

Well!

Tufts Health Plan
Medicare Advantage HMO plans
Fall 2022

Use your plan to fight

INFLATION

in 2023

\$0 annual hearing exam

\$0 health screenings

\$150 eyewear discount

**Stay fit and save
with your Wellness
Allowance**

**Exclusive member-
only discounts**

And much more!

**Easy-to-use 2023 
benefit chart**



Did you know?

- Your plan is the only plan in the state to ever receive Medicare's highest rating of 5 out of 5 Stars 8 years in a row!
- You are a member of the largest Medicare Advantage HMO plan 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 5-Star plan. They can enroll now.¹

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@tufts-health.com



Or call Member Services:
1-800-701-9000 (TTY: 711)

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8 years in a row!**

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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

Secure payments—Easily pay your monthly premium

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

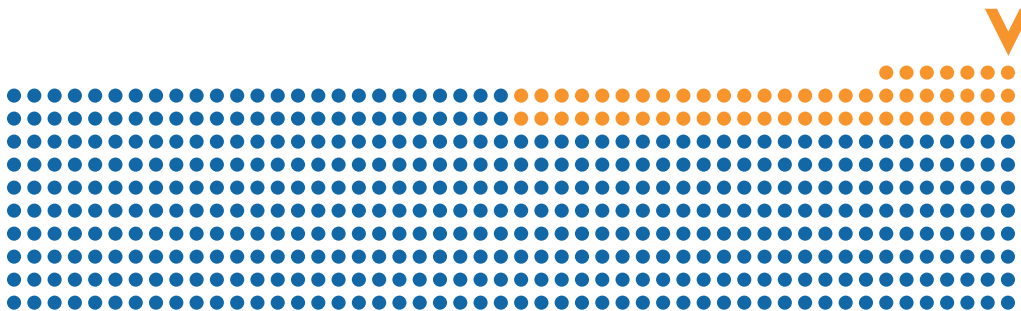
You have one of the best plans in the country!

It's important to have quality coverage you can depend on. Tufts Health Plan Medicare Advantage HMO plans received Medicare's highest rating for quality—5 out of 5 Stars—for the 8th year in a row! Your plan is the only Medicare Advantage HMO plan in Massachusetts to receive a 5-Star rating for 2023, and no other Massachusetts Medicare Advantage plan has ever received 5 Stars 8 years in a row! But most importantly, you have peace of mind knowing you have the highest-rated coverage available.

What does a 5-Star rating mean?

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 5-Star rating only by providing exceptional service to their members in many different areas including customer service, member satisfaction, health care quality, and getting appointments quickly. Our 5-Star rating is proof of our commitment to provide you with the highest-quality service and coverage.

In fact, out of the 507 plans rated by the Centers for Medicare & Medicaid Services, only 57 plans received a 5-Star rating for 2023. The 2023 5-Star rating puts Tufts Health Plan Medicare Advantage (HMO) plans among the top 11 percent of plans nationally.



Tell your friends

Know someone thinking about their health or financial well-being? Tell your friends to call today to learn more about joining a 5-Star plan. Monthly premiums for Tufts Health Plan Medicare Advantage HMO plans start as low as \$0 with prescription drug coverage included. Tell them to call **1-800-594-7739 (TTY: 711)**.



Common Questions:

How to give someone permission to talk about your benefits

Your Member Services team responds to common questions from members.

With three options for giving someone permission to discuss your benefits, how do you know which is right for you? Your Member Services team explains the options.



Q: Can my spouse call Tufts Health Plan and discuss my benefits?

A: The federal law, HIPAA (Health Insurance Portability and Accountability Act), requires us to have policies and procedures in place to protect your health information from being shared with a spouse, family member, or anyone else without your permission.

Q: How can I provide permission?

A: You can give someone the ability to discuss your benefits and/or act on your behalf by filling out one of the following forms:

- **Authorization to Disclose Protected Health Information form**
(Provides permission to discuss your benefits but not to make decisions on your behalf.) This form provides permission for an authorized representative to speak to us about your protected health information.
- **Designated Representative form**
(Provides permission to discuss your benefits and to make decisions on your behalf.) This form allows a designated representative to receive all information pertaining to your protected health information and to make decisions or changes related to your plan (e.g., demographic and plan changes, premium payments, etc.)
- **Centers for Medicare & Medicaid Services Appointment of Representative form**
This form allows someone to file a coverage request, appeal, or grievance on your behalf.

Q: Where can I find these forms?

A: You can find these forms on our website at tuftsmedicarepreferred.org/forms or you can call Member Services at **1-800-701-9000 (TTY: 711)** to have one mailed to you.

Q: Where do I send my completed form?

A: You can send your completed form to us at:
Tufts Health Plan
Member Services Department
PO Box 494
Canton, MA 02021-0494



Use your plan to fight inflation

While the cost of everything has risen recently, 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 2023.

NEW Reduced copays

We know rising costs takes a toll. That's why we decreased the copays for benefits like your annual hearing exam (\$0) and more. See page 10 for details.

NEW Covered insulin drugs

If your plan includes prescription drug coverage, you won't pay more than \$35 for a one-month (30-day) supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if your plan includes a prescription drug deductible that you haven't paid. See page 12 for details.

\$150 Eyewear discount

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.)

Use your Wellness Allowance and save

You can get up to \$150 (\$350 for members in the Tufts Medicare Preferred HMO Saver Rx and Smart

Saver Rx 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 5 levels of hearing aids from Standard level to Premier. You're covered for up to 2 hearing aids per year, 1 hearing aid per ear, provided by Hearing Care Solutions. You're also covered for a \$0 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.

\$0 health screenings

Getting regular screenings is one of the best ways to stay healthy. Take advantage of a \$0 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 thpmp.org/extras.

Dental coverage that covers more⁵

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 \$1,000 supplemental dental benefit that covers preventive and basic services. Plus, for an additional monthly premium of \$19.50, you can upgrade to the Tufts Health Plan 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 \$1,500 of supplemental dental coverage for preventive, basic, and major dental services.

For additional information, see pages 12–13. To find a dentist, go to thmp.org/dentist.

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

- **Sign up by December 7, 2022**, for a **January 1, 2023**, effective date, or
- **Sign up by January 31, 2023**, for a **February 1, 2023**, effective date.

Just fill out and submit the form at thmp.org/2023-dental-enrollment. If you signed up for the Dental Option in 2022, your coverage will automatically renew. For complete coverage details see your Evidence of Coverage (EOC) available at thmp.org/documents.

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

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.



Important message about what you pay for vaccines

If your plan includes prescription drug coverage, most Part D vaccines are covered at no cost to you, even if your plan includes a prescription drug deductible that you haven't paid.

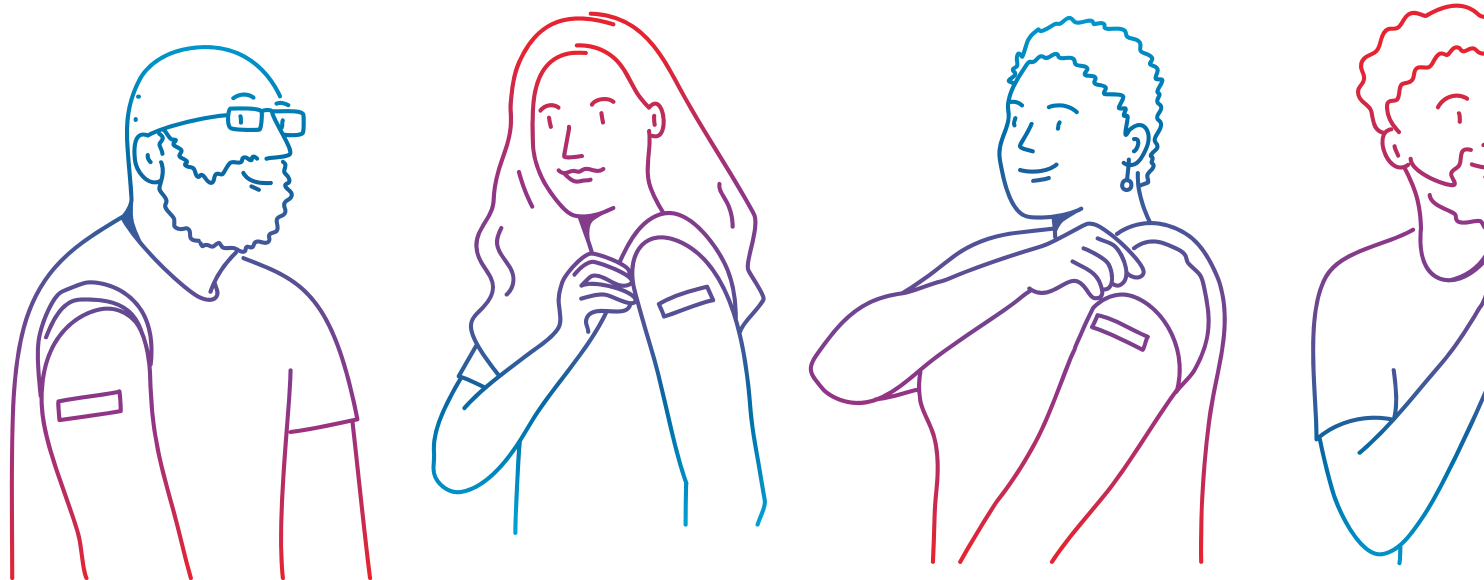


You don't have to take any action to continue your plan in 2023

We're thrilled to have you as a member of Tufts Health Plan. Your coverage will automatically continue in 2023. You don't have to do anything or notify us to continue your plan—we've got you covered in 2023!

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 (TTY: 711)**.





Stay healthy this winter with a *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.

Who should get a flu shot?

Everyone ages 6 months and older should get the seasonal flu shot each year. The Centers for Disease Control and Prevention (CDC) advises that people with the highest risk and in greatest need of a flu shot include adults 65 years and older, and people of any age with underlying medical conditions (e.g., asthma, diabetes).

Where can you get a flu shot?

You have a \$0 copay for a flu shot each year. Call your doctor to schedule an appointment to get your flu shot. If your doctor is unable to schedule you for a flu shot before the end of the year, we will cover flu 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 thpmp.org/pharmacy. Note: If you are looking to get a flu shot in 2023, use our new pharmacy search at thpmp.org/hmo-pharmacies. If you receive your benefits from a current or former employer, visit thpmp.org/eg-pharmacies.
- MinuteClinics within CVS Pharmacy locations in Massachusetts.
- Town or school clinics—Contact your city or town administrator for location information and to confirm the location accepts Tufts Health Plan.
- If you receive home health services, you can receive the flu vaccine in your home.
- If you get a flu shot anywhere other than your primary care physician's (PCP) office, remember to let your PCP know.

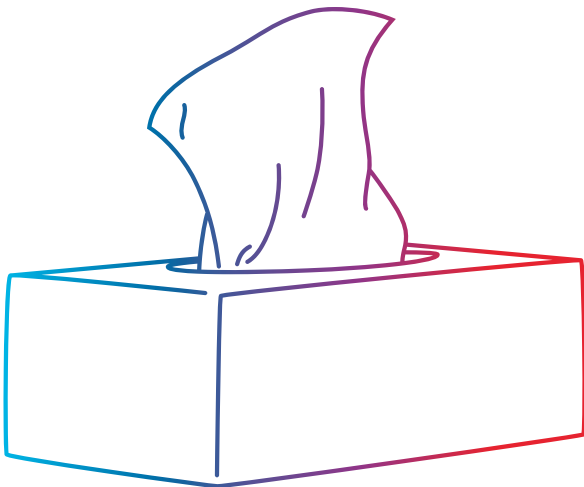


Why is it important?

The flu can stress the body with fever, vomiting, body aches, fatigue, and other symptoms. If you have a chronic illness (such as diabetes, asthma, or heart disease), or take a medication that lowers your immunity, your body may have difficulty recovering from the flu.

When should you get the flu shot?

Flu season is during the fall and winter. After you are vaccinated, it takes about two weeks for your body to make antibodies to protect you from the flu, so the earlier you get vaccinated, the better.



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 a range of HMO plans, and we also offer Medicare Supplement plans and a PPO plan option.

Call for your plan checkup—we can help you review your options and answer any questions you have.

1-800-701-9000
(TTY: 711)

2023 Benefits Overview

Monthly Premium	HMO Smart Saver Rx	HMO Saver Rx	HMO Basic No Rx ⁶	HMO Basic Rx
Essex, Suffolk	\$0	\$0	\$28	\$69
Hampden, Hampshire	\$0	\$0	Not Offered	\$48
Middlesex, Norfolk, Plymouth, Barnstable, Bristol	\$0	\$0	Not Offered	\$59
Worcester	\$0	\$0	\$20	\$51

The Basics	HMO Smart Saver Rx	HMO Saver Rx	HMO Basic No Rx ⁶	HMO Basic Rx
Medical Deductibles	No medical deductible		No medical deductible	
Annual Out-of-Pocket Maximum ⁷	\$5,900	\$7,550	\$3,650	

Medical Copays	HMO Smart Saver Rx	HMO Saver Rx	HMO Basic No Rx ⁶	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	Medicare-covered services plus additional telehealth services. \$0 copay for e-visits and virtual check-ins; for all other telehealth visits, copay is the same as corresponding in-person visit copay. ⁸			
Preventive Care				
Annual Physical	\$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 ⁹	\$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 thpmp.org/documents. Please note: Costs may differ if you receive your benefits from a current or former employer.

HMO Value No Rx ⁶	HMO Value Rx	HMO Prime No Rx ⁶	HMO Prime Rx	HMO Prime Rx Plus ⁶	Access PPO ⁶
\$123	\$189	\$156	\$224	\$256	Not offered in Barnstable and Hampshire Counties. \$0 in all other counties. Out-of-network cost share information is represented in bold.
Not Offered	\$97	Not Offered	\$117	\$137	
\$103	\$167	\$133	\$194	\$228	
\$112	\$174	\$152	\$204	Not Offered	

HMO Value No Rx ⁶	HMO Value Rx	HMO Prime No Rx ⁶	HMO Prime Rx	HMO Prime Rx Plus ⁶	Access PPO ⁶
No medical deductible		No medical deductible			No medical deductible
\$3,650		\$3,650			\$6,700 (\$10,000 in- and out-of-network combined)

HMO Value No Rx ⁶	HMO Value Rx	HMO Prime No Rx ⁶	HMO Prime Rx	HMO Prime Rx Plus ⁶	Access PPO ⁶
Doctor Office Visits					
\$10 per visit		\$10 per visit			\$0 per visit (\$20 per visit)
\$25 per visit		\$15 per visit			\$45 per visit (\$65 per visit)
Medicare-covered services plus additional telehealth services. \$0 copay for e-visits and virtual check-ins; for all other telehealth visits, copay is the same as corresponding in-person visit copay. Additional telehealth services not covered out-of-network. ⁸					
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 (\$65)
\$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 (\$65)
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% 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 ⁶		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		HMO Smart Saver Rx			HMO Saver Rx		HMO Basic No Rx ⁶		HMO Basic Rx	
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.				
Weight Management Programs		\$150 annual reimbursement toward program fees for weight loss programs such as Weight Watchers, Jenny Craig, or hospital-based weight loss programs.								
Embedded Supplemental Dental Benefits ⁵ For complete coverage details and limitations see your Evidence of Coverage (EOC) available at thmp.org/documents .		\$100 deductible, \$0 for preventive services, 50% coinsurance after the deductible for basic services, 50% coinsurance after the deductible for major services, up to a calendar year maximum of \$1,500.			\$0 deductible, \$0 for preventive services, 50% coinsurance for basic services, up to a calendar year maximum of \$1,000.					
OR Tufts Health Plan Medicare Preferred Dental Option ¹⁰		N/A			\$19.50 per month for supplemental dental coverage including a \$0 deductible, \$0 preventive services, 20% coinsurance for basic dental services, and 50% coinsurance for major services, up to a calendar year maximum of \$1,000.					
Over-the-Counter (OTC) Benefit ¹¹		\$60 per calendar quarter to spend on Medicare approved health-related items.				N/A				
Acupuncture ¹²		\$20 per visit		\$20 per visit		\$20 per visit				
Rx Drug Coverage		HMO Smart Saver Rx			HMO Saver Rx		HMO Basic Rx			
Deductible		\$0 for Tiers 1-2 and 6; \$100 for Tiers 3–5			\$0 for Tiers 1–2 and 6; \$250 for Tiers 3–5		\$0 for Tiers 1–2 and 6; \$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 Generic ¹³		\$0		\$0	\$0	\$0	\$0		\$0	
Tier 2: Generic ¹³		\$2		\$4	\$4	\$8	\$4		\$8	
Tier 3: Preferred Brand		\$47		\$94	\$47	\$94	\$47		\$94	
Tier 4: Non-Preferred Drug		\$100		\$300	\$100	\$300	\$100		\$300	
Tier 5: Specialty Tier		31%		N/A	29%	N/A	29%		N/A	
Tier 6: Vaccines		\$0		N/A	\$0	N/A	\$0		N/A	
Insulin		\$35		\$70	\$35	\$70	\$35		\$70	
Coverage Gap Stage ¹⁴		25% for Part D generic drugs; 25% of costs for Part D brand drugs plus a portion of the dispensing fee ¹⁵ ; \$0 for covered Tier 6 vaccine drugs obtained through a retail pharmacy; no more than \$35 per month (30-day) for covered insulin drugs.								
Catastrophic Coverage Stage ¹⁴		Higher of 5% per prescription; or, \$4.15 per prescription for Part D generic drugs/\$10.35 per prescription for Part D brand drugs. Coverage for insulin at no more than \$35 per month and Tier 6 vaccines at \$0 continue through the Catastrophic Coverage Stage.								

HMO Value No Rx ⁶	HMO Value Rx	HMO Prime No Rx ⁶	HMO Prime Rx	HMO Prime Rx Plus ⁶	Access PPO ⁶
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 ⁶	HMO Value Rx	HMO Prime No Rx ⁶	HMO Prime Rx	HMO Prime Rx Plus ⁶	Access PPO ⁶
\$150 per year toward fitness club membership, instructional fitness classes, and more.					\$350 per year toward fitness club membership, instructional fitness classes, and more.
\$150 annual reimbursement toward program fees for weight loss programs such as Weight Watchers, Jenny Craig, or hospital-based weight loss programs.					
\$0 deductible, \$0 for preventive services, 50% coinsurance for basic services, up to a calendar year maximum of \$1,000.		N/A			\$0 deductible, \$0 for preventive services, 50% coinsurance for basic dental services, 50% coinsurance for major services, up to a calendar year maximum of \$1,000.
\$19.50 per month for supplemental dental coverage such as a \$0 deductible, \$0 preventive services, 20% coinsurance for basic dental services, and 50% coinsurance for major services, up to a calendar year maximum of \$1,000.		\$31 per month for supplemental dental coverage including a \$0 deductible, \$0 preventive services, 20% coinsurance for basic services, and 50% coinsurance for major services, up to a calendar year maximum of \$1,000.			N/A
N/A		N/A			\$60 per calendar quarter to spend on Medicare approved health-related items.
\$20 per visit		\$20 per visit			\$20 per visit (\$65 per visit)

HMO Value Rx		HMO Prime Rx		HMO Prime Rx Plus ⁶		Access PPO ⁶	
No Deductible		No Deductible		No Deductible		\$0 for Tiers 1–2 and 6; \$150 for Tiers 3–5	
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
\$0	\$0	\$4	\$8	\$2	\$4	\$0	\$0
\$4	\$8	\$8	\$16	\$4	\$8	\$4	\$8
\$47	\$94	\$45	\$90	\$30	\$60	\$47	\$94
\$100	\$300	\$100	\$300	\$80	\$240	\$100	\$300
33%	N/A	33%	N/A	33%	N/A	30%	N/A
\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A
\$35	\$70	\$35	\$70	\$30	\$60	\$35	\$70

25% for Part D generic drugs; 25% of costs for Part D brand drugs plus a portion of the dispensing fee¹⁴; \$0 for covered Tier 6 vaccine drugs obtained through a retail pharmacy; no more than \$35 per month (30-day) for covered insulin drugs. **Prime Rx Plus:** Tier 1 and Tier 2 drugs remain at the normal copay.

Higher of 5% per prescription; or, \$4.15 per prescription for Part D generic drugs/\$10.35 per prescription for Part D brand drugs. \$0 for covered Tier 6 vaccine drugs obtained through a retail pharmacy; no more than \$35 per month (30-day) for covered insulin drugs. Coverage for insulin at no more than \$35 per month and Tier 6 vaccines at \$0 continue through the Catastrophic Coverage Stage.

What does the new pharmacy network change mean for you?

Tufts Health Plan partners with a Pharmacy Benefit Manager (PBM) to administer your pharmacy benefit. PBMs provide many pharmacy services to members, including claims processing, contracting with the pharmacies in our network, and much more. Tufts Health Plan currently works with CVS Caremark to help manage your pharmacy benefits. Beginning January 1, 2023, we will be working with a new PBM, OptumRx, to improve how you get the medications you need.

Plus, you'll be able to easily find information about your pharmacy benefits, view your pharmacy claims, look up drug pricing, manage home delivery, and more through a secure OptumRx account.

The OptumRx retail pharmacy network has more than 67,000 pharmacies nationwide, including CVS Pharmacy and many others that Tufts Health Plan members currently use.

Visit thpmp.org/hmo-pharmacies to search for an in-network pharmacy near you.

If you receive your benefits from a current or former employer, visit thpmp.org/eg-pharmacies to search for an in-network pharmacy near you.

What does this mean for you?

In December 2022, you will receive a new member ID card with OptumRx information on it.

You should begin using your new member ID card starting January 1, 2023.

If you have prescriptions currently refilled by CVS Caremark mail order, OptumRx will notify you to sign up to receive the refills via home delivery. If you have a copay for your prescriptions, OptumRx will be contacting you directly for updated payment information. You can sign up for home delivery through OptumRx beginning January 1, 2023.

If you use any specialty medications, starting January 1, 2023, you have the option to fill your prescription with our new preferred specialty pharmacy, OptumRx Specialty. To learn more, visit specialty.optum.com. CVS Specialty will continue to be in our network, so you can keep your prescription there, if desired.



Getting reimbursed for non-Medicare-covered acupuncture

Beginning January 1, 2023, if your plan includes a Wellness Allowance, a reimbursement request will need to be submitted to be reimbursed for a non-Medicare-covered acupuncture service. Just pay your provider out of pocket for any non-Medicare-covered acupuncture services received and submit a reimbursement request to us as part of your Wellness Allowance.

Your provider should not bill us directly for these services. For details of how to submit a Wellness Allowance reimbursement request, refer to your Evidence of Coverage available at thpmp.org/documents.

What if you use preferred pharmacies?

Beginning January 1, 2023, Walmart, Rite Aid, and Stop & Shop pharmacies will be part of our preferred pharmacy network! (Wegmans will no longer be a preferred pharmacy, but will continue to be in our pharmacy network. This means you may pay more for your prescription at Wegmans.)

If you need to transfer a current prescription to a new preferred pharmacy beginning January 1, 2023, simply call the preferred pharmacy of your choice and ask them to transfer your prescription. To search for preferred pharmacies near you, go to thpmp.org/hmo-pharmacies.

Please note: Preferred pharmacies are not available with Prime Rx and Prime Rx Plus plans or if you receive your benefits from a current or former employer.



Thank you

for being a member!

¹Eligibility restrictions may apply.

²\$150 (\$350 for members in the Tufts Medicare Preferred HMO Saver Rx and Smart Saver Rx 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 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 and oral exams. Basic services examples: fillings and simple extractions. Major services examples: crowns, root canals, and dentures. Dental implants are not covered.

⁶Not available in all counties.

⁷Comprises all your copays/coinsurance for applicable covered medical services. Your out-of-pocket costs for covered in-network services will never exceed this amount.

⁸Additional 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, and Urgently Needed Services.

⁹Rehabilitation Therapy includes Physical Therapy, Occupation Therapy, and Speech Therapy. You pay \$0 for a post-outpatient surgical procedure, physical therapy or occupational therapy consultation prior to discharge.

¹⁰If purchased, the Tufts Health Plan Medicare Preferred Dental Option replaces the embedded dental benefit.

¹¹Eligible items can be ordered only via phone, web, or mail order from the OTC catalog supplied by the plan-approved vendor.

¹²Medicare 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.

¹³On Tier 1 and Tier 2, retail copay applies to network pharmacies with preferred cost sharing. 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 thpmp.org/documents.

¹⁴The Coverage Gap Stage begins after your total prescription drug costs reach \$4,660, and until your payments reach \$7,400. The Catastrophic Stage begins after the Coverage Gap, when your payments for the year are greater than \$7,400.

¹⁵The amount discounted by the manufacturer in the Coverage Gap counts toward your out-of-pocket costs as if you had paid the total amount of the drug yourself.

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

Benefit information described in this issue is for Tufts Health Plan Medicare Advantage HMO plan members and is not a complete description of benefits. For complete benefit details, see your Evidence of Coverage (EOC) available at thpmp.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.

Every year, Medicare evaluates plans based on a 5-Star rating system. Visit www.medicare.gov for more information. Tufts Health Plan Medicare Advantage (HMO) plans received 5 out of 5 Stars for contract years 2016, 2017, 2018, 2019, 2020, 2021, 2022, and 2023. Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-701-9000 (TTY: 711).



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