

2018 Summary of Benefits

Boston Medical Center HealthNet Plan Senior Care Options (SCO)

PBP 001

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Accepted

BOSTON MEDICAL CENTER

HEALTHNet PLAN
SENIOR CARE OPTIONS



This is your Summary of Benefits for calendar year:

January 1, 2018 - December 31, 2018

This information is not a complete description of benefits. Contact the plan for more information. Limitations and restrictions may apply. Benefits may change on January 1 of each year. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

You have choices about how to get your healthcare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare) and your MassHealth Standard (Medicaid) benefits through the state. Original Medicare is run directly by the Federal government and MassHealth (Medicaid) is run directly by the Commonwealth of Massachusetts.
- Another choice is to get your Medicare and MassHealth Standard (Medicaid) benefits by joining a health plan such as Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy 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.

Sections in this booklet

- Things to know about Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP)
- Monthly premium, deductible, and limits on how much you pay for covered services
- Covered medical and hospital benefits
- Prescription Drug Benefits
- Additional Medical Benefits
- Additional (Supplemental Benefits)
- Medicaid Covered Benefits

This document is available in other formats such as Braille and large print.

ATTENTION: If you do not speak English, language assistance services, free of charge, are

available to you. Call 1-855-833-8125 (TTY: 711).

ATENCIÓN: Si habla Español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-833-8125 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-833-8125 (TTY: 711).

Section I – Things to know about Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP) Hours of Operation

- From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.
- From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP) Phone numbers and Website

- If you are a member of this plan, call toll free 1-855-833-8125 (TTY/TDD: 711)
- If you are NOT a member of this plan, call toll free 1-855-833-8124
- You can view more information from our website at www.SeniorsGetMore.org

Who can join?

To join **Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP)**, you must be aged 65 or older, entitled to Medicare Part A, be enrolled in Medicare Part B and MassHealth (Medicaid) Standard, and live in our service area. Our service area includes the following counties in Massachusetts: Suffolk, Hampden, Barnstable, Plymouth and Bristol.

Which doctors, hospitals, and pharmacies can I use?

Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's Provider and Pharmacy Directory at our website: www.SeniorsGetMore.org or you can contact the Member Services Department at 1-855-833-8125 (TTY/TDD: 711) and we will send you a copy of the Provider and Pharmacy Directory.

What do we cover?

We cover everything that Original Medicare and MassHealth Standard (Medicaid) covers – and more. We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. We also cover some Over-The-Counter medications.

You can see the complete plan formulary (list of covered Part D drugs) and any restrictions on our website, www.SeniorsGetMore.org/pharmacy or you can contact the Member Services Department at 1-855-833-8125 and we will send you a copy of the formulary.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Section II – Monthly Premium, Deductible, and Limits on what you pay for covered services.

How much is the monthly plan premium? \$0 per month

How much is the deductible? This plan has no deductible.

Is there a limit on how much I will pay for my covered services? Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.

In this plan, you pay nothing for covered services. Your yearly limit(s) in this plan:

- \$6,700 for services you receive from in-network providers.

If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.

Refer to the “**Medicare & You**” handbook for Medicare-covered services.

Is there a limit on how much the plan will pay? Our plan has coverage limits every year for certain in-network benefits. Contact the Member Services Department for information on the services to which this applies.

Section III – Covered Medical and Hospital Benefits



For each benefit listed below, you can see what the Plan covers, what your financial responsibility may be, and if there is any other information, including prior authorization requirements that you need to know. Because you are eligible for benefits from MassHealth (Medicaid), you are entitled to cost-sharing protections.

The State is required to cover Medicare cost-sharing amounts that you would otherwise be required to pay. Your Medicare Part B premium is paid for you because of your eligibility for MassHealth (Medicaid) Standard coverage.

Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP) provides the same benefits you would receive under Medicare and/or MassHealth Standard (Medicaid) coverage. We cannot charge you any more than you would be required to pay under the State MassHealth (Medicaid) plan if you were not enrolled in our plan.

You will always have a \$0 co-payment for all covered office visits and medical services. Additionally, covered prescription drug co-payments will always be \$0.

Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP) Benefit Description:	Your responsibility:	What you should know:
Benefits		
<p>Inpatient Hospital Services Includes all inpatient services, including but not limited to physician, surgery, radiology, nursing, laboratory, other diagnostic and treatment procedures, blood and blood derivatives, semi-private or private room and board, drugs and biologicals, medical supplies, durable medical equipment, and medical surgical/intensive care/coronary care unit, as necessary, at any of the following settings:</p> <ul style="list-style-type: none"> • acute inpatient hospital; • chronic hospital; • rehabilitation hospital; or • psychiatric hospital 	<p>You pay nothing.</p>	<p>Our plan covers 90 days for an inpatient stay under your Medicare benefit. Our plan covers additional medically necessary inpatient hospital days under your MassHealth (Medicaid) benefit.</p> <p><i>Prior Authorization is required for most inpatient services.</i></p>
<p>Outpatient Hospital Services</p>	<p>You pay nothing.</p>	
<p>Doctor's Office Visits</p> <ul style="list-style-type: none"> • Primary Care • Specialists 	<p>You pay nothing.</p>	<p>You have additional benefits for dental services under your MassHealth (Medicaid) benefit described later in this document.</p> <p><i>Prior Authorization may be required for certain specialist office visit services.</i></p>
<p>Preventive Care Services</p>	<p>You pay nothing</p>	<p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p><i>Prior Authorization may be required for some services.</i></p>

Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP) Benefit Description:	Your responsibility:	What you should know:
<p>Emergency Care Services</p>	<p>You pay nothing.</p>	<p>There is no coverage for emergency services outside the United States and its territories.</p> <p>If you receive emergency care at an out-of-network hospital and need inpatient care after your emergency condition is stabilized; the plan must authorize your inpatient stay at the out-of-network hospital</p>
<p>Urgently Needed (Urgent Care) Services Coverage is provided for care that is required to prevent serious deterioration of a member's health due to an unforeseen illness or injury.</p>	<p>You pay nothing.</p>	<p>There is no coverage for Urgently Needed (Urgent Care) services outside the United States and its territories.</p>
<p>Outpatient diagnostic tests and therapeutic services and supplies Diagnostic Radiology Service (e.g., MRI)</p> <ul style="list-style-type: none"> • Lag Services • Diagnostic Tests and Procedures • Outpatient X-rays • Therapeutic radiology services (such as radiation treatment for cancer) 	<p>You pay nothing.</p>	<p><i>Prior Authorization may be required for some outpatient diagnostic radiology services, diagnostic tests, and therapeutic services and supplies.</i></p>
<p>Hearing Services</p> <ul style="list-style-type: none"> • Hearing Exam • Hearing Aid • Care, Maintenance and replacement of Hearing Aids or Instruments 	<p>You pay nothing.</p>	<p>The Plan also covers hearing services under the MassHealth (Medicaid) benefit described later in this document.</p>

Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP) Benefit Description:	Your responsibility:	What you should know:
<p>Dental Services Covered services include:</p> <ul style="list-style-type: none"> • Emergency care • Extractions • Some oral surgery • Restorative (Fillings) • Endodontic (Root Canal) • Periodontic (Deep Scaling) • Crowns • Dentures (Full, Partial, or Repair) • Surgical Procedures related to full or partial dentures • Diagnostic (X-rays and Exams) • Preventive (Cleanings) • Other as medically necessary 	<p>You pay nothing.</p>	<p>Limited dental services are covered under Medicare. Our plan covers additional dental services, listed to the left, under the MassHealth (Medicaid) benefit.</p> <p><i>Prior Authorization may be required for most non-routine dental services.</i></p> <p>Replacement dentures are limited to coverage once every five years unless authorized differently by your Primary Care Provider or Primary Care Team</p>
<p>Vision Services Covered services include:</p> <ul style="list-style-type: none"> • Examinations to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening, annual screening for diabetic retinopathy for diabetics, and one pair of eyeglasses or contact lenses after cataract surgery) • Annual eye examinations • Vision training • Replacement of a pair of lost or stolen eyeglasses within the first 12 months without authorization (subject to prescription change) • Plano lens for a member who is monocular 	<p>You pay nothing.</p>	<p>Limited vision services are covered under Medicare. Our plan covers additional vision services, listed to the left, under the MassHealth (Medicaid) benefit.</p> <p><i>Prior Authorization is needed after the first replacement for additional lost or stolen eyeglasses within 12 months.</i></p> <p>You also receive supplemental vision services. Our plan pays up to \$200 every year for eyewear as described below.</p> <ul style="list-style-type: none"> • Contact Lenses • Eyeglasses (frames and lenses). • Eyeglass frames • Eyeglass lenses (including upgrades)

Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP) Benefit Description:	Your responsibility:	What you should know:
<p>Mental Health Services</p> <p>Outpatient Services including: Mental Health Evaluation, Treatment and Medication Consultation</p> <p>Substance Abuse Services including: Counseling, Diagnostic Evaluation, and Medication Consultation</p> <p>Diversionsary Services including: Community Support, Crisis Stabilization, Observation/Holding Beds, Partial Hospitalization, Psychiatric Day Treatment, Residential Substance Abuse Treatment, and Structured Outpatient Addiction Programs.</p> <p>Emergency Services including: Emergency Screening Services, Medication Management Services, Short-Term Crisis Counseling, Short Term Crisis Stabilization Services, and Specializing Services</p> <p>Special Procedures including: Electro-Convulsive Therapy and Psychological Neuropsychological Testing.</p> <p>Inpatient Services including: Twenty-four hour services that provide medical intervention for mental health or substance abuse diagnoses, or both, including:</p> <ul style="list-style-type: none"> Inpatient Mental Health Services – hospital services to stabilize an acute psychiatric condition that: 1) has a relatively sudden onset; 2) has a short, severe course; 3) poses a significant danger to 	<p>You pay nothing.</p>	<p>Our plan covers your inpatient hospital stay beyond the Medicare limit under the MassHealth (Medicaid) benefit.</p> <p>Our plan covers additional outpatient mental health visits including day treatment and residential programs as well as other services, listed to the left, under the MassHealth (Medicaid) benefit.</p> <p><i>Prior Authorization is required for Inpatient Mental Health services and for Outpatient Mental Health services beyond visit 15.</i></p> <p><i>Prior Authorization is NOT required for Substance Abuse services (Substance Use Disorder services).</i></p>

Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP) Benefit Description:	Your responsibility:	What you should know:
<p>self or other; or 4) has resulted in marked psycho-social dysfunction or grave mental disability.</p> <ul style="list-style-type: none"> • Detoxification – Inpatient substance-abuse services that provide short-term medical treatment for substance abuse withdrawal, individual medical assessment, evaluation, intervention, substance-abuse counseling, and post-detoxification referrals. These services may be provided in licensed freestanding or hospital-based programs. 		
<p>Skilled Nursing Facility (SNF) Services</p>	<p>You pay nothing.</p>	<p>Our plan covers up to 100 days in a SNF under your Medicare benefit. Additional days are covered under the MassHealth (Medicaid) benefit. See “Institutional Long-term Nursing Home Care (custodial care)” under the Medicaid-Covered Benefits for additional coverage.</p> <p>Our plan does not require a 3-day hospital stay prior to admission.</p> <p><i>Prior Authorization is required.</i></p>
<p>Rehabilitation Services</p> <ul style="list-style-type: none"> • Physical Therapy Visit • Occupational Therapy Visit • Speech and Hearing 	<p>You pay nothing.</p>	<p>Our plan covers additional outpatient rehabilitation services under the MassHealth (Medicaid) benefit.</p> <p><i>Prior Authorization is required.</i></p>

Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP) Benefit Description:	Your responsibility:	What you should know:
Ambulance Services – Emergency	You pay nothing.	
<p>Transportation – Non-Emergency (Non-emergency to medical appointments and non-medical services documented and approved in the Individual Care Plan).</p> <p>Taxi and chair-car or other transport for medical reasons within your community, or nearest community if no other resource is available, when you are unable to transport yourself due to health reasons.</p>	You pay nothing.	<p>Our plan covers non-emergency transportation under the MassHealth (Medicaid) benefit.</p> <p><i>Prior Authorization may be required for non-emergency transportation/ambulance services.</i></p> <p>Please call Member Services to coordinate transportation services.</p>

Prescription Drug Benefits		
Medicare Part B Drugs	You pay nothing.	<i>Prior Authorization may be required for some Part B Drugs.</i>
<p>Part D Drugs Tier 1: all drugs</p>	You pay nothing at network pharmacies in every coverage stage.	<p>A valid prescription from a contracted provider is required.</p> <p>Call the plan for more information or access the Evidence of Coverage online at www.SeniorsGetMore.org.</p>

Additional Medical Benefits

Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP) Benefit Description:	Your responsibility:	What you should know:
<p>Foot Care (Podiatry Services)</p> <ul style="list-style-type: none"> • Foot exams and treatment • Routine foot care 	<p>You pay nothing.</p>	<p>Our plan covers foot exams and treatment or routine foot care if you have diabetes-related nerve damage and/or meet certain conditions under your Medicare benefit. Our plan covers additional podiatry services under the MassHealth (Medicaid) benefit.</p> <p><i>Prior Authorization may be required under the MassHealth (Medicaid) benefit.</i></p>
<p>Durable Medical Equipment/Supplies (DME) The benefit includes products that are: (a) fabricated primarily and customarily to fulfill a medical purpose; (b) generally not useful in the absence of illness or injury; (c) able to withstand repeated use over an extended period of time; and (d) appropriate for home use.</p> <p>Includes but is not limited to the purchase of medical equipment, replacement parts, and repairs for such items as:</p> <ul style="list-style-type: none"> • Artificial limbs, • Braces, • Canes, • Crutches, • Wheelchairs (manual, motorized, custom fitted, and rentals), • Walkers, • Commodes, • Special Beds, • Monitoring Equipment, • Orthotic and prosthetic devices. 	<p>You pay nothing.</p>	<p>Our plan covers additional durable medical supplies under the MassHealth (Medicaid) benefit including but not limited to:</p> <ul style="list-style-type: none"> • Personal Emergency Response Systems (PERS) • Wander Systems • Adult Diapers • Grab Bars for Tub and Toilet <p><i>Prior Authorization is required for most DME services.</i></p>

Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP) Benefit Description:	Your responsibility:	What you should know:
Coverage includes: <ul style="list-style-type: none"> • Related supplies such as incontinence supplies, nutritional supplements, bedpans, and more, and • Repair and replacement of equipment 		
Ambulatory Surgery Center/Day Surgery	You pay nothing.	<i>Prior Authorization may be required for certain Outpatient surgery services.</i>
Chiropractic Services We cover up to a total of 20 medically necessary office visits or chiropractic manipulative treatments or a combination thereof per calendar year. This includes radiology services. We also cover chiropractic services for manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position).	You pay nothing.	The Plan also covers additional routine care under your MassHealth (Medicaid) benefit described later in this document. <i>There is a limit on these services but this limit may be waived with Prior Authorization from the plan.</i> There is no limitation on coverage for manipulation of the spine to correct a subluxation.

Additional (Supplemental) Benefits

<ul style="list-style-type: none"> • Weight Management – Our plan reimburses up to a maximum of \$150 per Plan Year for participation in 1 program of Weight Watchers. Coverage is not provided for food or any other costs related to the Weight Watchers membership beyond a maximum of \$150 per plan year for participation in 1 program • Fitness Services-Our plan reimburses up to 25%, not to exceed \$150 per plan year, for membership in a Health Club or participation in Health Classes such as Water Aerobics, Yoga, Pilates, Fall Prevention, etc. • Over-the-Counter Drug Card - You receive \$80 per quarter. • Vision Benefit – Our plan will cover up to \$200 per Benefit Year for vision hardware. • Acupuncture Benefit – Our plan will cover up to \$500 per Benefit Year for acupuncture. 	<p>You pay nothing.</p>	
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MassHealth (Medicaid) Benefits		
Additional Benefit Coverage – MassHealth (Medicaid)	Unless specifically noted below, these services do not need a separate Prior Authorization as they must be included in the approved Individual Care	
Acupuncture Services – Medically necessary acupuncture for relief of pain or anesthesia services.	You pay nothing.	
Adult Day Health and Transportation (minimum 2 days/week) Center based services that may include nursing services and health oversight, assistance with activities of daily living, nutritional and dietary services, and counseling services.	You pay nothing.	
Adult Foster Care (AFC)/Group Adult Foster Care (GAFC) AFC is for those members who need daily help with personal care, but want to live in a family setting rather than a nursing home or other facility. The caregiver provides meals, companionship, personal care assistance, and 24-hour supervision. Caregivers may be individuals, couples, or larger families. 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.	You pay nothing.	
Behavioral Health <ul style="list-style-type: none"> • Community Support • Crisis Stabilization • Observation • Partial Hospitalization • Psychiatric Day Treatment • Residential Substance Abuse Treatment • Structured Outpatient Addiction Programs • Emergency Screening Program • Medication Management Services 	You pay nothing.	<i>Prior Authorization is required.</i>

<ul style="list-style-type: none"> • Short-Term Crisis Counseling • Short-Term Crisis Stabilization Services • Specializing Services • Outpatient Mental Health Services • Outpatient Substance Abuse Services • Electro-Convulsive Therapy • Psychological Neuropsychological • Testing 		
<p>Cardiac Rehabilitation Services - Cardiac (heart) Rehabilitation services (for a maximum of 2 one- hour sessions per day for up to 36 weeks) or Intensive Cardiac Rehabilitation services.</p>	<p>You pay nothing.</p>	<p><i>Prior Authorization may be required.</i></p>
<p>Chiropractic Services - Other than chiropractic services for manual manipulation of the spine to correct subluxation, medically necessary services are covered up to a maximum of 20 visits per benefit year.</p>		<p><i>Prior authorization is required for any Chiropractic Services that exceed the 20 visit limit.</i></p>
<p>Chore Services Assistance with light chores and heavy chores to help members remain at home or promote safety and health.</p>	<p>You pay nothing.</p>	
<p>Community Based Services Including but not limited to the following services: Homemaker, Personal Care, Respite Care, Dementia and Social Day Care, Environmental Accessibility Adaptations, Transportation, and Chore and Companion.</p>	<p>You pay nothing.</p>	
<p>Companion Services Includes socialization, help with shopping and errands, escort to doctor’s appointments, nutrition sites, walks, recreational activities, and assistance with preparation and serving of light snacks.</p>	<p>You pay nothing.</p>	

<p>Day Habilitation A structured, goal oriented active treatment program of medically oriented, therapeutic, and habilitation services for developmentally disabled individuals who need active treatment.</p>	<p>You pay nothing.</p>	
<p>Dementia Day Care Structured, secure environment for members with cognitive disabilities approved by Elder Affairs.</p>	<p>You pay nothing.</p>	
<p>Dental Services Including but not limited to the following services:</p> <ul style="list-style-type: none"> • Emergency care visits • Extractions (Removing Teeth) • Some oral surgery such as biopsies and soft-tissue surgery • Restorative (Fillings) • Endodontic (Root Canal) • Periodontic (Deep Scaling) • Crowns • Dentures (Full, Partial, or Repair) • Surgical Procedures related to full or partial dentures • Diagnostic (X-rays and Exams) • Preventive (Cleanings) • Other as medically necessary 		<p><i>Prior authorization may be required for some non-routine Dental Services</i></p> <p>Replacement dentures are limited to coverage once every five years unless authorized differently by your Primary Care Provider or Primary Care Team</p>
<p>Diabetes Supplies and Services</p> <ul style="list-style-type: none"> • Diabetes monitoring supplies • Diabetes self-management training • Therapeutic shoes or inserts 	<p>You pay nothing.</p>	<p><i>Prior Authorization is required.</i></p>
<p>Dialysis Includes: Laboratory, Prescribed drugs, Tubing change, Adapter Changer, Hemodialysis, Intermittent Peritoneal Dialysis, Continuous Cycling Peritoneal Dialysis, Continuous Ambulatory Peritoneal Dialysis, and Training related to dialysis services.</p>	<p>You pay nothing.</p>	

<p>Durable Medical Equipment The plan covers certain durable medical equipment services such as:</p> <ul style="list-style-type: none"> • Personal Emergency Response System (PERS) • Environmental Aids • Assistive/ Adaptive Technology • Tub and Toilet Grab Bars • Wander Response Systems <p>Coverage includes, but not limited to, the purchase or rental of medical equipment, replacement parts, and repair for such items.</p>		<p><i>Prior authorization is required for most Durable Medical Equipment services.</i></p>
<p>Environmental Adaptation Services Home adaptations, modifications or adaptive equipment to help member remain independent or improve independence.</p>	<p>You pay nothing.</p>	
<p>Geriatric Support Services Coordination (GSSC) In-home assessment and home-based services coordination provided by a plan contracted ASAP case manager.</p>	<p>You pay nothing.</p>	
<p>Grocery shopping/delivery services Includes obtaining grocery orders, shopping, delivery and assistance as needed; may include nutritional information and education.</p>	<p>You pay nothing.</p>	
<p>Health/Wellness Education Coverage includes:</p> <ul style="list-style-type: none"> • Written health education materials • Nutritional training • Nutritional benefits 		
<p>Hearing Services The plan covers the following hearing services under the MassHealth (Medicaid) benefit:</p> <ul style="list-style-type: none"> • Routine hearing exams • Hearing Aids, including evaluations for fitting hearing aids, repairs and replacements • Audiology exams and evaluations 		<p><i>Prior Authorization is required for hearing aids or instrument replacement before they are 5 years old.</i></p> <p>No Prior Authorization is required for the hearing exams.</p>

<ul style="list-style-type: none"> Diagnostic services 		
<p>Home-delivered Meals Includes well balanced meals (meeting Elder Affairs' definition of Nutrition Standards and client's nutritional needs) delivered to members unable to prepare nutritional meals or attend congregate meal site.</p>	<p>You pay nothing.</p>	
<p>Home Health Care Services The following home health care services are covered after Medicare home health care limits are reached, when ordered by a provider and approved by the Plan. A member is not required to be homebound to be eligible for this benefit.</p> <ul style="list-style-type: none"> 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 		<p><i>Prior Authorization is required.</i></p>
<p>Home Health Aide Services Includes simple dressing changes, assistance with meds, activities to support skilled therapies and routine care of prosthetic and orthotic devices under the supervision of a licensed RN or other professional. You do not need to be homebound for services to be covered under this benefit.</p>	<p>You pay nothing.</p>	<p><i>Prior Authorization is required for Home Health Aide Services.</i></p>
<p>Homemaker Includes assistance with shopping, menu planning, meal preparation, laundry, and light housekeeping.</p>	<p>You pay nothing.</p>	

<p>Hospice Hospice services are covered under MassHealth (Medicaid) when not covered under Original Medicare.</p>	<p>You pay nothing.</p>	<p><i>Prior Authorization required for certain hospice-related services</i></p>
<p>Institutional Long-Term Nursing Home Care (custodial care) Non-skilled, personal care, such as 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.</p>	<p>You pay nothing unless MassHealth determines you have a monthly Patient Paid Amount (PPA) for which you are responsible.</p>	<p><i>Prior Authorization is required</i></p>
<p>Laundry Services Cleaning services provided by a laundry company.</p>	<p>You pay nothing.</p>	
<p>Medical Nutrition Therapy Coverage provided when services are not covered by Medicare or when medically necessary such as when the member is unable to meet daily nutritional requirements using traditional foods alone due to injury or illness.</p>	<p>\$0</p>	<p><i>Prior Authorization is required for Medical Nutrition Therapy when not covered by Medicare.</i></p>
<p>Nutritional assessment Comprehensive assessment conducted by a qualified nutritionist with nutritional plan based on assessment.</p>	<p>You pay nothing.</p>	
<p>Outpatient Rehabilitation Services The following services are covered when services do not meet the criteria for coverage under the Medicare benefit:</p> <ul style="list-style-type: none"> • Physical therapy services – evaluation, treatment, and restoration to normal or best possible functioning of neuromuscular, musculoskeletal, cardiovascular, and respiratory systems. • Occupational therapy services – evaluation and treatment of an enrollee in his or her own environment for impaired physical functions. 		<p><i>Prior Authorization is required for Outpatient Rehabilitation Services</i></p>

<ul style="list-style-type: none"> • Speech and Hearing services – evaluation and treatment of speech, language, voice, hearing, fluency, and swallowing disorders. 		
<p>Over-the-Counter Pharmacy Items</p>	<p>You pay nothing.</p>	<p>Prescription and over-the-counter (OTC) drugs that may be covered under your MassHealth (Medicaid) benefit are included in the list called the Over the Counter and Medicaid Covered Rx Drug List</p>
<p>Personal Care Attendant (PCA) A consumer-directed program that allows members to hire PCAs to help with Activities of Daily Living (ADLs) such as mobility/transfers, medications, bathing or grooming, dressing or undressing, range of motion exercises, eating, toileting and with Instrumental Activities of Daily Living (IADLs) such as shopping, laundry, meal preparation, housekeeping.</p>	<p>You pay nothing.</p>	
<p>Personal care services Includes bathing, dressing, grooming, foot care, assistance with dentures, shaving, assistance with bedpan, eating, ambulating and transfers.</p>	<p>You pay nothing.</p>	
<p>Personal Emergency Response Systems (PERS) A medical communications system allowing members with a medical emergency at home to activate electronic device to transmit signal to a monitoring station.</p>	<p>You pay nothing.</p>	
<p>Respite Care Includes one or more home care services to temporarily relieve the primary caregiver of a member, in emergencies or planned circumstances, of the daily stresses and demands of caring for a member in efforts to strengthen or support the</p>	<p>You pay nothing.</p>	<p><i>Prior Authorization is required for Respite Care Services.</i></p>

<p>informal support system. May include short term placement in Adult Foster Care, nursing facilities, rest homes, or hospitals.</p>		
<p>Social Day Care Services Individualized programs of social activity for members requiring daytime supervision at sites other than home.</p>	<p>You pay nothing.</p>	
<p>Substance Abuse (Substance Use Disorder) Treatment Services Certain 24-hour substance abuse treatment services for post medical detoxification defined as Level IIIB and Level IIIC by the Massachusetts Department of Public Health, including:</p> <ul style="list-style-type: none"> • Inpatient Treatment • Outpatient Treatment • Screening, Brief Intervention, and Referral to Treatment (SBIRT) • Drugs Used to Treat Opioid Dependence 		<p><i>Prior Authorization is not required for Substance Abuse (Substance Use Disorder) Services.</i></p>
<p>Supplies Includes coverage for supplies such as incontinence supplies and nutritional supplements.</p>		<p><i>Prior Authorization is required for certain Supplies.</i></p>
<p>Tobacco Cessation Services Nicotine replacement medicine including nicotine patches, gum, lozenges, and certain other medicines if prescribed by your doctor. Prescription required for nicotine replacement medicine.</p>		
<p>Transportation (non-emergency to medical appointments) Taxi and chair-car or other transport for medical reasons within the member's community, or nearest community if no other resource is available, when member is unable to transport self due to health reasons.</p>		

<p>Transportation to non-medical services may be covered when documented and prior authorized in the Individual Care Plan.</p> <p>Member must contact Member Services (phone numbers are printed on the back cover of this booklet) to coordinate transportation.</p>		
<p>Wigs Covered for members with limited diagnoses</p>	<p>You pay nothing.</p>	<p><i>Prior Authorization is required for Wigs.</i></p> <p>Contact Member Services to coordinate benefits.</p>

Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP) is an HMO plan with a Medicare Advantage contract and a contract with the Massachusetts Medicaid program. Enrollment in Boston Medical Center Health Net Plan Senior Care Options depends on contract renewal. Boston Medical Center HealthNet Plan Senior Care Options is a voluntary MassHealth (Medicaid) program in association with Executive Office of Health and Human Services and the Centers for Medicare & Medicaid Services.