

well!

Tufts Medicare Advantage
HMO and PPO plans
Fall 2023

Great ways to save in 2024!

Page 6

Tips for paying your premium online

Page 5

Easy-to-use 2024 benefit chart

Page 10

Managing stress
during the holidays 

Page 9





Did you know?

- Our Medicare Advantage HMO plan is the largest in Massachusetts
- 97% of members choose to stay with us year after year
- We're part of your community—located in Massachusetts

Recommend us to a friend!

Don't keep it a secret! Tell your friends to call today to learn more about joining a 4.5-Star plan. They can enroll now.



1-800-594-7739
(TTY: 711)

Get the answers you need.

Whether you're looking for information about medical benefits, drug coverage, choosing a doctor, or finding the right form or document, get the answers you need on our website.



thpmp.org



Email us:

TuftsHealthPlanMemberExperience@point32health.org



Or call Member Services

HMO members: **1-800-701-9000 (TTY: 711)**

PPO members: **1-866-623-0172 (TTY: 711)**

In This Issue



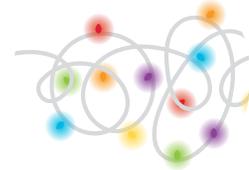
Great ways to save in 2024

Page 6



Your 2024 benefit chart

Page 10



Tips for managing stress during the holidays

Page 9

- 4 4.5 out of 5 Stars from Medicare
- 5 Q&A: How to pay your premium online
- 7 Do you need a health plan checkup?
- 8 Don't forget your flu shot



Get even **more** from your membership!

Get the most out of your plan with a secure online account on our website:

24/7 online access—Check your claims and referrals anytime

Exclusive discounts—Access member discounts on fitness, and more

Sign up for eDelivery—Get certain documents electronically instead of by mail

Creating a secure account only takes a few minutes. Sign up today!

thpmp.org/registration



Thank you for your feedback!

We received great feedback from our Well magazine survey with some great suggestions for topics you would like to see covered in Well. We will incorporate your feedback throughout the year—starting with the article on page 9, a great suggestion from one of our valued members!

Peace of mind is having highly rated coverage

It's important to have quality coverage you can depend on. Tufts Health Plan Medicare Advantage HMO plans received 4.5 out of 5 Stars from Medicare. Our Star rating reflects how easy it is for you to get the checkups, screenings, and information you need to stay healthy. A plan receives a high Star rating only by providing quality service to their members in many different areas including customer service, member satisfaction, and health care quality.

Tell your friends

Know someone thinking about their health or financial well-being? Tell your friends to call today to learn more about joining our 4.5-Star plan. Monthly premiums for Tufts Health Plan Medicare Advantage HMO plans and our Access PPO plan start as low as \$0 with prescription drug coverage included. Tell them to call **1-800-594-7739 (TTY: 711)**.



You don't have to take any action to continue your plan in 2024

We're thrilled to have you as a member of Tufts Health Plan. Your coverage will automatically continue in 2024. You don't have to do anything or notify us to continue your plan—we've got you covered in 2024!

If your health care needs have changed and you want to review our other plan options, just give us a call at **1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711)**.

Common Questions:

Paying your plan premium online

Your Member Services team responds to common questions from members.

You can mail your premium each month by using the payment slip in your premium invoice, but you can also pay online. If you are enrolled in a \$0 premium plan, you do not receive an invoice each month in most cases. Your Member Services team explains the different online options.

Q: What are my options for paying my plan premium online each month?

A: There are several convenient ways to pay your monthly premium online. Once you sign up for a secure online account, you have four options:

- One-time payment. This allows you to make a single payment in any amount.
- Recurring payment. This allows you to choose the payment date and amount, as well as the number of payments.
- Electronic Funds Transfer (EFT). With this option, you can have your premiums debited directly from your checking account. This option will automatically withdraw the balance from your account on the 9th of each month.
- Pay from your Social Security check. Referred to as an SSA deduction, this option allows your monthly premium to be taken out of your Social Security check.

Q: I want to pay online. How can I create a secure online account?

A: You can sign up for a secure online account at thpmp.org/registration. Creating your account only takes a few minutes. For the best experience, use a computer to register—some features may not be accessible from a mobile device.

Q: I want to pay automatically. How can I enroll in automatic payments?

A: Payments can be automatically deducted from your bank account through an Electronic Funds Transfer (EFT). There is no charge to use EFT. To sign up, fill out the EFT authorization form found at thpmp.org/forms. It can take up to two months for EFT to kick in, so remember to pay your monthly premium until we notify you that you are enrolled in the EFT program.

Q: I want to pay from my Social Security check. How can I set up an SSA deduction?

A: We can help! Call Member Services at **1-800-701-9000** (HMO) or **1-866-623-0172** (PPO). Hearing impaired members can call 711 for assistance.

Q: Where can I view my upcoming premium bill and payment history?

A: You can see how much your monthly premium is, including past and future payments, in your secure online account. See above for details about how to set up your online account today.

Take advantage of great savings in 2024

While the cost of everything has stayed high, we have tried to keep your plan costs as stable as possible. Make sure to take advantage of all the great benefits, savings, and discounts your plan offers in 2024.

NEW

Lower premiums!

We know rising costs takes a toll. That's why we strive to avoid increasing premium amounts. In fact, your 2024 premiums will be lower than in 2023 (premium plans only). See page 10 for details.

NEW

Enhanced coverage of certain Medicare-excluded drugs

You have enhanced coverage of certain drugs such as select erectile dysfunction (ED) drugs, vitamins and minerals, and cough/cold products. Covered drugs are on Tier 1 and Tier 2. See page 14 for details.

Save up to \$212 on prescription drug costs with home delivery

If your plan includes prescription drug coverage, you can avoid going to the pharmacy and have prescriptions you take regularly delivered to your door. With OptumRx Home Delivery Pharmacy, you may be able to save up to \$53 for a 90-day supply of prescription medications (depending on the plan you are in and the tier your drug is on). That's a potential savings of up to \$212 a year!¹ With home delivery, your medications are conveniently mailed to your home. To sign up, call OptumRx at **1-800-299-7648** (HMO)/**1-800-460-0322** (PPO).

Use your \$150 eyewear discount for eyeglasses and/or contact lenses.

You can get up to \$150 toward the full retail price (not sale price) for eyeglasses, prescription lenses, frames, and/or

contact lenses from a provider in the EyeMed Vision Care Network (includes more than 26,000 eye care providers, including national chains such as LensCrafters®, Pearle Vision®, and Target® Optical), or up to \$90 from a store not in the EyeMed network. (Discounts can't be combined.) PPO members can purchase from providers outside of the EyeMed Vision Care Network and submit an Out-of-Network Vision Claims Form at thpmp.org/forms.

Use your Wellness Allowance and save

You can get up to \$150 (\$350 for members in the Tufts Medicare Preferred HMO Saver Rx, Smart Saver Rx, and Access PPO plans) each calendar year for fees you pay for membership in a qualified health or fitness club, wellness programs, acupuncture, online instructional fitness classes or membership fees for online fitness subscriptions (such as Peloton), and much more.² See Chapter 4 of your Evidence of Coverage for details.

Save with your hearing aid benefit

With copays ranging from \$250 to \$1,150 for each hearing aid, choose from five levels of hearing aids from Standard level to Premier. You're eligible for up to two covered hearing aids per year, one hearing aid per ear. To be covered, the hearing aids must be on the Hearing Care Solutions (HCS) formulary and purchased through an HCS provider. You're also covered for a \$0 in-network hearing aid evaluation once per year.³ To find an HCS provider, visit hearingcaresolutions.com/tuftshealthplan.

Note: Hearing aid benefit may not apply if you receive your benefits from a current or former employer.



Did you know we have \$0 plans?

Do you need a health plan checkup? Each year at this time, we want to make sure you are in the plan that's right for you. While most of our members stay in their current plan each year, if your health or financial needs have changed, one of our other plans may be a better fit for you. We have HMO plans and a PPO plan option with monthly premiums as low as \$0. We also offer Medicare Supplement plans.

Call Member Services at **1-800-701-9000** (HMO)/**1-866-623-0172** (PPO) for your plan checkup—we can help you review your options and answer any questions you have.

\$0 health screenings

Getting regular screenings is one of the best ways to stay healthy. Take advantage of a \$0 in-network copay for many screenings including cancer, cholesterol, glaucoma, and many more.

Use your member-only discounts

Save on a variety of programs and services that help you lead a healthy lifestyle, including discounts on yoga classes from home, massage therapy, acupuncture, and more.⁴ For a complete list of discounts, go to thmp.org/extras.

Dental coverage that covers more (HMO plans)⁵

Depending on the plan you are in, you may have the opportunity to either add dental coverage or enhance the dental coverage that comes with your plan for an additional premium.

- **Saver, Basic, and Value plans**—Include a \$1,000 supplemental dental benefit that covers preventive and basic services. Plus, for an additional monthly premium of \$21.50, you can upgrade to the Tufts Medicare Preferred Dental Option to enhance the included dental coverage by reducing cost share on basic services and adding coverage for major services.
- **Prime and Prime Rx Plus plans**—Do not include supplemental dental coverage, but you may add \$1,000 of dental coverage for preventive, basic, and major dental services for an additional \$31 monthly premium.

Smart Saver Rx plan—Includes \$2,500 of supplemental dental coverage for preventive, basic, and major dental services.

ENHANCED

Members of Saver, Basic, Value, and Prime plans can sign up for the Tufts Medicare Preferred Dental Option:

- Sign up by December 7, 2023, for a January 1, 2024, effective date, or;
- Sign up by January 31, 2024, for a February 1, 2024, effective date.

Just fill out and submit the form at

thmp.org/2024-dental-enrollment. If you signed up for the Dental Option in 2023, your coverage will automatically renew. For complete coverage details, see your Evidence of Coverage (EOC) available at thmp.org/documents. To find a dentist, go to thmp.org/dentist.

The Tufts Medicare Preferred Dental Option is not available if you receive your benefits from a current or former employer.

NEW

Dental coverage with freedom to go to any dentist (Access PPO plan)⁶

Includes \$1,500 of dental coverage with a Visa® Flex Advantage spending card that provides you more freedom to get the dental services you need. With the Flex Advantage spending card, you can see any dentist in the country who accepts Visa®—no network or restrictions to worry about.

For additional information, see pages 12-13.

Please note: Not all plan benefit information described is the same for Employer Group plans. If you receive your benefits from a current or former employer, please contact your benefits administrator or Member Services with any questions regarding plan benefits.

Which vaccines do you need this fall?

In addition to the flu shot this year, there are two new vaccines you may need.

The new COVID-19 vaccine

COVID-19 cases and hospitalizations are again on the rise, and there are new variants not covered by older vaccines. If you are over 65 or are immunocompromised, and you have not received the bivalent booster this year, this vaccine is recommended. You can schedule your COVID-19 vaccine during the same visit as your flu shot.

The Respiratory Syncytial Virus (RSV) vaccine

RSV is an upper respiratory viral infection that poses more risk to adults 60 and older, and the CDC recommends adults over 60 speak with their health care provider about whether RSV vaccination is appropriate.

Flu shot

Getting a flu shot each year is the best way to protect yourself against the flu. Adults age 65 or older are at higher risk for serious complications if they get the flu. Even among healthy older people, the flu can result in heart attacks, strokes, pneumonia, and other serious illnesses.

Where can you get your vaccines?

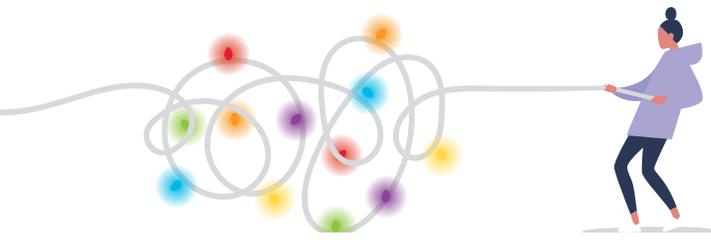
You have a \$0 copay for a flu shot, COVID-19 vaccine, and RSV vaccine.⁷ Call your doctor to schedule an appointment (an office visit copay may apply). If your doctor is unable to schedule your vaccines before the end of the year, we will cover vaccines given at certain retail clinics including:

- Any pharmacy in the Tufts Health Plan Medicare Advantage national network that can administer the vaccine. For location information, see your Pharmacy Directory at thmp.org/drug-pharmacy-search. If you receive your benefits from a current or former employer, visit thmp.org/eg-pharmacies.
- MinuteClinics within CVS Pharmacy locations in Massachusetts.
- Town or school clinics—confirm the location accepts Tufts Health Plan.
- If you receive home health services, you can receive the flu, COVID-19, or RSV vaccine in your home.
- If you get a vaccine anywhere other than your primary care physician's (PCP 's) office, remember to let your PCP know.



Plan tip: Making a coverage request? Let your provider know

If you need to ask Tufts Health Plan for a coverage determination (request coverage for a medical service or a prescription drug), make sure to let your provider know. Your provider will need to provide information that will ensure your request is processed more efficiently and will help you receive your answer sooner.



Tips for managing stress and loneliness during the *Holiday Season*

The holidays are often thought of as a time of celebration and cheer. But for some, the holiday season causes stress or leads to feelings of isolation or loneliness. These tips can help you manage stress and anxiety during the holidays.

1. *Talk about it*

Make a list of people in your life that you can talk to in times of distress. You can also schedule time each week to check in with your loved ones.

2. *Keep busy*

Keeping busy can help combat loneliness—especially if your plans involve others.

- Use technology like video calling to keep in touch with loved ones who live far away.
- Check the websites of your local community center or public library to see what classes and activities are happening.
- Volunteer your time, which can lift your spirits and even introduce you to new people in your community.

3. *Plan ahead*

Plan out holiday activities like shopping and baking, and remember to say "no" when you need to. You don't have to participate in every activity if you're feeling overwhelmed.

4. *Unwind with intention*

The busyness of the holidays can make it difficult to stick to your usual routines, but it's important to make time for yourself, even if it's just 15 minutes at a time, to:

- Go for a walk.
- Meditate or do yoga. (As a plan member, you receive a discount on online yoga and meditation classes through Ompractice. Visit thmp.org/extras for more information.)
- Read a book.
- Get a massage. (As a plan member, you receive a discount on massage therapy and acupuncture. Visit thmp.org/extras for more information.)

5. *Take care of yourself*

If you overindulge during the holidays, you may not feel your best, mentally or physically. Remember to:

- **Nourish your body with healthy and well-balanced meals**—As a plan member, you receive discounts on meal delivery with Independent Living Systems as well as nutritional counseling with Tufts Health Plan-registered dietitians and licensed nutritionists. Visit thmp.org/extras for more information.
- **Get enough sleep each night**—7 to 9 hours
- **Move your body**—30 minutes a day, 5 days a week, at an intensity equivalent to a brisk walk. Your Wellness Allowance of \$150 per calendar year (\$350 for Saver Rx HMO, Smart Saver Rx HMO, and Access PPO members) can be used toward the cost of fitness classes and membership at a qualified health club or fitness facility.

6. *Seek professional help if you need it*

Feeling sad or stressed around the holidays is normal for a lot of people—especially if you've lost a loved one or cannot be with your loved ones.

If your sadness or anxiety causes physical ailments or prevents you from eating, sleeping, or keeping up with routine chores, speak to your health care provider or a mental health professional for additional help.

2024 Benefits Overview

Monthly Premium	HMO Smart Saver Rx	HMO Saver Rx	HMO Basic No Rx ⁸	HMO Basic Rx
Essex, Suffolk	\$0	\$0	\$28	\$61
Hampden, Hampshire	\$0	\$0	Not Offered	\$40
Middlesex, Norfolk, Plymouth, Barnstable, Bristol	\$0	\$0	Not Offered	\$51
Worcester	\$0	\$0	\$20	\$43
The Basics	HMO Smart Saver Rx	HMO Saver Rx	HMO Basic No Rx ⁸	HMO Basic Rx
Medical Deductibles	No medical deductible		No medical deductible	
Annual Out-of-Pocket Maximum ⁹	\$5,900	\$7,550	\$3,650	
Medical Copays	HMO Smart Saver Rx	HMO Saver Rx	HMO Basic No Rx ⁸	HMO Basic Rx
Doctor Office Visits				
Primary Care Physician	\$0 per visit	\$10 per visit	\$10 per visit	
Specialist	\$45 per visit	\$45 per visit	\$40 per visit	
Telehealth ¹⁰	Medicare-covered services plus additional telehealth services. \$0 copay for e-visits, virtual check-ins, and remote patient monitoring with your PCP or Specialist; for all other telehealth visits, copay is the same as corresponding in-person visit copay.			
Preventive Care				
Annual Physical and Annual Wellness Visit	\$0 per visit	\$0 per visit	\$0 per visit	
Cancer Screening (Colorectal, Prostate, Breast)	\$0 per service	\$0 per service	\$0 per service	
Vision and Hearing				
Annual Routine Vision Exam	\$15	\$15	\$15	
Annual Eyewear Benefit	\$150 per year toward eyewear at an EyeMed Vision Care participating provider or \$90 reimbursement per year at non-participating providers.			
Annual Routine Hearing Exam	\$0	\$0	\$0	
Hearing Aids	Up to 2 aids per year, 1 per ear. \$250 Standard level, \$475 Superior level, \$650 Advanced level, \$850 Advanced Plus level, \$1,150 Premier level. Through Hearing Care Solutions.			
Outpatient and Lab Services				
Outpatient Services/Surgery including services at hospital outpatient facilities and ambulatory surgical centers (ASC)	Colonoscopies: \$0; Other services (ASC): \$270 per day; Other services (Non-ASC): \$370 per day		Colonoscopies: \$0; Other Services (ASC): \$170 per day; Other Services (non-ASC): \$270 per day	
Rehabilitation Therapy ¹¹	\$40 per visit	\$40 per visit	\$30 per visit	
Mental Health and Substance Abuse Services	\$25 per visit	\$25 per visit	\$25 per visit	
Outpatient Diagnostic Labs	\$0	\$0	\$0	
Diagnostic Radiology Services	\$350 per day (\$100 for ultrasound)	\$325 per day (\$100 for ultrasound)	\$250 per day (\$100 for ultrasound)	

This is a quick reference guide to some of the more commonly used services. For more complete plan benefit information, see your Evidence of Coverage (EOC), available at thmp.org/documents. Please note: Costs may differ if you receive your benefits from a current or former employer.

HMO Value No Rx ⁸	HMO Value Rx	HMO Prime No Rx ⁸	HMO Prime Rx	HMO Prime Rx Plus ⁸	Access PPO ⁸
\$123	\$181	\$156	\$216	\$248	Not offered in Barnstable County. \$0 in all other counties. Out-of-network cost share information is represented in bold.
Not Offered	\$89	Not Offered	\$109	\$129	
\$103	\$159	\$133	\$186	\$220	
\$112	\$166	\$152	\$196	Not Offered	
HMO Value No Rx ⁸	HMO Value Rx	HMO Prime No Rx ⁸	HMO Prime Rx	HMO Prime Rx Plus ⁸	Access PPO ⁸
No medical deductible		No medical deductible			No medical deductible
\$3,650		\$3,650			\$5,600 (\$9,550 in- and out-of-network combined)
HMO Value No Rx ⁸	HMO Value Rx	HMO Prime No Rx ⁸	HMO Prime Rx	HMO Prime Rx Plus ⁸	Access PPO ⁸
Doctor Office Visits					
\$10 per visit		\$10 per visit			\$0 per visit (\$0)
\$25 per visit		\$15 per visit			\$45 per visit (\$45)
Medicare-covered services plus additional telehealth services. \$0 copay for e-visits, virtual check-ins, and remote patient monitoring with your PCP or Specialist; for all other telehealth visits, copay is the same as corresponding in-person visit copay. Additional telehealth services not covered out-of-network.					
Preventive Care					
\$0 per visit		\$0 per visit			\$0 per visit (40% coinsurance)
\$0 per service		\$0 per service			\$0 per service (40% coinsurance)
Vision and Hearing					
\$15		\$15			\$0 (\$45)
\$150 per year toward eyewear at an EyeMed Vision Care participating provider or \$90 reimbursement per year at non-participating providers.					\$150 per year toward eyewear purchased from any provider.
\$0		\$0			\$0 (\$45)
Up to 2 aids per year, 1 per ear. \$250 Standard level, \$475 Superior level, \$650 Advanced level, \$850 Advanced Plus level, \$1,150 Premier level. Through Hearing Care Solutions.					
Outpatient and Lab Services					
Colonoscopies: \$0; Other services: \$150 per day		Colonoscopies: \$0; Other services: \$100 per day		Colonoscopies: \$0; Other services: \$75 per day	Colonoscopies: \$0; Other Services (ASC): \$290 per day; Other Services (non-ASC): \$390 per day (40% coinsurance)
\$20 per visit		\$15 per visit			\$40 per visit (40% coinsurance)
\$20 per visit		\$10 per visit			\$25 per visit (40% coinsurance)
\$0		\$0			\$0 (40% coinsurance)
\$100 per day		20% of cost up to \$75 per day			Ultrasound: \$100 per day; Others: \$200 per day (40% coinsurance)

Medical Copays	HMO Smart Saver Rx	HMO Saver Rx	HMO Basic No Rx ⁸	HMO Basic Rx
Emergency Services				
Emergency Room	\$90 per visit	\$90 per visit	\$110 per visit	
Urgent Care	\$50 per visit	\$50 per visit	\$50 per visit	
Ambulance Services	\$350 per one-way trip	\$350 per one-way trip	\$325 per one-way trip	
Inpatient Care				
Inpatient Hospital Coverage	Days 1-5: \$380 per day, \$0 per day after day 5	Days 1-5: \$350 per day, \$0 per day after day 5	Days 1-5: \$275 per day, \$0 per day after day 5	
Additional Benefits				
Wellness Allowance	\$350 per year toward fitness club membership, instructional fitness classes, and more.		\$150 per year toward fitness club membership, instructional fitness classes, and more.	
Meals Post Discharge (by Mom's Meals)	\$0 for up to 28 home-delivered meals (2 meals per day for 14 days) supplied by plan-approved vendor after a qualifying discharge from hospital or extended care facility.			
Weight Management Programs	\$150 annual reimbursement toward program fees for weight loss programs such as Weight Watchers, or hospital-based weight loss programs.			
Embedded Dental Benefit	\$2,500 yearly maximum. \$0 for preventive services such as cleanings, oral exams, and bitewing X-rays; 20% coinsurance for basic services such as fillings and X-rays other than bitewing; and 50% coinsurance for major services such as extractions, dentures, bridges, and crowns. No deductible and no waiting period. ⁵	\$1,000 calendar year maximum. \$0 for preventive services such as cleaning, oral exams, and bitewing X-rays; and 50% coinsurance for basic services such as fillings, simple extractions, and X-rays other than bitewing. No deductible and no waiting period. ⁵		
Tufts Medicare Preferred Dental Option	N/A	\$21.50 per month for dental coverage of \$1,000 yearly maximum. \$0 for preventive services such as cleanings, oral exams, and bitewing X-rays; 20% coinsurance for basic services such as fillings, simple extractions, and X-rays other than bitewing; and 50% coinsurance for major services such as dentures, bridges, and crowns. No deductible and no waiting period. ¹²		
Over-the-Counter (OTC) Benefit¹³	\$75 per calendar quarter loaded on an OTC card.	\$110 per calendar quarter loaded on an OTC card.	N/A	
Acupuncture¹⁴	\$20 per visit	\$20 per visit	\$20 per visit	

OR

HMO Value No Rx ⁸	HMO Value Rx	HMO Prime No Rx ⁸	HMO Prime Rx	HMO Prime Rx Plus ⁸	Access PPO ⁸
Emergency Services					
\$110 per visit		\$110 per visit		\$90 per visit	
\$30 per visit		\$30 per visit		\$45 per visit	
\$225 per one-way trip		\$125 per one-way trip		\$90 per one-way trip	\$350 per one-way trip
Inpatient Care					
Days 1-5: \$200 per day, \$0 per day after day 5		\$300 per stay; you will not pay more than \$900 per year		\$200 per stay; you will not pay more than \$400 per year	Days 1-5: \$400 per day, \$0 per day after day 5 (40% coinsurance)
HMO Value No Rx ⁸	HMO Value Rx	HMO Prime No Rx ⁸	HMO Prime Rx	HMO Prime Rx Plus ⁸	Access PPO ⁸
\$150 per year toward fitness club membership, instructional fitness classes, and more.					\$350 per year toward fitness club membership, instructional fitness classes, and more.
\$0 for up to 28 home-delivered meals (2 meals per day for 14 days) supplied by plan-approved vendor after a qualifying discharge from hospital or extended care facility.					
\$150 annual reimbursement toward program fees for weight loss programs such as Weight Watchers, or hospital-based weight loss programs.					
\$1,000 calendar year maximum. \$0 for preventive services such as cleaning, oral exams, and bitewing X-rays; and 50% coinsurance for basic services such as fillings, simple extractions, and X-rays other than bitewing. No deductible and no waiting period. ⁵		N/A			\$1,500 per year with prepaid Visa® Flex Advantage spending card; no network. ⁶
\$21.50 per month for dental coverage of \$1,000 yearly maximum. \$0 for preventive services such as cleanings, oral exams, and bitewing X-rays; 20% coinsurance for basic services such as fillings, simple extractions, and X-rays other than bitewing; and 50% coinsurance for major services such as dentures, bridges, and crowns. No deductible and no waiting period. ¹²		\$31 per month for dental coverage of \$1,000 yearly maximum. \$0 for preventive services such as cleanings, oral exams, and bitewing X-rays; 20% coinsurance for basic services such as fillings, simple extractions, and X-rays other than bitewing; and 50% coinsurance for major services such as dentures, bridges, and crowns. No deductible and no waiting period. ¹²			N/A
N/A		N/A			\$60 per calendar quarter loaded on the Flex Advantage spending card.
\$20 per visit		\$20 per visit			\$20 per visit (\$45 per visit)

Rx Drug Coverage	HMO Smart Saver Rx		HMO Saver Rx		HMO Basic Rx	
Deductible	No deductible		\$0 for Tiers 1, 2, 6, and insulins; \$250 for Tiers 3-5		\$0 for Tiers 1, 2, 6, and insulins; \$225 for Tiers 3-5	
Copays	30-day retail supply	90-day mail order supply	30-day retail supply	90-day mail order supply	30-day retail supply	90-day mail order supply
Tier 1: Preferred Generic¹⁵	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2: Generic¹⁵	\$2	\$4	\$4	\$8	\$4	\$8
Note: Tier 1 and Tier 2 drugs include enhanced coverage of certain drugs such as select erectile dysfunction (ED) drugs, vitamins and minerals, and cough/cold products.						
Tier 3: Preferred Brand	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)
Tier 4: Non-Preferred Drug	\$100 (Insulin: \$35)	\$300 (Insulin: \$105)	\$100 (Insulin: \$35)	\$300 (Insulin: \$105)	\$100 (Insulin: \$35)	\$300 (Insulin: \$105)
Tier 5: Specialty Tier	33%	N/A	29%	N/A	29%	N/A
Tier 6: Vaccines	\$0	N/A	\$0	N/A	\$0	N/A
Coverage Gap Stage¹⁶	<ul style="list-style-type: none"> • 25% for Part D generic drugs • 25% of costs for Part D brand drugs plus a portion of the dispensing fee • \$0 for covered Tier 6 vaccine drugs obtained through a retail pharmacy • No more than \$35 per month (30-day) for covered insulin drugs regardless of the tier 					
Catastrophic Coverage Stage	After the coverage gap, when your payments for the year are greater than \$8,000, you pay nothing. During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.					

Rx Drug Coverage	HMO Value Rx		HMO Prime Rx		HMO Prime Rx Plus ⁸		Access PPO ⁸	
Deductible	No deductible		No deductible		No deductible		No deductible	
Copays	30-day retail supply	90-day mail order supply	30-day retail supply	90-day mail order supply	30-day retail supply	90-day mail order supply	30-day retail supply	90-day mail order supply
Tier 1: Preferred Generic¹⁵	\$0	\$0	\$4	\$8	\$2	\$4	\$0	\$0
Tier 2: Generic¹⁵	\$4	\$8	\$8	\$16	\$4	\$8	\$4	\$8
Note: Tier 1 and Tier 2 drugs include enhanced coverage of certain drugs such as select erectile dysfunction (ED) drugs, vitamins and minerals, and cough/cold products.								
Tier 3: Preferred Brand	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$45 (Insulin: \$35)	\$90 (Insulin: \$70)	\$30	\$60	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)
Tier 4: Non-Preferred Drug	\$100 (Insulin: \$35)	\$300 (Insulin: \$105)	\$100 (Insulin: \$35)	\$300 (Insulin: \$105)	\$80 (Insulin: \$35)	\$240 (Insulin: \$105)	\$100 (Insulin: \$35)	\$300 (Insulin: \$105)
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A
Tier 6: Vaccines	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A
Coverage Gap Stage¹⁶	<ul style="list-style-type: none"> • 25% for Part D generic drugs • 25% of costs for Part D brand drugs plus a portion of the dispensing fee • \$0 for covered Tier 6 vaccine drugs obtained through a retail pharmacy • No more than \$35 per month (30-day) for covered insulin drugs regardless of the tier • Prime Rx Plus: Tier 1 and Tier 2 drugs remain at the normal copay 							
Catastrophic Coverage Stage	After the coverage gap, when your payments for the year are greater than \$8,000, you pay nothing. During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.							

Thank you **for being a member!**

¹Applies to Rx plans. Savings may be different depending on the plan you are in or if you receive your benefits from a current or former employer.

²\$150 (\$350 for members in the Tufts Medicare Preferred HMO Saver Rx, Smart Saver Rx, and Access PPO plans) is the total reimbursement amount each year (Jan. 1–Dec. 31) whether used for a health club, fitness classes, nutritional counseling, or wellness programs.

³Hearing aids and \$0 copay for hearing aid evaluation must be with a Hearing Care Solutions provider. Benefit does not cover cost of mold and tubing.

⁴Discounts and services included in the Preferred Extras program are not plan benefits and are not subject to the Medicare appeals process.

⁵The plan is administered by Dominion Dental Services, Inc., which operates under the trade name Dominion National. Benefit limits apply. Cost share applies to non-preventive services. Services must be performed by providers in the Dominion PPO Network. Please refer to your Evidence of Coverage for more information including details for how to request a pre-treatment estimate and other limitations that apply. Preventive services examples: routine cleanings, oral exams, and bitewing X-ray images. Basic services examples: fillings and X-rays other than bitewing images. Major services examples: Crowns, root canals, and dentures. Simple extractions are covered as Basic Services for all plans except Smart Saver Rx. For Smart Saver Rx, all extractions are covered as Major Services. Dental implants are not covered.

⁶Dental services covered under the Flex Advantage spending card are limited to non-cosmetic, non-Medicare covered dental procedures. Coverage is up to the annual benefit limit, and the member is responsible for all costs above this amount. Unused balance at the end of the year does not roll over. Please refer to your Evidence of Coverage for more information.

⁷\$0 copay applies to Rx plan members. Members with plans that do not include Rx coverage would be responsible for any required copays.

⁸Not available in all counties.

⁹Comprises all your copays/coinsurance for applicable covered medical services. Your out-of-pocket costs for covered services will never exceed this amount.

¹⁰Additional telehealth services include primary care physician services, specialist services, individual and group sessions for mental health and psychiatric services, opioid treatment program services, observation services, individual and group sessions for outpatient substance abuse, other health care professional (PAs & NPs), kidney disease education services, diabetes self-management training, urgently needed services, physical therapy, and speech-language pathology services.

¹¹Rehabilitation Therapy includes Physical Therapy, Occupational Therapy, and Speech Therapy. You pay \$0 (in-network) for a post-outpatient surgical procedure, physical therapy or occupational therapy consultation prior to discharge.

¹²If purchased, the Tufts Medicare Preferred Dental Option replaces the embedded dental benefit.

¹³Quarterly OTC credit is for the purchase of Medicare-approved OTC items from participating retailers and plan-approved online stores. Unused balance at the end of a calendar quarter does not roll over. Under certain circumstances, items may be covered under your Medicare Part B or Part D benefit.

¹⁴Medicare covers up to 12 visits in 90 days for members with chronic low back pain. 8 additional visits covered for those demonstrating an improvement. No more than 20 visits administered annually. Additional acupuncture coverage included as part of Wellness Allowance.

¹⁵On Tier 1 and Tier 2, retail copay applies to network pharmacies with preferred cost sharing (Smart Saver Rx, Saver Rx, Basic Rx, Value Rx, and Access PPO only). Copays may be higher at other network pharmacies. For a complete list of network pharmacies that offer preferred cost sharing, please check the pharmacy directory at thmp.org/documents.

¹⁶The Coverage Gap Stage begins after your total prescription drug costs reach \$5,030, and until your payments reach \$8,000. The Catastrophic Stage begins after the Coverage Gap, when your payments for the year are greater than \$8,000.

Representatives are available 8 a.m.–8 p.m., 7 days a week (Mon.–Fri. from Apr. 1–Sept. 30).

Every year, Medicare evaluates plans based on a 5-Star rating system. Visit www.medicare.gov for more information. Benefits eligibility requirements must be met. Not all may qualify. Benefit information described in this issue is for Tufts Health Plan Medicare Advantage HMO and PPO plan members and is not a complete description of benefits. For complete benefit details, see your Evidence of Coverage (EOC) available at thmp.org/documents. Please note: Not all plan benefit information in this booklet is the same for Employer Group plans. If you receive your benefits from a current or former employer, please contact your benefits administrator or Member Services with any questions regarding plan benefits. 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 (including pregnancy, sexual orientation, and gender identity). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711).



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High-quality benefits, low costs, and great savings

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1-800-594-7739
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Health and Wellness or Prevention Information



Page 10

Easy-to-use 2024 benefit chart

Fall 2023

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