

**SENIOR WHOLE HEALTH  
2012 Summary of Benefits**

**Information for Individuals with  
MassHealth Standard Coverage**

If you are not eligible for both Medicare Parts A and B benefits but you have MassHealth Standard coverage, you may enroll in the Senior Whole Health (SWH)'s Senior Care Options (SCO) plan.

- Senior Whole Health members do not have co-pays for covered services or medications and there are no monthly premiums.
- Senior Whole Health members must select a Primary Care Provider (PCP) and receive all routine care from SWH providers.
- Senior Whole Health members may request a hearing with the MassHealth Board of Hearings if you wish to appeal a decision Senior Whole Health makes about your health care. You can fax or mail a form to the MassHealth Board of Hearings or call the Board at:

MassHealth Board of Hearings  
100 Hancock Street, 6<sup>th</sup> Floor  
Quincy, MA 02171  
Fax: 617-847-1204  
Phone: 1-800-655-0338 / 617-847-1204

You can reach Senior Whole Health Member Services toll-free at 1-888-794-7268. TTY/TDD users, please call 711. We are open weekdays, Monday through Friday, from 8 A.M. to 8 P.M., and also on Saturdays and Sundays from October 15th to February 14th. Interpreter services and alternate format materials are available upon request.

This information is available in a different format, including electronically and in Spanish. Please call Member Services at the number listed above if you need plan information in another format or language.

Esta información está disponible en un formato diferente, incluso en versión electrónica y en español. Llame a Servicios al miembro al número que aparece arriba si necesita información del plan en otro formato o idioma.

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## **SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS**

Thank you for your interest in Senior Whole Health (SWH). Our plan is offered by SENIOR WHOLE HEALTH, LLC. This plan is designed for people who meet specific enrollment criteria.

You may be eligible to join this plan if you are 65 years old or older, live in the plan's service area, and have MassHealth Standard.

Please call Senior Whole Health to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Senior Whole Health and ask for the "Evidence of Coverage."

### **YOU HAVE CHOICES IN YOUR HEALTH CARE**

You may join or leave a plan at any time. Your membership will end on the last day of the month in which you request a change.

Please call Senior Whole Health at the number listed at the end of this introduction for more information.

### **HOW CAN I COMPARE MY OPTIONS?**

Our members receive all of the benefits that MassHealth Standard offers. We also offer more benefits, which may change from year to year. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers.

### **WHERE IS Senior Whole Health AVAILABLE?**

The service area for this plan includes the following counties in Massachusetts: Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties. You must live in one of these areas to join the plan.

### **WHO IS ELIGIBLE TO JOIN Senior Whole Health?**

You can join Senior Whole Health if you are age 65 or older, enrolled in MassHealth Standard, and live in the service area.

Please note that individuals with End Stage Renal Disease (ESRD) generally are NOT eligible to enroll. Please call Senior Whole Health to find out if you are eligible to join.

### **CAN I CHOOSE MY DOCTORS?**

Senior Whole Health has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network unless you get prior authorization from SWH. The health providers in our network can change at any time.

You can ask for a current Provider Directory or for an up-to-date list visit us at [www.seniorwholehealth.com](http://www.seniorwholehealth.com).

Our Member Services number is listed at the end of this introduction.

### **WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?**

If you choose to go to a doctor or other provider outside of our network, you must get prior approval from SWH except in limited situations (for example, emergency care). Neither Senior Whole Health nor MassHealth will pay for these services without approval. Please call Member Services whenever you have a question about a plan provider.

### **WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?**

Senior Whole Health has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at [www.seniorwholehealth.com](http://www.seniorwholehealth.com). Our customer service number is listed at the end of this introduction.

### **WHAT IS A PRESCRIPTION DRUG FORMULARY?**

Senior Whole Health uses a formulary. A formulary is a list of drugs covered by SWH to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected members before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at [www.seniorwholehealth.com](http://www.seniorwholehealth.com).

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

### **WHAT ARE MY PROTECTIONS IN THIS PLAN?**

All plans like SWH agree to stay in the program for a full year at a time. Each year, SWH decides whether to continue for another year. Even if SWH leaves the program, you will not lose MassHealth Standard coverage. If SWH decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for alternative coverage in your area.

As a member of Senior Whole Health, you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization

determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service.

As a member of Senior Whole Health, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision.

You have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

Senior Whole Health members may request a hearing with the MassHealth Board of Hearings if you wish to appeal a decision Senior Whole Health makes about your health care. You can fax or mail a form to the MassHealth Board of Hearings:

MassHealth Board of Hearings  
100 Hancock Street, 6<sup>th</sup> Floor  
Quincy, MA 02171  
Fax: 617-847-1204  
Phone: 1-800-655-0338 or 617-847-1204.

### **WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?**

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Senior Whole Health for more details.

Please call Senior Whole Health for more information about our plan at 1-866-794-7268. TTY/TDD users, please call 711.

You may also visit us at [www.seniorwholehealth.com](http://www.seniorwholehealth.com).

**We are open weekdays, Monday through Friday, from 8 A.M. to 8 P.M., and also on Saturdays and Sundays from October 15th to February 14th.**

If you have special needs, this document may be available in other formats or languages. Interpreter services are available upon request.

If you have any questions about SWH's benefits or costs, please contact us for details.

## SECTION II - SUMMARY OF BENEFITS

Benefit	Senior Whole Health SCO
<b>IMPORTANT INFORMATION</b>	
<b>1 - Premium and Other Important Information</b>	<p><b>General</b>                      \$0 monthly plan premium                      \$0 yearly deductible</p>
<p><b>2 - Doctor and Hospital Choice</b>                       (For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p>	<p><b>Hospital</b>                      Except in an emergency, the hospital must tell SWH that you are going to be admitted to the hospital.   <i>Authorization required for in-network and out-of-network hospitalizations except for emergency care.</i></p> <p><b>Doctor</b>                      You must use a network Primary Care Provider (PCP).</p> <p><b>In-Network</b>  <i>No authorization required for in-network doctors including specialists.</i></p> <p><b>Out-of-Network</b>  <i>Authorization required for out-of-network hospitals and doctors.</i></p>
<b>INPATIENT CARE</b>	
<p><b>3 - Inpatient Hospital Care</b>                       (Includes Substance Abuse and Rehabilitation Services)</p>	<p><b>General</b>                      Except in an emergency, the hospital must tell SWH that you are going to be admitted to the hospital.</p> <p><b>In-Network</b>                      \$0 yearly deductible                      \$0 co-pay</p> <p><b>Out-of-Network</b>  <i>Authorization required.</i></p>

Benefit	Senior Whole Health SCO
<p><b>4 - Inpatient Mental Health Care</b></p>	<p><b>General</b>  <i>Authorization required.</i> Except in an emergency, the hospital must tell SWH that you are going to be admitted to the hospital.</p> <p><b>In-Network</b>                      \$0 yearly deductible                      \$0 co-pay</p> <p><b>Out-of-Network</b>  <i>Authorization required.</i></p>
<p><b>5 - Skilled Nursing Facility (SNF)</b>                      (For more information, see #50, Institutional/Long term Nursing Home Care (Custodial Care))</p>	<p><b>General</b>  <i>Authorization required.</i>                      No prior hospital stay is required.</p> <p><b>In-Network</b>                      \$0 yearly deductible                      \$0 co-pay</p> <p>If MassHealth determines you need to pay the nursing facility a monthly amount Paid Patient Amount (PPA) for custodial care, you will have to pay that amount directly to the nursing facility.</p>
<p><b>6 - Home Health Care</b>                      (Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p><b>General</b>  <i>Authorization required.</i></p> <p><b>In-Network</b>                      \$0 yearly deductible                      \$0 co-pay</p>
<p><b>7 - Hospice</b></p>	<p><b>General</b>  <i>Authorization required.</i></p>
<p><b>OUTPATIENT CARE</b></p>	
<p><b>8 - Doctor Office Visits</b></p>	<p><b>General</b>  <i>No authorization required for in-network primary care and specialist doctor visits.</i></p> <p><i>Authorization required for out-of-network specialist doctor visits.</i></p> <p><i>No authorization required for urgent care in network or out-of-network.</i></p>

Benefit	Senior Whole Health SCO
	<p><b>In-Network</b>                      \$0 co-pay for each primary care doctor visit                      \$0 co-pay for each in-area, network urgent care visit                      \$0 co-pay for each specialist doctor visit</p>
<p><b>9 - Chiropractic Services</b></p> <p>Chiropractic visits are for medically necessary manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> <p>Includes up to total of 20 routine office visits or chiropractic manipulative treatments or combination per calendar year. Includes radiology services.</p>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• <i>Visits 1-20: No authorization required.</i></li> <li>• <i>Visits 20+: Authorization required.</i></li> </ul> <p><b>In-Network</b>                      \$0 co-pay for medically necessary chiropractic visits                      \$0 co-pay for up to 20 routine chiropractic office visits</p> <p><b>Out-of-network</b>  <i>Authorization required.</i></p>
<p><b>10 - Podiatry Services</b></p> <p>Care for medical conditions affecting the lower limbs including routine foot. Podiatry benefits are for medically-necessary foot care.</p>	<p><b>General</b>  <i>No authorization required.</i></p> <p><b>In-Network</b>                      \$0 co-pay</p>
<p><b>11 - Outpatient Mental Health Care</b></p> <p><i>Value Options (VO) is network provider. Contact Member Services for information.</i></p>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• <i>Visits 1-15: No authorization required.</i></li> <li>• <i>Visits 15+: Authorization required.</i></li> </ul> <p><b>In-Network</b>                      \$0 co-pay for Mental Health visits                      \$0 co-pay for each visit with a psychiatrist</p> <p><b>Out-of-Network</b>  <i>Authorization required.</i></p>
<p><b>12 - Substance Abuse Care</b></p> <p>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.</p> <p><i>Value Options (VO) is network provider. Contact Member Services for information.</i></p>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• <i>Visits 1-15: No authorization required.</i></li> <li>• <i>Visits 15+: Authorization required.</i></li> </ul> <p><b>In-Network</b>                      \$0 co-pay for visits</p> <p><b>Out-of-Network</b>  <i>Authorization required.</i></p>

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<p><b>13 - Outpatient Services/Surgery</b></p>	<p><b>General</b> <i>No authorization required in-network.</i></p> <p><b>In-Network</b> \$0 co-pay for each ambulatory surgical center visit \$0 co-pay for each outpatient hospital facility visit</p> <p><b>Out-of- Network</b> <i>Authorization required.</i></p>
<p><b>14 - Ambulance Services</b>  (Medically necessary ambulance services)</p>	<p><b>General</b> <i>Authorization required for non-emergent transportation only.</i></p> <p><b>In-Network</b> \$0 co-pay</p>
<p><b>15 - Emergency Care</b>  (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p><b>General</b> <i>No authorization required.</i></p> <p>NOT covered outside the U.S. except under limited circumstances. Contact Senior Whole Health for more details.</p> <p><b>In-Network</b> \$0 co-pay</p>
<p><b>16 - Urgently Needed Care</b>  (This is NOT emergency care.)</p>	<p><b>General</b> <i>No authorization required.</i></p> <p>NOT covered outside the U.S. except under limited circumstances. Contact Senior Whole Health for more details.</p> <p><b>In-Network</b> \$0 co-pay</p>
<p><b>17 - Outpatient Rehabilitation Services</b>  (Occupational Therapy, Physical Therapy, Speech and Language Therapy, Respiratory Therapy Services, Social/ Psychological Services,</p>	<p><b>General</b> <i>Authorization required.</i></p> <p>There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits.</p>

Benefit	Senior Whole Health SCO
and more)	<b>In-Network</b> \$0 co-pay for Occupational Therapy visits \$0 co-pay for Physical and/or Speech and Language Therapy visits \$0 co-pay for Cardiac Rehab services
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>	
<b>18 - Durable Medical Equipment</b>  (Includes wheelchairs, oxygen, etc.)	<b>General</b> <i>Authorization required.</i>  <b>In-Network</b> \$0 co-pay
<b>19 - Prosthetic Devices</b>  (Includes braces, artificial limbs and eyes, etc.)	<b>General</b> <i>Authorization required.</i>  <b>In-Network</b> \$0 co-pay
<b>20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</b>  (Includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training, retinal exam/glaucoma test, and foot exam/therapeutic soft shoes)	<b>General</b> <i>No authorization required.</i>  <b>In-Network</b> \$0 co-pay for Diabetes self-monitoring training \$0 co-pay for Nutrition Therapy for Diabetes \$0 co-pay for Diabetes monitoring supplies \$0 co-pay for therapeutic shoes or inserts
<b>21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b>	<b>General</b> <i>No authorization required.</i> <b>In-Network</b> \$0 co-pay for: - lab services - diagnostic procedures and tests - X-rays - diagnostic radiology services (not including X-rays) - therapeutic radiology services

Benefit	Senior Whole Health SCO
<b>PREVENTIVE SERVICES</b>	
<b>22 - Bone Mass Measurement</b>  (for people who are at risk)	<b>General</b> <i>No authorization required.</i>  <b>In-Network</b> \$0 co-pay
<b>23 - Colorectal Screening Exams</b>  (for people age 50 and older)	<b>General</b> <i>No authorization required.</i>  <b>In-Network</b> \$0 co-pay
<b>24 - Immunizations</b>  (Flu vaccine, Hepatitis B vaccine - for people who are at risk, Pneumonia vaccine)	<b>General</b> <i>No authorization required.</i>  \$0 co-pay for Flu vaccine \$0 co-pay for Pneumonia vaccine \$0 co-pay for Hepatitis B vaccine
<b>25 - Mammograms (Annual Screening)</b>  (For women age 40 and older)	<b>General</b> <i>No authorization required for in-network or out-of-network mammograms.</i>  \$0 co-pay
<b>26 - Pap Smears and Pelvic Exams</b>  (For women)	<b>General</b> <i>No authorization required for in-network or out-of-network pap smears and pelvic exams.</i>  \$0 co-pay
<b>27 - Prostate Cancer Screening Exams</b>  (For men age 50 and older)	<b>General</b> <i>No authorization required.</i>  <b>In-Network</b> \$0 co-pay
<b>28 - Prescription Drugs</b>	<b>Drugs covered</b> This plan uses a formulary. <i>Only drugs listed on the formulary are covered.</i> The plan will send you the formulary. You can also see the formulary at <a href="http://www.seniorwholehealth.com">www.seniorwholehealth.com</a> on the web.  <i>Prescription required. Generics only unless</i>

Benefit	Senior Whole Health SCO
	<p>otherwise authorized by the plan. See Formulary.</p>
	<p>The plan offers national in-network prescription coverage in the 50 states and the District of Columbia. This means that you will pay \$0 for your prescription drugs if you get them at an in-network pharmacy outside of the SWH's service area (for instance when you travel).</p>
	<p>Senior Whole Health may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p>
	<p>Some drugs have quantity limits.</p>
	<p>Your provider must get prior authorization from Senior Whole Health for certain drugs.</p>
	<p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials.</p>
	<p><b>In-Network</b> You pay a \$0 yearly deductible.</p>
	<p><b>Initial Coverage</b> - \$0 co-pay for covered generic drugs - \$0 co-pay for all other covered drugs</p>
	<p><b>Retail Pharmacy</b> You can get drugs the following way(s): - one-month (34-day) supply - three-month (93-day) supply</p> <p>Not all drugs are available at this extended day supply. Please contact the plan for more information.</p>
	<p><b>Long Term Care Pharmacy</b> You can get drugs the following way(s): - one-month (34-day) supply</p>

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	<p><b>Mail Order</b>            You can get drugs the following way(s):            - one-month (34-day) supply            - three-month (93-day) supply            Not all drugs are available at this extended day supply. Please contact the plan for more information.</p> <p><b>Out-of-Network</b>            Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Senior Whole Health.</p> <p>You can get drugs the following way:            - one-month (34-day) supply</p> <p><b>Out-of-Network Initial Coverage</b>            \$0 co-pay for generic drugs purchased out-of-network (including brand drugs treated as generic)             \$0 co-pay for all other drugs purchased out-of-network</p> <p><b>Over the Counter (OTC) and Prescription Medicines</b>            Certain over-the-counter medications are covered. Please see your Over-the-Counter Formulary for details or call Member Services.             \$0 co-pay</p>

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<p><b>29 - Dental Services</b></p> <p>Includes:</p> <ul style="list-style-type: none"> <li>• diagnostic (x-rays and exams)</li> <li>• preventive (cleanings)</li> <li>• extractions (removing teeth), emergency care visits</li> <li>• some oral surgery such as biopsies and soft-tissue surgery</li> <li>• restorative (fillings)</li> <li>• endodontic (root canal)</li> <li>• periodontic (deep scaling)</li> <li>• crowns</li> <li>• dentures (full, partial, or repair)</li> <li>• surgical procedures related to full or partial dentures</li> </ul> <p><b><i>DentaQuest is network provider.</i></b> Contact Member Services for a list.</p>	<p><b>General</b> <i>Authorization required.</i></p> <p><b>In-Network</b> \$0 co-pay for dental benefits \$0 co-pay for up to 1 (one) oral exam every six months</p> <p>0% of the cost for an office visit that includes: - up to 1 cleaning(s) every six months - up to 1 fluoride treatment(s) every six months - up to 1 dental x-ray(s) every year</p>
<p><b>30 - Hearing Services</b></p> <p>Includes audiology exams and evaluations, diagnostic services, hearing aids or instruments, and services related to the care and maintenance of hearing aids or instruments.</p>	<p><b>General</b> <i>Authorization required for hearing aids, supplies and repairs. No authorization for exams.</i></p> <p><b>In-Network</b> \$0 co-pay</p>
<p><b>31 - Vision Services</b></p> <ul style="list-style-type: none"> <li>• Diagnosis and treatment for diseases and conditions of the eye</li> <li>• Annual routine eye exam</li> <li>• Corrective glasses or contact lenses</li> <li>• Vision training</li> </ul> <p>For routine eye exams and corrective lenses, <b><i>Vision Services Provider (VSP) is network provider.</i></b> Contact Member Services for a list.</p>	<p><b>General</b> For diagnosis and treatment for diseases and conditions of the eye, an in-network specialist must be used.</p> <p><i>Authorization required for out-of-network specialists.</i></p> <p>Does <b>not</b> cover progressive lenses or no-line trifocals.</p> <p><b>In-Network</b> <b>Diagnosis and Treatment for conditions and diseases of the eye</b> \$0 co-pay for diagnosis and treatment for diseases and conditions of the eye</p>

Benefit	Senior Whole Health SCO
	<p>\$0 co-pay for one pair of eyeglasses or contact lenses after cataract surgery</p> <p><b>In-Network</b>  <b>Routine eye exams and corrective lenses</b>  <i>No authorization required for VSP provider</i></p> <p>\$0 co-pay for the cost of routine eye exams with a network provider for up to 1 visit per calendar year.</p> <p>\$145 towards the cost of frames, limited to one pair every 24 months.</p> <p>Nonsurgical medical eye care through a VSP doctor.</p> <p>Post cataract exam and same lens/frame benefit.</p>
<b>32 - Physical Exams</b>	<p><b>General</b>  <i>No authorization required.</i></p> <p><b>In-Network</b>            \$0 co-pay</p>
<b>33 - Health/ Wellness Education</b>	<p><b>Smoking Cessation</b>  <i>Authorization required.</i>            \$0 co-pay for each smoking cessation counseling session. Includes group or individual counseling if requested by your doctor.</p> <p><i>Prescription required for:</i> Nicotine replacement medicine including nicotine patches, gum, lozenges, and certain other medicines if prescribed by your doctor.</p> <p><b>HIV Screening</b>  <i>No authorization required.</i>            \$0 co-pay for each HIV screening</p> <p>HIV screening is covered for members who are pregnant and members at increased risk for the infection, including anyone who asks for the test. The test is covered once every 12</p>

Benefit	Senior Whole Health SCO
	<p>months or up to three times during a pregnancy.</p> <p><b>Health Club Membership/Fitness Classes</b>  <i>Authorization required.</i>                      Up to \$55 per month.</p>
<p><b>34 - Transportation (medically necessary non-emergency transportation to medical appointments)</b></p> <p>Taxi and chair-car or other transport for <i>medical reasons</i> within the member’s community or nearest community if no other resource is available.</p>	<p><b>General</b>  <i>Authorization required.</i> Contact Member Services for information.</p> <p><b>In-Network</b>  <b>Must use in-network provider only.</b>                      \$0 co-pay for routine transportation to medical appointments</p>
<p><b>35 - Acupuncture</b></p>	<p>This plan does not cover Acupuncture.</p>
<p><b>36 - Adult Day Health and Transportation (minimum 2 days/week)</b></p> <p>Center-based services that may include nursing services and health oversight, assistance with activities of daily living, nutritional and dietary services, counseling services, activities and transportation at a MassHealth approved site.</p>	<p><b>General</b>  <i>Authorization required.</i></p> <p><b>In-Network</b>                      \$0 co-pay</p>
<p><b>37 - Adult Foster Care (AFC)/Group Adult Foster Care (GAFC)</b></p> <p><b>AFC</b> is for members who need daily help with personal care, but want to live in a family setting rather than in a nursing home or other facility. The caregiver provides meals, companionship, personal care assistance, and 24-hour supervision. AFC adults live with trained paid caregivers who provide daily care. Caregivers may be individuals, couples, or larger families.</p> <p><b>GAFC</b> provides daily assistance in personal care, managing medication,</p>	<p><b>General</b>  <i>Authorization required.</i></p> <p><b>In-Network</b>                      \$0 co-pay</p>

Benefit	Senior Whole Health SCO
meals, snacks, homemaking, laundry, and medical transportation. It can provided in the community in an individual's home or in GAFC-approved housing which may included assisted living residences or specially designated public or subsidized housing.	
<p><b>38 - Chore Services</b></p> <p>Assistance with light chores and heavy chores to help members remain at home or promote safety and health.</p>	<p><b>General</b> <i>Authorization required.</i></p> <p><b>In-Network</b> \$0 co-pay</p>
<p><b>39 - Companion Services</b></p> <p>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><b>General</b> <i>Authorization required.</i></p> <p><b>In-Network</b> \$0 co-pay</p>
<p><b>40 - Day Habilitation Services</b></p> <p>Structured, goal-oriented treatment program of medically oriented, therapeutic and habilitation services for developmentally disabled members.</p>	<p><b>General</b> <i>Authorization required.</i></p> <p><b>In-Network</b> \$0 co-pay</p>
<p><b>41 - Dementia day care</b></p> <p>Structured, secure environment for members with cognitive disabilities at a State approved center.</p>	<p><b>General</b> <i>Authorization required.</i></p> <p><b>In-Network</b> \$0 co-pay</p>
<p><b>42 - Environmental Adaptation Services</b></p> <p>Home adaptations, modifications or adaptive equipment to help members remain independent or improve independence.</p>	<p><b>General</b> <i>Authorization required.</i></p> <p><b>In-Network</b> \$0 co-pay</p>
<p><b>43 - Geriatric Support Services Coordination (GSSC)</b></p> <p>In-home assessment and home-based</p>	<p><b>General</b> <i>No authorization required.</i></p> <p><b>In-Network</b></p>

Benefit	Senior Whole Health SCO
services coordination provided by a Senior Whole Health contracted ASAP case manager	\$0 co-pay
<p><b>44 - Grocery shopping/delivery services</b></p> <p>Includes obtaining grocery orders, shopping, delivery and assistance as needed; may include nutritional information and education.</p>	<p><b>General</b> <i>Authorization required.</i></p> <p><b>In-Network</b> \$0 co-pay</p>
<p><b>45 - Home Assessment</b></p> <p>Includes home assessments by Senior Whole Health Nurse Care Manager and ASAP GSSC.</p>	<p><b>General</b> <i>No authorization required.</i></p> <p><b>In-Network</b> \$0 co-pay</p>
<p><b>46 - Home-delivered Meals</b></p> <p>Includes well balanced meals meeting Elder Affairs' definition of Nutrition Standards and members' nutritional needs delivered to those unable to prepare nutritional meals or attend congregate meal site.</p>	<p><b>General</b> <i>Authorization required.</i></p> <p><b>In-Network</b> \$0 co-pay</p>
<p><b>47 - Home Health Aide</b></p> <p>Help with 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.</p>	<p><b>General</b> <i>Authorization required.</i></p> <p><b>In-Network</b> \$0 co-pay</p>
<p><b>48 - Homemaker</b></p> <p>Assistance with shopping, menu planning, meal preparation, laundry and light housekeeping.</p>	<p><b>General</b> <i>Authorization required.</i></p> <p><b>In-Network</b> \$0 co-pay</p>

Benefit	Senior Whole Health SCO
<p><b>49 - Institutional/Long term Nursing Home Care (Custodial Care)</b></p> <p>Services such as nursing, medical social work, assistance with activities of daily living, therapies, nutrition, and drugs and biologicals provided at a skilled nursing facility or other nursing facility.</p>	<p><b>General</b> <i>Authorization required.</i></p> <p><b>In-Network</b> \$0 co-pay <i>unless</i> MassHealth determines you have a monthly Patient Paid Amount (PPA) for which you are responsible.</p>
<p><b>50 - Interpreter/translation Services</b></p> <p>Interpreters/translators for use during visits with specialists in limited circumstances. Must be approved by Senior Whole Health.</p>	<p><b>General</b> <i>Authorization required.</i></p> <p><b>In-Network</b> \$0 co-pay</p>
<p><b>51 - Laundry Service</b></p> <p>Cleaning services provided by a laundry company.</p>	<p><b>General</b> <i>Authorization required.</i></p> <p><b>In-Network</b> \$0 co-pay</p>
<p><b>52 - Nutritional assessment</b></p> <p>Comprehensive assessment conducted by a qualified nutritionist with nutritional plan based on assessment.</p>	<p><b>General</b> <i>Authorization required.</i></p> <p><b>In-Network</b> \$0 co-pay</p>
<p><b>53 - Personal Care Attendant (PCA)</b></p> <p>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>Does not cover recreation, babysitting, or vocational training, verbal prompting or cuing, or supervision.</p>	<p><b>General</b> <i>Authorization required.</i></p> <p><b>In-Network</b> \$0 co-pay</p>

Benefit	Senior Whole Health SCO
<p><b>54 - Personal care services</b></p> <p>Includes assistance with bathing, dressing, grooming, foot care, dentures, shaving bedpan, eating, ambulating and transfers.</p>	<p><b>General</b> <i>Authorization required.</i></p> <p><b>In-Network</b> \$0 co-pay</p>
<p><b>55 - Personal Emergency Response Systems (PERS)</b></p> <p>A medical communications system allowing members with a medical emergency at home to activate an electronic device to transmit a signal to a monitoring station.</p>	<p><b>General</b> <i>Authorization required.</i></p> <p><b>In-Network</b> \$0 co-pay</p>
<p><b>56 - Respite Care</b></p> <p>Includes one or more home care services to temporarily relieve the caregiver of a client in emergencies or planned circumstances, to relieve the caregiver of the daily stresses and demands of caring for a member in efforts to strengthen or support the informal support system. May include short term placement in Adult Foster Care, nursing facilities, rest homes, or hospitals.</p>	<p><b>General</b> <i>Authorization required.</i></p> <p><b>In-Network</b> \$0 co-pay</p>
<p><b>57 - Social Day Care Services</b></p> <p>Individualized programs of social activity for members requiring daytime supervision at sites other than home.</p>	<p><b>General</b> <i>Authorization required.</i></p> <p><b>In-Network</b> \$0 co-pay</p>
<p><b>58 - Wander Response System</b></p>	<p><b>General</b> <i>Authorization required.</i></p> <p><b>In-Network</b> \$0 co-pay</p>