8 a.m. to 8 p.m., 7 days a week October 1-March 31 and 5 days a week April 1-September 30. If you have health or care management questions, we have nurses available to answer your questions 24/7 at 1-888-794-7268 (TTY 711). The calls are free. **For more information**, visit www.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 Standard, or a State Agency. Please see your MassHealth Standard Medicaid member handbook or other Medicaid documents for full details on your Medicaid benefits, limitations, restrictions, and exclusions. You may also call Member Services at the number in the footers of this document to find out about these services.

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

Benefit Category	MassHealth Standard Medicaid	Senior Whole Health (HMO D-SNP)	Cost to Members
Ambulatory surgery (all outpatient services)	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Evidence of Coverage for more information.	$0
Adult day health	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Evidence of Coverage for more information.	$0
Adult foster care/Adult group care	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Evidence of Coverage for more information.	$0
Audiologist	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Evidence of Coverage for more information.	$0
Behavioral health services	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Evidence of Coverage for more information.	$0
Chiropractic services	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Evidence of Coverage for more information.	$0
Community-based services	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Evidence of Coverage for more information.	$0
Day habilitation	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Evidence of Coverage for more information.	$0
Dental services	Covered by Medicaid based on your eligibility level	Limited Medicare coverage.	$0

Benefit Category	MassHealth Standard Medicaid	Senior Whole Health (HMO D-SNP)	Cost to Members
Dialysis	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Evidence of Coverage for more information.	$0
Durable medical equipment (DME) and Medical/surgical supplies	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Evidence of Coverage for more information.	$0
Emergency services	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the Evidence of Coverage for more information.	$0
Frail elder waiver services	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the Evidence of Coverage for more information.	$0
Geriatric support services coordination	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the Evidence of Coverage for more information.	$0
Hearing aid services	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the Evidence of Coverage for more information.	$0
Home health services	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the Evidence of Coverage for more information.	$0
Hospice	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the Evidence of Coverage for more information.	$0
Immunizations	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the Evidence of Coverage for more information.	$0

Benefit Category	MassHealth Standard Medicaid	Senior Whole Health (HMO D-SNP)	Cost to Members
Inpatient hospital services	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the Evidence of Coverage for more information.	$0
Institutional care	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the Evidence of Coverage for more information.	$0
Laboratory	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the Evidence of Coverage for more information.	$0
Long-term services and supports	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the Evidence of Coverage for more information.	$0
Orthotics	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the Evidence of Coverage for more information.	$0
Oxygen and respiratory therapy equipment	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the Evidence of Coverage for more information.	$0
Personal care attendant services	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the Evidence of Coverage for more information.	$0
Pharmacy	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the Evidence of Coverage for more information.	$0
Physician (primary)	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the Evidence of Coverage for more information.	$0

Benefit Category	MassHealth Standard Medicaid	Senior Whole Health (HMO D-SNP)	Cost to Members
Physician (specialty)	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the Evidence of Coverage for more information.	$0
Podiatry	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the Evidence of Coverage for more information.	$0
Private duty nursing	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the Evidence of Coverage for more information.	$0
Prosthetic services and devices	Covered by Medicaid based on your eligibility level and approved treatment plan	Covered by Medicare. Check the Evidence of Coverage for more information.	$0
Radiology and x-ray	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the Evidence of Coverage for more information.	$0
Therapy – physical, occupational and speech/ hearing	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the Evidence of Coverage for more information.	$0
Transportation services	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the Evidence of Coverage for more information.	$0
Vision care services	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the Evidence of Coverage for more information.	$0

E. Services that Senior Whole Health, Medicare, and MassHealth Standard do not cover

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

Services Senior Whole Health, Medicare, and MassHealth Standard do not cover	Not covered under any condition	Covered only under specific conditions
Experimental medical and surgical procedures, equipment and medications Experimental procedures and items are those items and procedures determined by our plan and Original Medicare to not be generally accepted by the medical community.		✓ May be covered by Original Medicare under a Medicare-approved clinical research study or by our plan. (See Chapter 3, Section 5 of your Evidence of Coverage for more information on clinical research studies.)
Private room in a hospital		✓ Covered only when medically necessary.
Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television	✓	
Full-time nursing care in your home		✓ Covered under the MassHealth Standard benefit.
*Custodial care is care provided in a nursing home, hospice, or other facility setting when you do not require skilled medical care or skilled nursing care.		✓ Covered under the MassHealth Standard benefit.
Homemaker services include basic household assistance, including light housekeeping or light meal preparation.		✓ Covered under the MassHealth Standard benefit.
Home-delivered meals		✓ Covered under the MassHealth Standard benefit.
Fees charged for care by your immediate relatives or members of your household		✓ Covered under the MassHealth Standard benefit.

If you have questions, please call Senior Whole Health at 1-888-794-7268 (TTY 711), 8 a.m. to 8 p.m., 7 days a week October 1-March 31 and 5 days a week April 1-September 30. If you have health or care management questions, we have nurses available to answer your questions 24/7 at 1-888-794-7268 (TTY 711). The calls are free. **For more information**, visit www.SWHMA.com.

Services Senior Whole Health, Medicare, and MassHealth Standard do not cover	Not covered under any condition	Covered only under specific conditions
Cosmetic surgery or procedures		✓ 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.
Routine dental care, such as cleanings, fillings or dentures		✓ Routine dental care is covered by the plan under the MassHealth Standard (Medicaid) benefit. See Chapter 4, Section 2.1 for more information on dental care. **Prior authorization may be required.**
Non-routine dental care		✓ Dental care required to treat illness or injury may be covered as inpatient or outpatient care.
Routine chiropractic care		✓ Manual manipulation of the spine to correct a subluxation is covered.
Routine foot care		✓ Some limited coverage provided according to Medicare guidelines, e.g., if you have diabetes. Additional services are covered under the MassHealth Standard (Medicaid) benefit. See Chapter 4, Section 2.1 for more information on podiatric care. **Prior authorization may be required.**

Services Senior Whole Health, Medicare, and MassHealth do not cover	Not covered under any condition	Covered only under specific conditions
Orthopedic shoes		✓ If shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease.
Supportive devices for the feet		✓ Orthopedic or therapeutic shoes for people with diabetic foot disease.

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 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 – SCO members would be responsible for $0 costs.
  - 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
  - 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
  - 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 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* in Chapter 7, Section 1. If you have questions, you can call Senior Whole call Member Services at 1-888-794-7268 (TTY 711), 8 a.m. to 8 p.m., 7 days a week (October 1 – March 31), 5 days a week April 1 – September 30). The call is free.

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 the numbers in the footer of this document. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 8 of the Evidence of Coverage. You can also call Senior Whole Health Member Services at the numbers in the footer of this document.

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 1-888-794-7268 (TTY 711)
- Fax your complaint to 617-494-5554
- Write to:
  Senior Whole Health
  Attention: Quality Manager
  1075 Main Street, Suite 400
  Waltham, MA 02451

You must submit your complaint within 60 days of the event or incident.

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 1-888-794-7268 (TTY 711)
- Fax your compliant to 1-855-838-7998
- Write to:
  Senior Whole Health
  Attention: Quality Manager
  1075 Main Street, Suite 400
  Waltham, MA 02451

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 the numbers in the footer of this document.
- 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.
- To report suspected fraud, contact Senior Whole Health's Fraud Hotline at 1-800-341-4915.

H2224_2022_20348_SB_M

MAH222413SBEN22
210910