

HSA Intermediary Benefit Comparison

Plan options for April 1, 2022 - March 31, 2023

for Massachusetts-based companies with 1-9 full-time employees



Plan Name	Metallic Tier	Member Coins	Deductible (IND / FAM)	OOPM (IND / FAM) Combined Med / RX	PCP	Specialist	UCC **	PT/OT/ST	Chiro	Lab Testing	LTI	HTI	Outpatient Procedures	Inpatient Hospital	ER	LCG	RX Tier 1	RX Tier 2	RX Tier 3	RX Tier 4	RX Coins Max ***	Rx Deductible (IND / FAM)
HMO Deductible Plans																						
Advantage HMO 2000	Gold	0%	\$2,000 / \$4,000	\$7,000 / \$14,000	\$25	\$50	\$40	\$40	\$25	Ded then \$25	Ded then \$50	Ded then \$125	Ded then \$150	Ded then \$250	\$300	\$5	\$30	\$60	\$90	\$160	N/A	N/A
Advantage Basic HMO 2000	Silver	0%	\$2,000 / \$4,000	\$8,700 / \$17,400	\$50	\$100	\$50	\$50	\$50	Ded then \$80	Ded then \$80	Ded then \$500	Ded then \$1,000	Ded then \$1,000	Ded then \$1,000	\$5	\$50	Rx Ded then \$85	Rx Ded then \$150	Rx Ded then 10%	\$250	\$250 / \$500
Advantage HMO 3000	Silver	0%	\$3,000 / \$6,000	\$8,700 / \$17,400	\$40	\$60	\$40	\$45	\$40	Ded then \$75	Ded then \$75	Ded then \$300	Ded then \$350	Ded then \$500	Ded then \$350	\$5	\$35	\$85	\$110	10%	\$250	N/A
Advantage HMO 4000	Silver	0%	\$4,000 / \$8,000	\$8,700 / \$17,400	\$40	\$60	\$40	\$45	\$40	Ded then \$75	Ded then \$75	Ded then \$300	Ded then \$350	Ded then \$500	Ded then \$350	\$5	\$40	\$85	\$110	10%	\$250	N/A
HMO Coinsurance Plans																						
Advantage HMO 1500 (90%)	Gold	10%	\$1,500 / \$3,000	\$8,700 / \$17,400	\$35	\$60	\$40	\$45	\$35	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	\$5	\$35	Rx Ded then \$85	Rx Ded then \$100	Rx Ded then 10%	\$250	\$250 / \$500
HMO Saver Plans (HSA-Qualified)																						
Advantage HMO Saver 2500	Silver	0%	\$2,500 / \$5,000 *	\$6,900 / \$13,800	Ded then \$25	Ded then \$45	Ded	Ded then \$25	Ded then \$25	Ded then \$35	Ded then \$35	Ded then \$75	Ded then \$250	Ded then \$300	Ded then \$250	Ded then \$5	Ded then \$30	Ded then \$70	Ded then \$100	Ded then \$125	N/A	Combined
Advantage HMO Saver 3600	Bronze	0%	\$3,600 / \$7,200	\$7,000 / \$14,000	Ded then \$100	Ded then \$150	Ded	Ded then \$150	Ded then \$100	Ded then \$55	Ded then \$140	Ded then \$1,000	Ded then \$500	Ded then \$2,000	Ded then \$1,750	N/A	Ded then \$30	Ded then \$150	Ded then \$225	Ded then \$225	N/A	Combined
HMO Select Network Plans																						
Select Advantage HMO 1000	Gold	0%	\$1,000 / \$2,000	\$7,000 / \$14,000	\$25	\$45	\$40	\$40	\$25	Ded then \$45	Ded then \$50	Ded then \$250	Ded then \$300	Ded then \$250	\$300	\$5	\$25	\$60	\$90	\$160	N/A	N/A
Select Advantage HMO 2000	Gold	0%	\$2,000 / \$4,000	\$7,000 / \$14,000	\$25	\$50	\$40	\$40	\$25	Ded then \$25	Ded then \$50	Ded then \$125	Ded then \$150	Ded then \$250	\$300	\$5	\$30	\$60	\$90	\$160	N/A	N/A
Select Advantage HMO 3000	Silver	0%	\$3,000 / \$6,000	\$8,700 / \$17,400	\$40	\$60	\$40	\$45	\$40	Ded then \$75	Ded then \$75	Ded then \$300	Ded then \$350	Ded then \$500	Ded then \$350	\$5	\$35	\$85	\$110	10%	\$250	N/A

Deductible, Out-of-Pocket Maximum (OOPM), and visit limits are calculated on a calendar year for all plans (except Saver plans, which are calculated on a plan year from April 1 - March 31) regardless of the effective date of the group.

These charts provide benefit highlights for general comparison purposes only. There are also services that the plans do not cover.

Please refer to the Summary of Benefits and Coverage (SBC) or your Evidence of Coverage (EOC) for complete information.

All of these 2022 small group plans meet Minimum Creditable Coverage (MCC) standards for MA employees.

All of these 2022 small group plans meet Medicare Part D Creditable Coverage when Medicare is the primary payer.

Select Network plans have a limited service area that excludes Berkshire, Dukes, and Nantucket counties.

All of these 2022 small group plans include coverage for acupuncture, with no visit or dollar limits. Cost share mirrors that of chiro.

*Per IRS regulation, this Saver plan does not feature an embedded family deductible. An individual member of a family plan may need to meet the full family deductible.

** Urgent Care Center cost share applies to non-hospital affiliated centers.

*** Rx Coins Max is the maximum amount of coinsurance a member would pay per fill for drugs in any tier with coinsurance. The amounts on this grid represent the maximum coinsurance for a 30-day supply. The maximum Rx coinsurance for a 60-day or 90-day supply (if allowed) is 2x and 3x the 30-day amount, respectively.

LTI: Low-Tech Imaging (services such as X-rays)

HTI: High-Tech Imaging (services such as MRI, CT Scan, PET Scan)

OOPM: Out-of-Pocket Maximum

CIF: Covered-in-Full

OON: Out-of-Network

PCP: Primary Care Physician

LGC: Low Cost Generic

PT/OT/ST: Physical Therapy, Occupational Therapy, Speech Therapy

ER: Emergency Room

UCC: Urgent Care Center



HSA Insurance
135 Wood Road
Braintree, MA 02184

877-777-4414
www.hsainsurance.com

DISCRIMINATION IS AGAINST THE LAW

Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Tufts Health Plan:

- Provides full and equal access to covered services under the federal *Americans with Disabilities Act of 1990* and Section 504 of the federal *Rehabilitation Act of 1973*. This includes free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need any of the above services, have questions regarding any provider directory information, or would like to report an inaccuracy or network access issue, please contact Tufts Health Plan Member Services at 800.462.0224. To report provider directory inaccuracies electronically, please visit <https://tuftshealthplan.com/find-a-doctor> and select your plan. Search or select the Provider whose information you believe needs updating and click “Tell us if something needs to change”.

Please note that if you have complaints regarding provider directory inaccuracies or provider network access issues, you also have the right at any time to contact the Commonwealth of Massachusetts Division of Insurance at (877) 563-4467, Option 2 or www.mass.gov/doi.

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Tufts Health Plan, Attention:

Civil Rights Coordinator Legal Dept.
1 Wellness Way Canton, MA 02021-1166
Phone: 888.880.8699 ext. 48000,
[TTY number — 800.439.2370 or 711]
Fax: 617.972.9048
Email: OCRCoordinator@tufts-health.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services:

200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

tuftshealthplan.com | 800.462.0224

For no cost translation in English, call the number on your ID card.

Arabic للحصول على خدمة الترجمة المجانية باللغة العربية، يرجى الاتصال على الرقم المدون على بطاقة الهوية الخاصة بك .

Chinese 若需免費的中文版本，請撥打ID卡上的電話號碼。

French Pour demander une traduction gratuite en français, composez le numéro indiqué sur votre carte d'identité.

German Um eine kostenlose deutsche Übersetzung zu erhalten, rufen Sie bitte die Telefonnummer auf Ihrer Ausweiskarte an.

Greek Για δωρεάν μετάφραση στα Ελληνικά, καλέστε τον αριθμό που αναγράφεται στην αναγνωριστική κάρτα σας.

Haitian Creole Pou jwenn tradiksyon gratis nan lang kreyòl ayisyen, rele nimewo ki sou kat ID ou a.

Italian Per richiedere la traduzione in italiano senza costi aggiuntivi, chiamare il numero indicato sulla carta di identità.

Japanese 日本語の無料翻訳についてはIDカードに書いてある番号に電話してください。

Khmer (Cambodian) សម្រាប់សេវាកម្មបកប្រែដោយឥតគិតថ្លៃជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើកាតសមាជិករបស់អ្នក។

Korean 한국어로 무료 통번역을 원하시면, ID 카드에 있는 번호로 연락하십시오.

Laotian ສໍາລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.

Navajo Doo b́ááł ilíní da Diné k'ehjí álnéehgo, hodiilnih béesh bee hani'ée bee née ho'dilzingo nantinígíí bikáá'.

Persian. بزنید زنگ تان شناسائی کارت در مندرج تلفن شماره به فارسی رایگان ترجمه برای

Polish Aby uzyskać bezpłatne tłumaczenie w języku polskim, należy zadzwonić na numer znajdujący się na Pana/i dowodzie tożsamości.

Portuguese Para tradução grátis para o português, ligue para o número no seu cartão de identificação.

Russian Для получения услуг бесплатного перевода на русский язык позвоните по номеру, указанному на идентификационной карточке.

Spanish Para servicios de traducción gratuitos en español, llame al número que aparece en su tarjeta de miembro.

Tagalog Para sa walang bayad na pagsasalin sa Tagalog, tawagan ang numero na nasa inyong ID card.

Vietnamese Để có bản dịch tiếng Việt không phải trả phí, gọi theo số trên thẻ căn cước của bạn.

List-Languages-THP-ID-10/2020



tuftshealthplan.com

Select Network Participating Hospitals

MASSACHUSETTS

1. Anna Jaques Hospital, Newburyport, MA
2. Athol Memorial Hospital, Athol, MA
3. Baystate Franklin Medical Center, Greenfield, MA
4. Baystate Medical Center, Springfield, MA
5. Baystate Noble Hospital, Westfield, MA
6. Baystate Wing Hospital, Palmer, MA
7. Beth Israel Deaconess Medical Center - Boston, Boston, MA
8. Beth Israel Deaconess Medical Center - Milton, Milton, MA
9. Beth Israel Deaconess Medical Center - Needham, Needham, MA
10. Beth Israel Deaconess Medical Center, Plymouth, MA
11. Boston Medical Center, Boston, MA
12. Cambridge Alliance Hospital, Cambridge, MA
13. Cape Cod Hospital, Hyannis, MA
14. Cooley Dickinson Hospital, Northampton, MA
15. Falmouth Hospital, Falmouth, MA
16. MelroseWakefield Healthcare: Lawrence Memorial Hospital, Medford, MA
17. MelroseWakefield Healthcare: Melrose Wakefield Hospital, Melrose, MA
18. Harrington Memorial Hospital, Southbridge, MA
19. Heywood Hospital, Gardner, MA
20. Holyoke Medical Center, Holyoke, MA
21. Lahey Hospital and Medical Center, Burlington, MA
22. Lawrence General Hospital, Lawrence, MA
23. Lowell General Hospital, Lowell, MA
24. Mercy Medical Center, Springfield, MA
25. MetroWest Medical Center, Framingham, MA
26. Mount Auburn Hospital, Cambridge, MA
27. New England Baptist Hospital, Boston, MA
28. Northeast Hospital Corp.: Addison Gilbert Hospital, Gloucester, MA
29. Northeast Hospital Corp.: Beverly Hospital, Beverly, MA
30. Saint Vincent Hospital, Worcester, MA
31. Signature Healthcare Brockton Hospital, Brockton, MA
32. Southcoast Hospitals Group: Charlton Memorial Hospital, Fall River, MA
33. Southcoast Hospitals Group: Tobey Hospital, Wareham, MA
34. Southcoast Hospitals Group: St. Luke's Hospital, New Bedford, MA
35. South Shore Hospital, South Weymouth, MA
36. Steward Carney Hospital, Dorchester, MA
37. Steward Good Samaritan Medical Center, Brockton, MA
38. Steward Holy Family at Merrimack Valley Hospital, Haverhill, MA
39. Steward Holy Family Hospital, Methuen, MA
40. Steward Morton Hospital and Medical Center, Taunton, MA
41. Steward Nashoba Valley Medical Center, Ayer, MA
42. Steward Norwood Hospital, Norwood, MA
43. Steward St. Anne's Hospital, Fall River, MA
44. Steward St. Elizabeth's Medical Center, Brighton, MA
45. Sturdy Memorial Hospital, Attleboro, MA
46. Tufts Medical Center, (including Floating Hospital for Children), Boston, MA
47. UMass Medical Health Alliance - Clinton Hospital, Leominster, MA
48. UMass Memorial - Marlborough Hospital, Marlborough, MA
49. UMass Memorial Medical Center, Worcester, MA
50. Winchester Hospital, Winchester, MA

NEW HAMPSHIRE

51. Cheshire Medical Center, Keene, NH
52. Mary Hitchcock Memorial Hospital, Lebanon, NH

RHODE ISLAND

53. Newport Hospital, Newport, RI
54. Rhode Island Hospital (including Hasbro Children's Hospital) , Providence, RI
55. The Miriam Hospital, Providence, RI

Please note:

This hospital listing is subject to change. For the most up-to-date information about doctors, hospitals, and other health care providers in Tufts Health Plans's networks, visit our website at tuftshealthplan.com. If you need help finding a specific provider or type of provider—or you have questions about your covered benefits—please call a member service representative at the phone number on your member ID card.

A close-up photograph of two women laughing joyfully. The woman on the left is Black with short dark hair, wearing a denim jacket and a pearl earring. The woman on the right is white with long blonde hair, also wearing a denim jacket. They are both smiling broadly, showing their teeth. The background is blurred green foliage.

PRESCRIPTION DRUG COVERAGE GUIDE



TUFTS
Health Plan

5 STEPS TO GET STARTED

Understand your pharmacy benefits, get
the medications you need, and save money.





1. LOG IN OR REGISTER FOR YOUR SECURE ONLINE MEMBER ACCOUNT

Your member account provides you with personalized information to better manage your health care coverage and make smart decisions about your health.

Visit mytuftshealthplan.com to get started.



2. LOOK UP YOUR PRESCRIPTIONS

We cover thousands of different medications, but if your current prescription isn't on our list talk to your doctor about switching to a covered medication.

Many medications we cover have a cost-share (copayment, deductible, or coinsurance) — the amount you'll be responsible for paying, depending on your plan. The medications covered under your plan are organized in up to four tiers:

- Tier 1 includes most generic medications and is the lowest cost to you
- Tier 2 includes many generic and brand name medications
- Tier 3 includes the most expensive generic and brand name medications
- Tier 4 includes specialty medications and is the highest cost to you (applicable on some plans)



3. SEE IF YOUR PRESCRIPTION HAS SPECIAL REQUIREMENTS

If there is a "PA," "ST^{PA}," "QL" or "SP" after any of your prescriptions talk to your provider. To see definitions for these requirements, please refer to the "Key Terms" section.



4. PLAN AHEAD IF YOU TAKE MAINTENANCE MEDICATION

Maintenance medications are drugs taken regularly for ongoing conditions, such as high blood pressure or diabetes. If you're switching from another health insurance plan to Tufts Health Plan, make sure you have enough medication on hand to cover the transition period until your new coverage with Tufts Health Plan begins.

Check to see that your medication is not going to expire soon, has refills, and is covered by Tufts Health Plan. If your medication is not covered, talk to your doctor about switching to an alternate maintenance medication that is covered.



5. SAVE MONEY WITH MAIL SERVICE

On some plans, you may save money if you buy a 90-day supply of medications through mail order. Mail service provides the added convenience of home delivery instead of going to a retailer.

KEY TERMS



PA: PRIOR AUTHORIZATION

Definition: *Prior authorization is the need for your provider to tell us why you need a certain medication.*

We consult with your provider to provide you with better health outcomes, cost savings and assure your safety. Contact the doctor who wrote your prescription. If the doctor believes the drug that requires PA is necessary for your treatment, they may submit a request for coverage by faxing a MA Standard Form to Tufts Health Plan. We'll cover the medication if it meets our medical necessity coverage guidelines.

ST^{PA}: STEP THERAPY PRIOR AUTHORIZATION

Definition: *Step Therapy Prior Authorization is an automated form of prior authorization that encourages clinically proven use of first-line therapies so that the most therapeutically appropriate and cost-effective drugs are used first, before other drugs may be covered.* Some types of step therapy include requiring the use of generics before brand name drugs or preferred drugs before non-preferred brand name drugs. Check our step therapy drug list to find out which step your drug is on. If you haven't previously taken the steps we require, and your doctor believes the drug prescribed for you is necessary, your doctor may request authorization. You can check the list by visiting tuftshealthplan.com/member-rx. Click on the "View Formularies" button in the "Look Up Your Medication" box, select the drug list (formulary) for your plan and click the link to "Step Therapy Prior Authorization."

QL: QUANTITY LIMITATION

Definition: *The quantity limit for a medication that can be purchased at any one time.* A common QL is a 30-day supply, which is the maximum number of units needed for 30 days based on the prescribed daily/weekly dose. You're covered for up to the quantity posted in our covered drug list. If your doctor believes you need to take more than that quantity, the doctor may submit a request for authorization.

SP: DESIGNATED SPECIALTY PHARMACY

Definition: *A pharmacy management program that requires members to purchase selected medications from specific sources.* Once your membership is effective, log in to mytuftshealthplan.com and click on "My Coverage," then "Pharmacy." Call the designated specialty pharmacy provider indicated, or contact our Member Services department to help you receive your medication without interruption.

NC: NON-COVERED

Definition: *Medications that are not currently covered by us. If your provider feels you require this medication your provider should contact us.* They may submit a request for coverage to Tufts Health Plan. We will cover the medication if it meets our coverage guidelines. If the request is approved, you will be covered for your prescription.

NTM: NEW-TO-MARKET DRUG EVALUATION

In an effort to ensure the new-to-market prescriptions that we cover are safe, effective and affordable, we delay coverage of many new drug products until a physician specialist reviews them. If your doctor feels you need a new medication, they can contact us to request coverage.

FREQUENTLY ASKED QUESTIONS



WHAT IS THE DIFFERENCE BETWEEN A GENERIC AND A BRAND NAME?

Brand name medications are typically the first product to gain FDA approval. Generic versions have the same active ingredients, come in the same strength and dosage, and are also reviewed and approved by the Food & Drug Administration (FDA).

You can expect a generic version to produce the same effects as the brand name medication. The FDA works closely with all pharmaceutical companies to make sure that all brands and generics sold in the U.S. meet appropriate standards for strength, quality, and purity.

I HAVE A PRESCRIPTION FOR A MEDICATION THAT REQUIRES PRIOR AUTHORIZATION. WHY DO I NEED PRIOR AUTHORIZATION?

Prior authorization helps us manage the rising cost of prescription medications to make pharmacy benefits more affordable for you. It also helps us make sure you have the most recent and successfully proven medical science applied to your treatments.

If your doctor feels it is necessary for you to take a specific medication, they should submit a request to Tufts Health Plan.

ARE THERE ANY MEDICATIONS THAT ARE NOT COVERED BY MY PHARMACY BENEFIT?

Yes, there are some prescription medications that are not covered when there is medical evidence that proves other less costly and clinically appropriate alternatives are available.

The Tufts Health Plan Pharmacy and Therapeutics Committee reviews new medication for safety, cost-effectiveness, and appropriateness to determine if it will be added to the list of non-covered medications.

If your doctor believes that you have a medical reason for treatment with a non-covered medication, they may submit a request for coverage.

WHAT DOES IT MEAN IF MY PRESCRIPTION IS EXCLUDED FROM YOUR LIST?

Tufts Health Plan may exclude from coverage prescription medications once they become available over-the-counter (OTC).

Over-the-counter drugs can be obtained without a prescription and are not eligible for coverage by the plan. The complete list of medications excluded from coverage along with their OTC alternatives can be found at [**tuftshealthplan.com/non-covered-drugs**](https://tuftshealthplan.com/non-covered-drugs).

CONTACT US



MASSACHUSETTS MEMBER SERVICES

800.462.0224 (TDD/711)

Monday–Thursday, 8 am–7 pm; Friday, 8 am–5 pm



RHODE ISLAND MEMBER SERVICES

800.682.8059 (TDD/711)

Monday–Thursday, 8 am–7 pm; Friday, 8 am–5 pm

VISIT US ONLINE

tuftshealthplan.com/Ask-Member-Services

Interpreter Services Available:

With the help of Language Line Solutions, we speak more than 250 languages.

Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.

若需免費的中文版本, 請撥打ID卡上的電話號碼。

You may obtain a summary of Tufts Health Plan's key Utilization Management/case management procedures and Tufts Health Plan's privacy practices at tuftshealthplan.com.



tuftshealthplan.com



MEMBER PORTAL + MOBILE APP

Quickly Access
Your Benefits



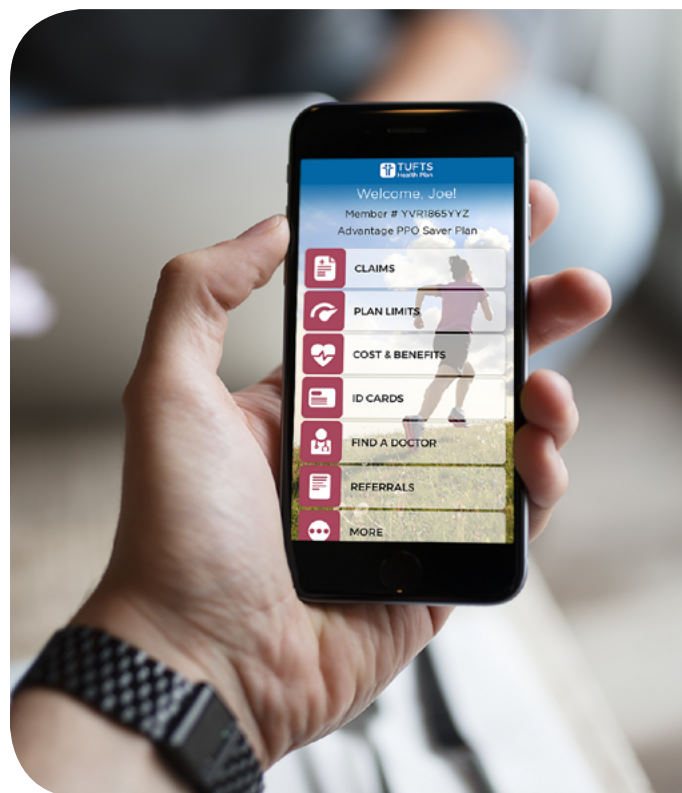
Login or activate your secure online account at mytuftshealthplan.com and download our mobile app¹, to quickly and securely access your health plan benefits information.

- Understand your coverage and costs
- Check your claims, referrals, and authorization
- View plan limits, including your out-of-pocket costs
- Find a doctor or a hospital
- Select or change your Primary Care Provider (PCP)
- Estimate your costs
- Connect to Telehealth virtual health care services
- Access health and wellness resources
- View your ID card and tax forms



**ACTIVATE YOUR SECURE
ACCOUNT NOW**

- Visit mytuftshealthplan.com OR
- Download the “Tufts Health Plan” mobile app



¹Does not apply to Tufts Health RITogether plans

A photograph of three middle-aged men of Asian descent smiling and laughing outdoors. The man on the left wears a blue and black athletic jacket and holds a red baseball glove. The man in the center wears a light pink polo shirt and has sunglasses on his head. The man on the right wears a white t-shirt and a black baseball cap with sunglasses perched on it. They are standing in front of a blurred background of green foliage and city buildings under bright sunlight.

MEMBER DISCOUNTS AND PERKS



TUFTS
Health Plan

DISCOUNTS & PERKS

HELP YOU SAVE AND STAY HEALTHY

Tufts Health Plan wants to help you reach your wellness goals with discounts on nutrition, mind and body, fitness, and other services related to good health.¹

START LIVING WELL TODAY!

Log into **mytuftshealthplan.com**. If you don't have an account, choose "Register here" to create one. Once logged in, select "Get Started" on the Health & Wellness tile.

- Take your Wellbeing Assessment
- Connect with a Health Coach
- Participate in monthly challenges and activities to build health habits
- Earn points towards rewards

FITNESS AND EXERCISE

Get discounts at over 14,000 health and fitness facilities across the U.S. through the International Fitness Club Network. Tufts Health Plan members can even try before you join with a FREE one-week trial membership at any facility you like.² Members can learn more at preventure.com/ifcn-tufts with password "Fit4You".

Fitness Together

Fitness Together pairs you with a personal trainer in a private setting and a workout plan tailored to you!³

- New members pay no fitness evaluation fee
- New members get 10% off the purchase price of any personal training package
- Existing members get 10% off the purchase price of personal training packages of 36 sessions or greater. To get the discount, show your Tufts Health Plan Member ID card when joining any participating Fitness Together location

Rather Work Out at Home?

- Save 10-40% on a wide array of fitness products

Rather Race to Get Your Workout?

- Save up to 15% off registrations to a variety of races

Other Discounts Include:

- Save up to 25% off online workout subscriptions
- Save 10% off home swim lessons and life guard services
- Save up to 90% off magazine subscriptions

Fitness Membership Rebate

Get money back on your fitness membership! Reimbursement details vary by plan – you may confirm your fitness rebate by viewing your health plan coverage in your secure member account, visit mytuftshealthplan.com.

HEALTHY EATING AND WEIGHT MANAGEMENT

The Dinner Daily

Save 25% on any Dinner Daily subscription, visit thedinnerdaily.com/thp and use code "THP25" to sign up. The Dinner Daily provides members with customized meal plans that fit members' dietary restrictions and a shopping list that maximizes savings with local grocery store specials.

¹ This information has been provided by the vendors and has not been independently confirmed by Tufts Health Plan. Available to Tufts Health Plan commercial members, excluding Tufts Health Direct. Confirm details with your employer, and check with your health care provider regarding any health or medical condition before beginning any new treatment, exercise, or nutrition regimen. Discounts are subject to change at any time.

² Specialty clubs and studios, such as martial arts, yoga, spin and personal training centers may offer different "trial" offers. Please inquire with the owner or membership department at these centers to verify offer.

³ At participating facilities only. Discounts cannot be combined with any other promotion offered by the fitness location or trainer.

Jenny Craig®

Accelerate Your Weight Loss with Rapid Results Max by Jenny Craig.⁴

Rapid Results Max is a groundbreaking, science-based program that leverages intermittent fasting to accelerate weight loss and promote health benefits.

Special Offer from Tufts Health Plan: Save \$120 on Jenny Craig weight loss plan⁵

Here's how the Jenny Craig program works:

- **Delicious Food:** Enjoy a customized meal plan, which includes delicious, chef-crafted meals, snacks and desserts, including the Jenny Craig Recharge Bar.
- **Dedicated Personal Consultant:** Jenny Craig provides personal one-on-one coaching with flexible by phone and in-person options.

3 Convenient Delivery Options:

- Contactless curbside pickup at a Jenny Craig center near you.
- Delivery from your local Jenny Craig center.
- Flexible shipping wherever you are!⁶

Get Started Today!

Visit jennycraig.com/THP OR call 877.536.6970 to schedule an appointment for a FREE consultation.

MIND AND BODY

Ompractice

Access Ompractice virtual yoga and meditation at a discounted rate. Using two-way video via laptop or phone, Ompractice allows members to participate in live yoga and meditation classes with instruction and direction from a teacher, bringing the support, personal interaction and accountability of a studio session wherever you are.

Learn more: ompractice.com/tuftshealthplan.

Brain Fitness

Save 17% on the price of a subscription to BrainHQ™, an online cognitive training program. Stay sharp and visit brainhq.com/thp.

Cambridge Health Alliance Center for Mindfulness and Compassion Discount

Save 15% on Mindfulness and Self-Compassion courses, which can reduce stress and improve your overall wellbeing. Visit chacmc.org/courses and use access code "THP15" when you register.

Discounts on ChooseHealthy.com

Free shipping and up to 40% discount on wellness products on the site, ChooseHealthy.com. For details on how to get this discount, call Customer Relations or visit choosehealthy.com/public.

Massage Therapy and Acupuncture

Reconnect your body, mind, and spirit with massage therapy or acupuncture. **Massage therapy:** save 25% off the provider's usual fee, or pay \$15 per 15 minutes of massage therapy, whichever is less. **Acupuncture:** save 25% off the provider's usual fee. For a list of providers near you, call ChooseHealthy customer service at 1-877-335-2746.

Meditation 101 Audio Series

The Meditation 101 Series is designed for those who are new to meditation. Meditation 101 consists of 10 short audio lessons that provide you with everything you need to know to begin meditating. To access this free tool, visit app.wellable.co/meditation101, and enter the access code "THP".

The Center for Mindfulness at UMass Memorial Health

Attend the 8-week, online Mindfulness-Based Stress Reduction (MBSR) or Mindfulness-Based Cognitive Therapy (MBCT) programs with the Center for Mindfulness at UMass Memorial Health and receive 15% off the cost of tuition. Participants have found an increased ability to relax, an enhanced ability to cope with chronic pain and stressful situations, and improved self-confidence. For more information send an email to mindfulness@umassmemorial.org, or visit ummhealth.org/umass-memorial-medical-center/services-treatments/center-for-mindfulness/mindfulness-classes.

MORE SAVINGS

Eye Glasses, Contacts + Corrective Vision Discounts

Save up to 35% on the price of frames, lenses and sunglasses when you see an EyeMed network provider. EyeMed Vision Care also offers a replacement contact lens program, and 5-15% off the cost of LASIK and PRK laser vision correction. Learn more at tuftshealthplan.com/eyemed.

Home Instead Senior Care®

Get a one-time \$100 credit toward charges for non-medical support services at participating offices. Home Instead Senior Care enables seniors to live safely and comfortably wherever they call home. You can also receive a free home safety inspection once you have contracted for services with Home Instead Senior Care.

⁴ Average weight loss in study was 13 lbs. for those who completed the program.

⁵ Savings redeemed as 12 weeks with full planned menu purchase (avg. \$182) each week. Active program enrollment and eligibility status required. Valid only for new members and former members who haven't had an active visit (in-person or remote) within the past 60 days. Valid at participating centers and Jenny Craig Anywhere. No cash value.

⁶ Time and transit restrictions in certain zip codes prevent shipping frozen foods to those areas. See jennycraig.com/shipping-policy for more information.

For more information, please contact Home Instead at homeinstead.com or by phone at 888-580-6676 (toll-free). To get the discount, just show your Tufts Health Plan Member ID card.

You Can Save When You Use the CVS Caremark® ExtraCare Health Program

You receive 20%⁷ off regular-priced CVS Health Brand,⁸ health-related items valued at \$1 or more. The ExtraCare card can be used at CVS Pharmacy® stores nationwide and new members can attach the discount to their card.

- How to Get Your 20% Discount: Just show your card at the time of purchase to receive your discount
- If you are a new member and have a CVS ExtraCare card: Link your CVS ExtraCare card to your Tufts Health Plan Member ID number to start receiving your discount. Just visit tuftshealthplan.com/extracarehealth to start the activation process. Provide your Tufts Health Plan Member ID number and your ExtraCare card number when prompted
- If you don't already have an ExtraCare card, you'll be able to get one on the website. You can also pick one up at any CVS Pharmacy or call 1-800-SHOP-CVS to request a card before you get started with the linking process
- If you already have a Tufts Health Plan CVS ExtraCare Health card: Continue to use your existing Tufts Health Plan CVS ExtraCare Health card to get your 20% discount⁹

Hearing Care Solutions

Hearing Care Solutions (HCS) provides you¹⁰ with cost-effective hearing care services and products offered by today's leading manufacturers. The HCS program streamlines the hearing care process for members and their dependents by offering discounted prices, as low as \$500, on a wide array of digital hearing aids with varying levels of technology and features.¹¹

Along with competitive pricing, you get access to services including:

- A complete hearing exam, hearing aid evaluation and fitting¹²
- The choice of over 5,000 locations nationwide for an appointment
- Access to HCS Doctor of Audiology and Product Specialists for questions and product support
- 9 brands and multiple levels of hearing aid technologies to choose from
- 3-year manufacturers' warranty on hearing aids, including loss, damage, and repair¹³
- Battery supply that covers 3 years of use¹⁴

Get started by requesting an appointment and visiting one of the nationwide providers most convenient to you. Visit hearingcaresolutions.com/tufts to learn more.

LEARN MORE:

tuftshealthplan.com/Discounts-Perks
800.462.0224

⁷ The 20 percent discount is restricted to items purchased for the health care of the cardholder only and applies to regularly priced CVS Health Brand health-related items valued at \$1 or more. Your ExtraCare Health discount may not be used in Target stores, including those with a CVS Pharmacy in them. Excludes alcohol, lottery, money orders, prescriptions and copays, pseudoephedrine/ephedrine products, postage stamps, pre-paid cards, gift cards, newspapers and magazines, milk (where required by law or regulation), sale/promotional merchandise, bottle deposits, bus passes, hunting and fishing licenses, not valid on any imposed governmental fees, or items reimbursed by a government health plan. Check with your plan administrator for more details.

⁸ All CVS Pharmacy Brand products are 100% satisfaction guaranteed or your money back. If you're dissatisfied for any reason, you can return the CVS Pharmacy Brand product (opened or unopened) along with your receipt or invoice to any CVS Pharmacy store. We'll refund the full purchase price — no questions asked! To return the item by mail, call Customer Care at 1-888-607-4CVS (1-888-607-4287). Other pharmacies are available in our network. You are not obligated to fill your prescriptions at CVS Pharmacy by using the ExtraCare Health benefit.

⁹ Members with an existing Tufts Health Plan CVS ExtraCare Health Card should not try to use the link tuftshealthplan.com/extracarehealth. This site is only for new members. If you need to replace your existing physical card or transfer ExtraCare rewards, call 1-888-543-5938 and select option 2.

¹⁰ Programs described are for all Tufts Health Plan commercial members, excluding Tufts Health Direct.

¹¹ HCS does not place any restrictions on members utilizing the discount program, however, health plan coverage for such products and services may vary by plan. Members not eligible for plan coverage may leverage favorable HCS discounts for hearing care services and products.

¹² Hearing care services and products coverage varies by plan. If covered, copay or other cost-share may apply and referrals may be required.

¹³ Hearing care services and products coverage varies by plan and may include frequency limitations. If covered, copay or other cost-share may apply.

¹⁴ Up to 64 cells per ear, per year. A supply of batteries is only available for non-rechargeable hearing aid models.



Acupuncture Benefit

Tufts Health Plan Offers Alternative Care Options with Unlimited Acupuncture Coverage

With a network of local acupuncturists, you have access to unlimited acupuncture coverage with no prior authorization or referrals required. This acupuncture benefit was designed to help you receive the holistic care you need and deserve.

An alternative treatment for pain, acupuncture is commonly used to relieve discomfort associated with a variety of conditions, including: tension, migraines, neck pain and osteoarthritis.

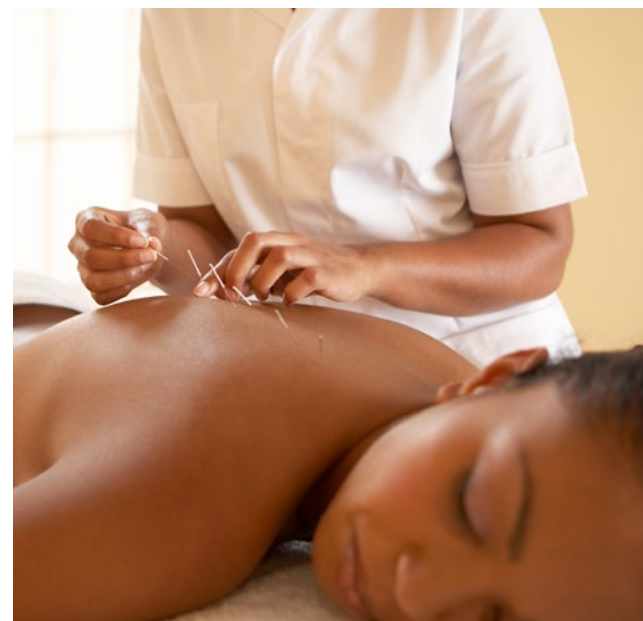
How it Works

- Your visits are subject to your plan's specialist or primary care physician cost share.
- If your plan allows for out-of-network benefits, your visit will be subject to your out-of-network deductible and or coinsurance. You will need to pay the provider out of pocket and submit a reimbursement¹ form.
- If you're on advantage plans your visits may be subject to deductible cost share.

How to Find an Acupuncturist

- Visit tuftshealthplan.com and click on "Find a Doctor or Hospital" OR
- Login to your secure member account at mytuftshealthplan.com

¹Reimbursement applies only to plans that have out-of-network benefits. For in-network only plans, members must visit a contracting provider within the Tufts Health Plan network.





FITNESS REWARDS

Stay in Shape and Save



Get Money Back On Your Fitness Membership

Members can get reimbursed for one of the following options, **whichever has the greater value:**

- The cost of one month of individual or family fitness center membership per benefit year, or
- Fitness center membership costs up to a maximum of \$200 per benefit year

This benefit applies to most Massachusetts (small group) and individual plans and is available upon renewal in 2022. You may confirm your fitness benefit by viewing your health plan coverage in your secure member account, visit mytuftshealthplan.com.

Rebate Rules:

1. You're eligible for the rebate once you've been a member of Tufts Health Plan and the gym for at least 4 consecutive months in the applicable benefit year.
2. The fitness center must offer cardio and strength-training machines and other programs for improved physical fitness. The rebate does not include martial arts centers, gymnastics centers, country clubs, or pool-only centers, sports teams and leagues, social clubs and tennis clubs, personal trainers, sports coaches, or the purchase of personal or at-home exercise machines.
3. Exercise classes include, but are not limited to: Pilates, Zumba, yoga, aerobics, online fitness classes, and kickboxing. In-person classes held in a residential setting or dance classes are not included.

Tufts Health Plan will pay up to the reimbursable amount based on your plan.

GET YOUR REBATE

Submit your rebate form online at: mytuftshealthplan.com under the Forms tab.
Or, you can mail in the rebate form on the reverse side.

REBATE FORM ON BACK



MEMBER FITNESS REBATE FORM

You must complete all fields. Please print clearly. Retain a copy of all receipts and documents for your records. Please be sure to sign the form.

To qualify for the fitness rebate, you must complete 4 consecutive months of membership with Tufts Health Plan and 4 months with the gym in the applicable benefit year.

You will have 24 months from the date you paid your fitness club fees to submit your request for the fitness rebate. The rebate applies one time per family, one time per benefit year. The rebate is paid to the Tufts Health Plan subscriber after fitness costs are paid. We usually process reimbursements within 4 to 6 weeks of receipt. The rebate can be submitted multiple times until full reimbursement is met.

Member Information

Name (Last, First, Middle Initial): _____

Date of Birth: ____ / ____ / ____

Tufts Health Plan Member ID Number

--	--	--	--	--	--	--	--	--	--	--	--

Fitness Center Information

Fitness Club Name: _____

Address: _____

Telephone: _____

Year(s) of fitness club membership:	Benefit Year 1: _____	Amount Paid: _____
	Benefit Year 2: _____	Amount Paid: _____

Group Exercise Class Information (Check your benefits for this rebate)

Group Exercise Class Name: _____

Address: _____

Telephone: _____

Year(s) of group exercise class(es):	Benefit Year 1: _____	Amount Paid: _____
	Benefit Year 2: _____	Amount Paid: _____

Payment Information

Please include one of the following forms of proof of payment with this form:

- An itemized receipt from the fitness club and/or group exercise class, showing the dates of membership and dollar amounts paid
- A credit card statement or receipt indicating fitness club and/or group exercise class payment
- A statement from the fitness club's and/or group exercise class' letterhead, with an authorized signature, indicating payment was made

Signature Required

I attest that the above information is true and accurate, and the services were received and paid for in the amount requested as indicated above. I acknowledge that if any information on this form is misleading or fraudulent, my coverage may be canceled and I may be subject to criminal and/or civil penalties for false health care claims. I also understand that Tufts Health Plan may request any additional information it deems necessary to verify that services were received and payment was made. I understand that the fitness rebate may be considered taxable income.

Member Signature: _____ Date: _____

PLEASE SUBMIT THIS FORM AND ALL DOCUMENTATION:

Online at:

mytuftshealthplan.com under the Forms tab

or

Mail to:

Tufts Health Plan | Member Reimbursement Claims

PO Box 9191, Watertown, MA 02471-9191

Please do not staple any materials to this form



EXTRACARE® HEALTH PROGRAM

You can save when you use the CVS Caremark® ExtraCare Health Program!



You can save when you use the CVS Caremark® ExtraCare Health Program! With the ExtraCare Health program you receive 20 percent* off regular-priced CVS Health Brand**, health-related items valued at \$1 or more. The ExtraCare card can be used at CVS Pharmacy® stores nationwide and new members can attach the discount to their card.

HOW TO GET YOUR 20 PERCENT DISCOUNT

Just show your card at the time of purchase to receive your discount:

- **If you are a new member and have a CVS ExtraCare card:** Link your CVS ExtraCare card to your Tufts Health Plan member ID number to start receiving your discount. Just visit tuftshealthplan.com/extracarehealth to start the activation process. Provide your Tufts Health Plan ID number and your ExtraCare card number when prompted. If you don't already have an ExtraCare card, you'll be able to get one on the website. You can also pick one up at any CVS Pharmacy or call **1-800-SHOP-CVS** to request a card before you get started with the linking process.
- **If you already have a Tufts Health Plan CVS ExtraCare Health card:** Continue to use your existing Tufts Health Plan CVS ExtraCare Health card to get your 20 percent discount.

Note: Members with an existing Tufts Health Plan CVS ExtraCare Health card should not try to use the link tuftshealthplan.com/extracarehealth. This site is only for new members. If you need to replace your existing physical card or transfer ExtraCare rewards, call **1-888-543-5938** and select option 2.

*The 20 percent discount is restricted to items purchased for the health care of the cardholder only, and applies to regularly priced CVS Health Brand health-related items valued at \$1 or more. Your ExtraCare Health discount may not be used in Target stores, including those with a CVS Pharmacy in them. Excludes alcohol, lottery, money orders, prescriptions and copays, pseudoephedrine/ ephedrine products, postage stamps, pre-paid cards, gift cards, newspapers and magazines, milk (where required by law or regulation), sale/promotional merchandise, bottle deposits, bus passes, hunting and fishing licenses, not valid on any imposed governmental fees, or items reimbursed by a government health plan. Check with your plan administrator for more details.

**All CVS Pharmacy Brand products are 100% satisfaction guaranteed or your money back. If you're dissatisfied for any reason, you can return the CVS Pharmacy Brand product (opened or unopened) along with your receipt or invoice to any CVS Pharmacy store. We'll refund the full purchase price — no questions asked! To return the item by mail, call Customer Care at 1-888-607-4CVS (1-888-607-4287). Other pharmacies are available in our network. You are not obligated to fill your prescriptions at CVS Pharmacy by using the ExtraCare Health benefit

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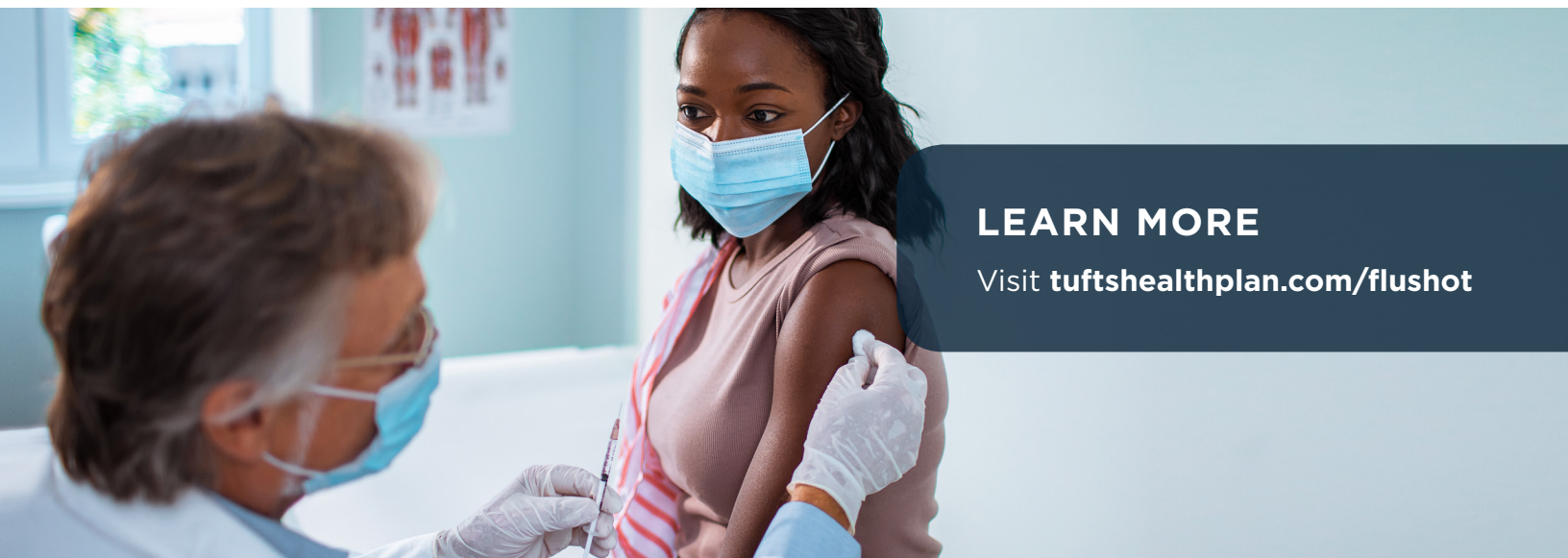
CVS-Extra-Care-0719

DON'T SPREAD THE FLU



Get Your Flu Shot Today:

- Doctor's office
- Town or school clinics
- Worksite clinics operated by contracted vendors, including Maxim, The Wellness Company, and CVS/Caremark
- Participating pharmacies in the Caremark network*
- Participating Minute Clinics within CVS Pharmacy® locations in Massachusetts, New Hampshire, Rhode Island, Connecticut, and New York
- Participating CVS Pharmacy locations in Massachusetts, New Hampshire, and Rhode Island



LEARN MORE

Visit tuftshealthplan.com/flushot

- Flu shots are a covered benefit under Tufts Health Plan. For most plans, there is no cost to you and a copayment/deductible does not apply. If you pay out-of-pocket for the flu vaccine, you can submit for reimbursement from Tufts Health Plan. Age restrictions may apply. If you are unsure about your plan's benefit or where you can get a flu shot, please call Member Services at the number on your Tufts Health Plan member ID card.
- *This expanded network is for members who receive their pharmacy benefit through Tufts Health Plan.

UTILIZATION MANAGEMENT



To help you receive quality health care in an appropriate treatment setting, we provide utilization management (UM).

We use up-to-date medical standards and medical necessity guidelines for making coverage decisions about medically needed services through our UM activities. Standards and guidelines are updated each year—or more often—as new treatments, new uses for treatments, and new technologies are adopted as generally accepted professional practices.

We may check utilization of health care services before (prospective review), during (concurrent review), or after members get them (retrospective review).

► **Prospective (Before Treatment):**

We determine whether a treatment is medically necessary before it begins.

► **Concurrent (During Treatment):**

We review treatment during the course of care to determine medical necessity.

► **Retrospective (After Treatment):**

We review treatment for medical necessity after treatment is complete. You have the right to appeal coverage decisions.

For services and prescriptions that require pre-authorization, we conduct pre-service reviews. If you are hospitalized, we review all available information in order to facilitate the transition from hospital to home, or hospital to another health care environment. Reviews are also conducted post-service, to review prescriptions and other medical needs.

For clinical coverage decisions regarding medical services, denials are made only by board-certified physicians. For clinical coverage decisions regarding medications, denials are made only by board-certified physicians or registered pharmacists.

If you have any questions about what your specific plan covers, please read your Benefit Document or access your secure member account at mytuftshealthplan.com.

The goal of our care management is to help you:

- Manage your health interests and goals
- Implement your doctor's plan of care

If you find you might need complex or chronic care management, contact us. A Tufts Health Plan nurse care manager will then get in touch with you to discuss health interests and goals, as well as any issues that might prevent you from being as healthy as possible, and from getting any health care you might need.

During the program, you and the nurse will work together to help you:

- Learn about your illness and learn how to best take care of yourself
- Manage symptoms of your illness
- Learn about your medicines
- Arrange care, including any community services that might be needed

Taking part in the program is always up to you. Your decision to take part or not take part in the program has no effect on your health care coverage or health benefits.

Please keep in mind:

- Your doctor may need to get prior authorization for some services and for elective admissions
- Unless it is an emergency, there is no benefit for out-of-network services or admissions



BEHAVIORAL HEALTH RESOURCE GUIDE


We're here to help our members
enjoy the full lives they deserve



A Helping Hand When It's Needed Most

We understand that these uncertain times can cause strong emotions for children and adults alike. But there's one thing our members can be assured of: Tufts Health Plan will always be here to support their wellbeing.

We provide a helping hand with benefits that cover a full range of behavioral health services. And a Care Management team with specially trained, independently licensed clinicians who are committed to making sure behavioral health needs are addressed in a respectful, non-stigmatizing manner. It's our goal to see that individuals and families have the information, tools, support and access to care that they need to enjoy the full lives they deserve. It's what we do. The following are different areas in which we can help.



**FOR ASSISTANCE WITH
BEHAVIORAL HEALTH ISSUES,
MEMBERS SHOULD CALL
800.208.9565.**

COVID-19

Government guidelines about social distancing and sheltering in place during the pandemic can heighten feelings of isolation and anxiety, as well as increase stress for family caregivers. Our Behavioral Health Care Managers are available to provide support with benefits, assistance with locating providers, and information about telehealth services.

Learn more:

[Taking Care of Your Behavioral Health During an Infectious Disease Outbreak](#)
[Stress and Coping – Outbreaks Can Be Stressful](#)

General Mental Health

One in five adults experience mental health issues each year, such as depression, anxiety, bipolar, schizophrenia, and others.¹ To help our members address the challenges of such diagnoses, we offer benefits that include: inpatient hospitalization, partial hospital and outpatient programs, individual counseling, and medication management. Also, our licensed clinicians can help to coordinate care for members in the community.

Learn more:

[National Alliance on Mental Illness](#)
[National Institute of Mental Health](#)

¹Substance Abuse and Mental Health Services Administration, 2018

Depression and Anxiety

These two issues are often intertwined. In fact, nearly one-half of those diagnosed with depression are also diagnosed with an anxiety disorder.² When our members seek treatment – whether inpatient or outpatient – we provide navigation support to help them understand what their behavioral health benefits are, what services they need, and how to access them.

Learn more:

[National Institute of Mental Health: Depression Overview](#)

[National Institute of Mental Health: Anxiety Overview](#)

Substance Use Disorder (SUD)

When individuals struggle with SUD, the substance may include alcohol, opioids, cocaine, methamphetamine, and others. We provide the following services and outreach with the goal of achieving a successful, sustained recovery:

- Navigation support
- Specialized Addiction Recovery Care Management with frequent, high-touch engagement via phone
- Peer specialists who have been successful in their own recovery process and can help others experiencing similar situations
- Dedicated clinicians who work with facilities to ensure that members receive appropriate care, ranging from more intense treatment to less intense treatment as needed.

Learn more:

[SMART Recovery](#)

[Substance Abuse and Mental Health Services Administration](#)

Suicide

Individuals who are suicidal commonly feel pain, sometimes emotional and sometimes physical, but they don't always share it with others. When one of our members in crisis does reach out, we are here for them. A skilled clinician is immediately placed on the call to assess the person, provide support, and undertake rapid intervention, engaging them when and where help is needed.

Learn more:

[Suicide Is Preventable](#)

[Suicide Prevention – Substance Abuse and Mental Health Services Administration](#)

Caregiver Stress Syndrome

Characterized by physical, mental and emotional exhaustion, caregiver stress typically occurs when a member neglects their own physical and emotional health because they are focused on caring for an ill, injured or disabled loved one. In such cases, our Care Management team evaluates the member's medical and behavioral health needs, helps them locate support groups, and creates personalized self-care plans designed to restore the individual's wellbeing.

Learn more:

[Caregiver Support – USA.gov](#)

[Family Caregiving – helpguide.org](#)



²Anxiety and Depression Association of America, 2020

Self-Care, Wellness, and Coping

Practicing self-care and focusing on individual wellness, such as a healthy diet and moderate exercise, can have positive impacts on mental health during stressful times. As part of their Tufts Health Plan coverage, many members have access to an array of wellness benefits as well as discounts and perks, which they can take advantage of to help reach their personal goals. Our Behavioral Health Care Management team also is available for additional information or guidance in this area.

THESE ARE DIFFICULT TIMES THAT AFFECT EACH PERSON DIFFERENTLY.

No matter what behavioral health challenges our members may confront, we're here to provide the support they need to enjoy the full lives they deserve. It's what we do.



QUIT SMOKING



We Can Help

- Coverage for smoking cessation counseling services, including individual and group*
- Over-the-counter (OTC) smoking cessation products may be covered in full for most members with Tufts Health Plan's pharmacy benefit*

- Coverage for prescription smoking cessation medications*
- If your plan includes Tufts Health Plan's pharmacy benefit, the following smoking cessation prescription drugs are covered with no cost share for most members:

- Bupropion SR tablet
- Chantix® tablet
- Nicotrol® Inhaler
- Nicotrol® Nasal Spray



LEARN MORE

tuftshealthplan.com/quitsmoking

- Please check your plan benefits for more information.
- *Coverage information is for commercial plan members in MA and RI (purchased individually or through an employer), excluding Tufts Health Direct members.



TELEHEALTH

No Driving, No Waiting
Room, No Cost



Telehealth Virtual Health Care Provided by Teladoc® is Available 24/7 Worldwide — by Phone, Web or Mobile App

When you or your dependents need non-emergency care, use Telehealth to save time and money. You can even receive your prescription at your local pharmacy when medically necessary.

- Connect with a U.S. board certified doctor for everyday care, anywhere in the world in less than 15 minutes
- Schedule a session with a therapist or psychiatrist to get confidential support that fits your needs and schedule
- Access a dermatologist in less than 48 hours for common skin conditions such as psoriasis or eczema

Set Up Your Account With Your Member ID Card at
tuftshealthplan.com/Teladoc

Our Members Love Telehealth



Worldwide 24/7
Access to care



92% of patients' visits
are resolved the 1st visit



95% member
satisfaction



Over 40 million
members

NEW! Access Telehealth Right from Our Mobile App

With the push of a button, our Tufts Health Plan mobile app now connects you directly to Teladoc doctors. Download the app and Tap "Telehealth by Teladoc" on the app home screen to request a 24/7 visit with a Teladoc doctor.



"It was GREAT!!!"

I did it at home at 8pm in my jammies! The app is super easy... I am nothing but happy with it."

HEATHER ANDREWS

- Tufts Health Plan Member

In the case of an emergency, please call 9-1-1 or visit the nearest emergency department. Telehealth virtual health care services (provided by Teladoc®) are available to Tufts Health Plan commercial members (not including Tufts Health Direct). There will be no cost share or copay for Teladoc services to employer-sponsored groups that have this benefit and have not opted out; cost share may apply to some self-insured groups. Cost share will apply to Saver plan members starting 1/1/2022. If you're not sure whether your plan includes Telehealth by Teladoc please ask your employer. Your regular health care providers may also offer virtual health care services to you - please contact them directly for additional details. Cost share applies. This testimonial reflects this individual's experience and experiences may vary. Statistics are provided by Teladoc® and not verified by Tufts Health Plan.





NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

Tufts Health Plan is committed to safeguarding the privacy of our members' protected health information ("PHI"). PHI is information which:

- identifies you (or can reasonably be used to identify you); and
- relates to your physical or mental health or condition, the provision of health care to you or the payment for that care.

We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. This Notice of Privacy Practices describes how we may collect, use and disclose your PHI and your rights concerning your PHI. This Notice applies to all members of Tufts Health Plan's commercial insured health benefit plans (including HMO, POS and PPO plans and Medicare Complement plans) and to employees covered under the Tufts Associated Health Plans, Inc. group health plans. Unless your employer has notified you otherwise, this Notice of Privacy Practices also applies to all members of self-insured group health plans that are administered by a Tufts Health Plan entity.

HOW WE OBTAIN PHI

As a managed care plan, we engage in routine activities that result in our being given PHI from sources other than you. For example, health care providers—such as physicians and hospitals—submit claim forms containing PHI to enable us to pay them for the covered health care services they have provided to you.

HOW WE USE AND DISCLOSE YOUR PHI

We use and disclose PHI in a number of ways to carry out our responsibilities as a managed care plan. The following describes the types of uses and disclosures of PHI that federal law permits us to make without your specific authorization:

- **Treatment:** We may use and disclose your PHI to health care providers to help them treat you. For example, our care managers may disclose PHI to a home health care agency to make sure you get the services you need after discharge from a hospital.
- **Payment Purposes:** We use and disclose your PHI for payment purposes, such as paying doctors and hospitals for covered services. Payment purposes also include activities such as: determining eligibility for benefits; reviewing services for medical necessity; performing utilization review; obtaining premiums; coordinating benefits; subrogation; and collection activities.

- **Health Care Operations:** We use and disclose your PHI for health care operations. For example, this includes: coordinating/managing care; assessing and improving the quality of health care services; reviewing the qualifications and performance of providers; reviewing health plan performance; conducting medical reviews; and resolving grievances. It also includes business activities such as: underwriting; rating; placing or replacing coverage; determining coverage policies; business planning; obtaining reinsurance; arranging for legal and auditing services (including fraud and abuse detection programs); and obtaining accreditations and licenses. We do not use or disclose PHI that is genetic information for underwriting purposes.
- **Health and Wellness Information:** We may use your PHI to contact you with information about: appointment reminders; treatment alternatives; therapies; health care providers; settings of care; or other health-related benefits, services and products that may be of interest to you. For example, we might send you information about smoking cessation programs, or we might send a mailing to subscribers approaching Medicare eligible age with materials describing our senior products and an application form.
- **Organizations That Assist Us:** In connection with treatment, payment and health care operations, we may share your PHI with our affiliates and third party "business associates" that perform activities for us or on our behalf, for example, our pharmacy benefit manager. We will obtain assurances from our business associates that they will appropriately safeguard your information. The following corporate affiliates of Tufts Health Plan designate themselves as a single affiliated covered entity and may share your information among them: Tufts Associated Health Maintenance Organization, Inc., Tufts Health Public Plans, Inc., Tufts Insurance Company, CarePartners of Connecticut, Inc., Tufts Associated Health Plans, Inc. group health plans, Harvard Pilgrim Health Care, Inc., Harvard Pilgrim Health Care of New England, Inc., HPHC Insurance Company, Inc., and Harvard Pilgrim Group Health Plan.
- **Plan Sponsors:** If you are enrolled in Tufts Health Plan through your current or former place of work, you are enrolled in a group health plan. We may disclose PHI to the group health plan's plan sponsor—usually your employer—for plan administration purposes. A plan sponsor of an insured health benefit plan must certify that it will protect the PHI in accordance with law.

- **Public Health and Safety; Health Oversight:** We may disclose your PHI: to a public health authority for public health activities, such as responding to public health investigations; when authorized by law, to appropriate authorities, if we reasonably believe you are a victim of abuse, neglect or domestic violence; when we believe in good faith that it is necessary to prevent or lessen a serious and imminent threat to your or others' health or safety; or to health oversight agencies for certain activities such as: audits; disciplinary actions; and licensure activity.
- **Legal Process; Law Enforcement; Specialized Government Activities:** We may disclose your PHI: in the course of legal proceedings; in certain cases, in response to a subpoena, discovery request or other lawful process; to law enforcement officials for such purposes as responding to a warrant or subpoena; or for specialized governmental activities such as national security.
- **Research; Death; Organ Donation:** We may disclose your PHI to researchers, provided that certain established measures are taken to protect your privacy. We may disclose PHI, in certain instances, to coroners, medical examiners and in connection with organ donation.
- **Workers Compensation:** We may disclose your PHI when authorized by workers' compensation laws.
- **Family and Friends:** We may disclose PHI to a family member, relative or friend—or anyone else you identify—as follows: (i) when you are present prior to the use or disclosure and you agree; or (ii) when you are not present (or you are incapacitated or in an emergency situation) if, in the exercise of our professional judgment and in our experience with common practice, we determine that the disclosure is in your best interests. In these cases we will only disclose the PHI that is directly relevant to the person's involvement in your health care or payment related to your health care.
- **Personal Representatives:** Unless prohibited by law, we may disclose your PHI to your personal representative, if any. A personal representative is a person who has legal authority to act on your behalf regarding your health care or health care benefits. For example, an individual named in a durable power of attorney or a parent or guardian of an unemancipated minor are personal representatives.
- **Communications:** We will communicate information containing PHI to the address or telephone number we have on record for the subscriber of your health benefits plan. Also, we may mail information containing your PHI

to the subscriber. For example, communication regarding member requests for reimbursement may be addressed to the subscriber. We will not make separate mailings for enrolled dependents at different addresses, unless we are requested to do so and agree to the request. See below "Right to Receive Confidential Communications" for more information on how to make such a request.

- **Required by Law:** We may use or disclose your PHI when we are required to do so by law. For example, we must disclose your PHI to the U.S. Department of Health and Human Services upon request if they wish to determine whether we are in compliance with federal privacy laws.

If one of the above reasons does not apply, we will not use or disclose your PHI without your written permission ("authorization"). You may give us written authorization to use or disclose your PHI to anyone for any purpose. You may later change your mind and revoke your authorization in writing. However, your written revocation will not affect actions we've already taken in reliance on your authorization. Where state or other federal laws offer you greater privacy protections, we will follow those more stringent requirements. For example, under certain circumstances, records that contain information about: alcohol abuse treatment; drug abuse prevention or treatment; AIDS-related testing or treatment; or certain privileged communications, may not be disclosed without your written authorization. In addition, when applicable we must have your written authorization before using or disclosing medical or treatment information for a member appeal. See below "Who to Contact for Questions or Complaints" if you would like more information.

HOW WE PROTECT PHI WITHIN OUR ORGANIZATION

Tufts Health Plan protects oral, written and electronic PHI throughout our organization. We do not sell PHI to anyone. We have many internal policies and procedures designed to control and protect the internal security of your PHI. These policies and procedures address, for example, use of PHI by our employees. In addition, we train all employees about these policies and procedures. Our policies and procedures are evaluated and updated for compliance with applicable laws.

YOUR INDIVIDUAL RIGHTS

The following is a summary of your rights with respect to your PHI:

- **Right of Access to PHI:** Right of Access to PHI: You have the right to inspect and get a copy of most PHI Tufts Health Plan has about you, or a summary explanation of PHI if agreed to in advance by you. Requests must be made in writing and reasonably describe the information you would like to inspect or copy. If your PHI is maintained electronically, you will also have the right to request a copy in electronic format. We have the right to charge a reasonable cost-based fee for paper or electronic copies as established by state or federal law. Under certain circumstances, we may deny your request. If we do so, we will send you a written notice of denial describing the basis of our denial. You may request that we send a copy of your PHI directly to another person that you designate. Your request must be in writing, signed by you, and clearly identify the person and the address where the PHI should be sent.
- **Right to Request Restrictions:** You have the right to ask that we restrict uses or disclosures of your PHI to carry out treatment, payment and health care operations; and disclosures to family members or friends. We will consider the request. However, we are not required to agree to it and, in certain cases, federal law does not permit a restriction. Requests may be made verbally or in writing to Tufts Health Plan.
- **Right to Receive Confidential Communications:** You have the right to ask us to send communications of your PHI to you at an address of your choice or that we communicate with you in a certain way. For example, you may ask us to mail your information to an address other than the subscriber's address. We will accommodate your request if: you state that disclosure of your PHI through our usual means could endanger you; your request is reasonable; it specifies the alternative means or location; and it contains information as to how payment, if any, will be handled. Requests may be made verbally or in writing to Tufts Health Plan.
- **Right to Amend PHI:** You have the right to have us amend most PHI we have about you. We may deny your request under certain circumstances. If we deny your request, we will send you a written notice of denial. This notice will describe the reason for our denial and your right to submit a written statement disagreeing with the denial. Requests must be in writing to Tufts Health Plan and must include a reason to support the requested amendment.
- **Right to Receive an Accounting of Disclosures:** You have the right to a written accounting of the disclosures of your PHI that we made in the last six years prior to the date you request the accounting. However, except as otherwise provided by law, this right does not apply to: (i) disclosures we made for treatment, payment or health care operations; (ii) disclosures made to you or people you have designated; (iii) disclosures you or your personal representative have authorized; (iv) disclosures made before April 14, 2003; and (v) certain other disclosures, such as disclosures for national security purposes. If you request an accounting more than once in a 12-month period, we may charge you a reasonable fee. All requests for an accounting of disclosures must be made in writing to Tufts Health Plan.
- **Right to Authorize Other Use and Disclosure:** You have the right to authorize any use or disclosure of PHI that is not specified within this notice. For example, we would need your written authorization to use or disclose your PHI for marketing, for most uses or disclosures of psychotherapy notes, or if we intended to sell your PHI. You may revoke an authorization, at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.
- **Right to Receive a Privacy Breach Notice:** You have the right to receive written notification if we discover a breach of your unsecured PHI and determine through a risk assessment that notification is required.
- **Right to This Notice:** You have a right to receive a paper copy of this Notice from us upon request.
- **How to Exercise Your Rights:** To exercise any of the individual rights described above or for more information, please call a member services coordinator at 1-800-462-0224 (TDD: 711) or write to:

Privacy Officer
Tufts Health Plan
705 Mount Auburn Street
Watertown, MA 02472-1508

EFFECTIVE DATE OF NOTICE

This Notice takes effect February 1, 2021. We must follow the privacy practices described in this Notice while it is in effect. This Notice will remain in effect until we change it. This Notice replaces any other information you have previously received from us with respect to privacy of your medical information.

CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

We may change the terms of this Notice at any time in the future and make the new Notice effective for all PHI that we maintain—whether created or received before or after the effective date of the new Notice. Whenever we make an important change, we will publish the updated Notice on our Web site at **www.tuftshealthplan.com**. In addition, we will use one of our periodic mailings to inform subscribers about the updated Notice.

WHO TO CONTACT FOR QUESTIONS OR COMPLAINTS

If you would like more information or a paper copy of this Notice, please contact a member services representative at the number listed above. You can also download a copy from our Web site at **www.tuftshealthplan.com**. If you believe your privacy rights may have been violated, you have a right to complain to Tufts Health Plan by calling the Privacy Officer at 1-800-208-9549 or writing to:

Privacy Officer
Tufts Health Plan
705 Mount Auburn Street
Watertown, MA 02472-1508

You also have a right to complain to the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint.

Tufts Associated Health Maintenance Organization, Inc., Tufts Health Public Plans, Inc., Total Health Plan, Inc., Tufts Benefit Administrators, Inc., Tufts Insurance Company, TAHP Brokerage Corporation, and Tufts Associated Health Plans, Inc. group health plans do business as Tufts Health Plan. Tufts Health Plan is a registered trademark of Tufts Associated Health Maintenance Organization, Inc.

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WELCOME TO TUFTS HEALTH PLAN

New Members—Register at mytuftshealthplan.com for fast access to your secure online account and personal benefit information.

Please fill in the “subscriber” sections of this membership application completely. Failure to do so could delay enrollment. You will receive your Tufts Health Plan ID card and member benefit document soon. Keep a copy of this completed form as verification of employer coverage until you receive your permanent member ID card.

Subscriber Section

- **Personal Information:** Complete all enrollment information. For all plans, please select a primary care provider (PCP), be sure to fill out this section for all members, including dependents.
- **Primary Care Provider:** It is important that you choose a PCP right away. Until we know who your PCP is, your in-network benefits may be limited to emergency services only. To find a PCP, visit tuftshealthplan.com and use the Doctor Search feature. On this application, indicate whether you are an established patient of the PCP you have listed. You are an established patient if you have routinely received health care services from this provider in the past. If you are selecting a new PCP, contact the provider’s office right away and introduce yourself as a new Tufts Health Plan member. Ask if they are taking new patients and if the provider would like to schedule a physical exam. You will then need to transfer your medical records to your new PCP.
- **Dependent Children:** Dependent children are covered until their 26th birthday. Please be sure to fill out all appropriate information for each dependent, including primary care provider (if applicable).
- **Other Health Coverage:** If you have other insurance (including Medicare), please check the correct box and fill in the additional information about your other insurance. If you do not have other insurance, be sure to check the No box.

Intermediary Section

This section must be filled out by your Intermediary.

When the Application Is Complete

Please return this form to your Intermediary.

- Employee keeps a copy of form as temporary ID
- Tufts Health Plan and/or your Intermediary receives the original

If You Need Emergency Care

In an emergency, go to the nearest medical facility or call 911. An emergency is a serious injury or the onset of a serious condition that prevents you from taking the time to call your PCP, if your plan requires one.

Please Note

By enrolling, you agree to and understand that if you or any of your enrolled dependents obtain a health care benefit or payment that you know you are not entitled to receive or be paid, or knowingly present or cause to be presented with fraudulent intent a claim that contains a false statement, you can be liable for the full amount of the health care benefit or payment made and for reasonable attorney’s fees and costs, including cost of investigation.

Tufts Health Plan arranges for the provision of health care services but does not provide health care services. Tufts Health Plan arranges for the provision of health care through agreements with independent community-based health care professionals working in private offices and with hospitals throughout the Tufts Health Plan service area. These providers are independent contractors and not employees, agents, or representatives of Tufts Health Plan for any purposes.

Need Help?

If you need assistance selecting a PCP, visit mytuftshealthplan.com and use the doctor search feature.
If you need help filling out this form, call a member services specialist at 800.462.0224.

MEMBER ENROLLMENT FORM

Please print clearly or type. Please be sure application is completed in full to ensure enrollment. PLEASE RETURN THIS COMPLETED FORM TO YOUR INTERMEDIARY.
FAILURE TO COMPLETE FORM WILL CAUSE A DELAY IN ENROLLMENT.

INTERMEDIARY USE ONLY

Name of Intermediary_____
Intermediary Group Number_____



EMPLOYER SECTION

Group/Company Name_____ Group Number_____
Office Location_____ Date of Hire_____ Effective Date of Coverage_____
Type of Enrollment: ☐ New Hire ☐ Open Enrollment ☐ COBRA ☐ New Group ☐ Qualifying Event (MUST specify)_____ Qualifying Event Date_____

SUBSCRIBER SECTION

Last Name_____ First Name_____ Middle Initial_____ Primary Language_____
Employee Social Security Number (required)_____ Date of Birth (MM/DD/YYYY)_____/_____/_____ Gender: ☐ Male ☐ Female
Residential Address (required)_____ City_____ State_____ ZIP_____
P.O. Box (optional) _____ City _____ State _____ ZIP _____
Email Address_____ Home Telephone (_____) _____ Work Telephone (_____) _____ Cell Phone (_____) _____
Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Domestic Partner Type of Coverage Requested: ☐ Individual ☐ Subscriber & Spouse ☐ Subscriber & Child ☐ Subscriber & Children ☐ Family ☐ Other_____
Primary Care Provider First Name_____ Last Name_____ PCP/NPI # _____ Are you an established patient of this PCP? ☐ Yes ☐ No

Members Enrolling First Name / Last Name (if different)	Gender M/F	Date of Birth (MM/DD/YEAR)	Social Security Number (required for all members)	Choose a Primary Care Provider for each member (PCP First Name/Last Name)	Check if existing patient	PCP/NPI #
<input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner					<input type="checkbox"/>	
Child/Dependent					<input type="checkbox"/>	
Child/Dependent					<input type="checkbox"/>	
Child/Dependent					<input type="checkbox"/>	
Child/Dependent					<input type="checkbox"/>	
Child/Dependent					<input type="checkbox"/>	

Please check if you are using additional membership applications for additional dependent children. ☐
Do you or someone else covered under this insurance policy have other health insurance coverage at the same time your Tufts Health Plan policy is in effect? ☐ Yes ☐ Yes (Medicare) ☐ No
Name of Health Plan_____ Name of Plan Holder_____ Health Plan Number_____ Effective Date_____
Names of Family Members Covered_____ Is Spouse Employed? ☐ Yes ☐ No If Yes, Name and Address of Employer _____

The information supplied on this form is true and complete. I authorize my employer to make necessary payroll deductions, if any, for my share of Tufts Health Plan coverage. I assign benefits to Tufts Health Plan providers, which means that Tufts Health Plan is authorized to make payments directly to Tufts Health Plan providers for services rendered to me (us). I grant Tufts Health Plan any legal right that I (we) may have to recover the cost of services for an illness or injury caused by someone else when these services have been or will be paid by Tufts Health Plan. I understand that calls to the Member Services department may be monitored for quality assurance. I understand that the benefits for which I (we) are eligible are those described in the applicable member benefit documents.

Signature_____ Date_____ Benefits Dept. Signature (required)_____ Telephone_____ Date_____

DISCRIMINATION IS AGAINST THE LAW

Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Tufts Health Plan:

- Provides full and equal access to covered services under the federal *Americans with Disabilities Act of 1990* and Section 504 of the federal *Rehabilitation Act of 1973*. This includes free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need any of the above services, have questions regarding any provider directory information, or would like to report an inaccuracy or network access issue, please contact Tufts Health Plan Member Services at 800.462.0224. To report provider directory inaccuracies electronically, please visit <https://tuftshealthplan.com/find-a-doctor> and select your plan. Search or select the Provider whose information you believe needs updating and click “Tell us if something needs to change”.

Please note that if you have complaints regarding provider directory inaccuracies or provider network access issues, you also have the right at any time to contact the Commonwealth of Massachusetts Division of Insurance at (877) 563-4467, Option 2 or www.mass.gov/doi.

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Tufts Health Plan, Attention:

Civil Rights Coordinator Legal Dept.
1 Wellness Way, Canton, MA 02021-1166
Phone: 888.880.8699 ext. 48000,
[TTY number — 800.439.2370 or 711]
Fax: 617.972.9048
Email: OCRCoordinator@tufts-health.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services:

200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

tuftshealthplan.com | 800.462.0224

THP-OCR-Notice-11/2021

For no cost translation in English, call the number on your ID card.

Arabic للحصول على خدمة الترجمة المجانية باللغة العربية، يرجى الاتصال على الرقم المدون على بطاقة الهوية الخاصة بك .

Chinese 若需免費的中文版本，請撥打ID卡上的電話號碼。

French Pour demander une traduction gratuite en français, composez le numéro indiqué sur votre carte d'identité.

German Um eine kostenlose deutsche Übersetzung zu erhalten, rufen Sie bitte die Telefonnummer auf Ihrer Ausweiskarte an.

Greek Για δωρεάν μετάφραση στα Ελληνικά, καλέστε τον αριθμό που αναγράφεται στην αναγνωριστική κάρτα σας.

Haitian Creole Pou jwenn tradiksyon gratis nan lang kreyòl ayisyen, rele nimewo ki sou kat ID ou a.

Italian Per richiedere la traduzione in italiano senza costi aggiuntivi, chiamare il numero indicato sulla carta di identità.

Japanese 日本語の無料翻訳についてはIDカードに書いてある番号に電話してください。

Khmer (Cambodian) សម្រាប់សេវាកម្មបោះពុម្ពផ្សាយឥតគិតថ្លៃជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើកាត់សម្គាល់សមាជិករបស់អ្នក។

Korean 한국어로 무료 통번역을 원하시면, ID 카드에 있는 번호로 연락하십시오.

Laotian ສໍາລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.

Navajo Doo b́ááh ilíní da Diné k'ehjí álnéehgo, hodiilnih béesh bee hani'ée bee née ho'dilzingo nantinígíí bikáá'.

Persian. بزنید زنگ تان شناسائی کارت در مندرج تلفن شماره به فارسی رایگان ترجمه برای

Polish Aby uzyskać bezpłatne tłumaczenie w języku polskim, należy zadzwonić na numer znajdujący się na Pana/i dowodzie tożsamości.

Portuguese Para tradução grátis para o português, ligue para o número no seu cartão de identificação.

Russian Для получения услуг бесплатного перевода на русский язык позвоните по номеру, указанному на идентификационной карточке.

Spanish Para servicios de traducción gratuitos en español, llame al número que aparece en su tarjeta de miembro.

Tagalog Para sa walang bayad na pagsasalin sa Tagalog, tawagan ang numero na nasa inyong ID card.

Vietnamese Để có bản dịch tiếng Việt không phải trả phí, gọi theo số trên thẻ căn cước của bạn.

List-Languages-THP-ID-10/2020



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