

HMO Prime Rx (Medicare Advantage HMO) offered by Tufts Associated Health Maintenance Organization (Tufts Health Plan)

Annual Notice of Changes for 2023

You are currently enrolled as a member of Tufts Medicare Preferred HMO Prime Rx. Next year, there will be some changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

- Your Employer Group/Union determines plans offered and when you can change from your group plan. Please contact your benefits administrator. If you give up your Employer Group plan, you may not be able to get that plan back. **If you decide to give up your Employer Group sponsored Tufts Medicare Preferred HMO Prime Rx Plan and enroll in a Medicare Advantage Prescription Drug Plan**, you can change your coverage from October 15 through December 7 of 2022. If you want to keep Medicare prescription drug coverage, you can either enroll in a new Medicare prescription drug plan or in a Medicare health plan with prescription drug coverage. If you no longer want Medicare prescription drug coverage, you can choose either Original Medicare or a Medicare health plan without prescription drug coverage. This *Annual Notice of Changes* tells you more about how to make a change in your coverage. To learn more about your drug plan options, you can visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

What to do now

1. **ASK:** Which changes apply to you
 - Check the changes to our benefits and costs to see if they affect you.
 - **Your Employer Group/Union determines when you can change from the group plan.** Please contact your benefits administrator.
 - Review the changes to Medical care costs (doctor, hospital)
 - Review the changes to our drug coverage, including authorization requirements and costs
 - Think about how much you will spend on premiums, deductibles, and cost sharing
 - Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
 - Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies, will be in our network next year.
 - Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare or review the list in the back of your *Medicare & You 2023* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan and terminate your Employer Group coverage

- If you don't join another plan by December 7, 2022, you will stay in Tufts Medicare Preferred HMO Prime Rx.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with Tufts Medicare Preferred HMO Prime Rx.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Member Services number at 1-800-701-9000 for additional information. (TTY users should call 711.) Hours are 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday – Friday from April 1 to September 30.
- This information is available in different formats, including large print.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Tufts Medicare Preferred HMO Prime Rx

- Tufts Health Plan is an HMO/PPO plan with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Tufts Associated Health Maintenance Organization (Tufts Health Plan). When it says “plan” or “our plan,” it means Tufts Medicare Preferred HMO Prime Rx.

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Tufts Medicare Preferred HMO Prime Rx in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
<p>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	<p>\$3,400</p>	<p>\$3,400</p>
<p>Doctor office visits</p>	<p>Primary care visits: \$10 per visit</p> <p>Specialist visits: \$15 per visit</p>	<p>Primary care visits: \$10 per visit</p> <p>Specialist visits: \$15 per visit</p>
<p>Inpatient hospital stays</p> <p>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor’s order. The day before you are discharged is your last inpatient day.</p>	<p>You pay a deductible of \$300 per calendar year for covered services received in a general acute care hospital. You will not pay more than \$300 for inpatient hospital covered services in a calendar year.</p> <p>Each time you are admitted to an acute rehabilitation, mental health or long-term acute care hospital, you pay \$0 per stay.</p>	<p>You pay a deductible of \$300 per calendar year for covered services received in a general acute care hospital. You will not pay more than \$300 for inpatient hospital covered services in a calendar year.</p> <p>Each time you are admitted to an acute rehabilitation, mental health or long-term acute care hospital, you pay \$0 per stay.</p>

Cost	2022 (this year)	2023 (next year)
<p>Part D prescription drug coverage</p> <p>(See Section 1.5 for details.)</p>	<p>Deductible: \$0</p> <p>Copayment/ Coinsurance during the Initial Coverage Stage:</p> <p>Drug Tier 1: \$10 per prescription at a retail pharmacy for a 30-day supply.</p> <p>\$20 per prescription at a retail pharmacy for up to a 60-day supply.</p> <p>\$30 per prescription at a retail pharmacy for up to a 90-day supply.</p> <p>\$7 per prescription at a mail order pharmacy for a 30-day supply.</p> <p>\$14 per prescription at a mail order pharmacy for up to a 60-day supply.</p> <p>\$20 per prescription at a mail order pharmacy for up to a 90-day supply.</p> <p>Drug Tier 2: \$25 per prescription at a retail pharmacy for a 30-day supply.</p>	<p>Deductible: \$0</p> <p>Copayment/ Coinsurance during the Initial Coverage Stage:</p> <p>Drug Tier 1: \$10 per prescription at a retail pharmacy for a 30-day supply.</p> <p>\$20 per prescription at a retail pharmacy for up to a 60-day supply.</p> <p>\$30 per prescription at a retail pharmacy for up to a 90-day supply.</p> <p>\$7 per prescription at a mail order pharmacy for a 30-day supply.</p> <p>\$14 per prescription at a mail order pharmacy for up to a 60-day supply.</p> <p>\$20 per prescription at a mail order pharmacy for up to a 90-day supply.</p> <p>Drug Tier 2: \$25 per prescription at a retail pharmacy for a 30-day supply.</p>

Cost	2022 (this year)	2023 (next year)
	<p>\$50 per prescription at a retail pharmacy for up to a 60-day supply.</p> <p>\$75 per prescription at a retail pharmacy for up to a 90-day supply.</p> <p>\$17 per prescription at a mail order pharmacy for a 30-day supply.</p> <p>\$33 per prescription at a mail order pharmacy for up to a 60-day supply.</p> <p>\$50 per prescription at a mail order pharmacy for up to a 90-day supply.</p> <p>Drug Tier 3: \$50 per prescription at a retail pharmacy for a 30-day supply.</p> <p>\$100 per prescription at a retail pharmacy for up to a 60-day supply.</p> <p>\$150 per prescription at a retail pharmacy for up to a 90-day supply.</p>	<p>\$50 per prescription at a retail pharmacy for up to a 60-day supply.</p> <p>\$75 per prescription at a retail pharmacy for up to a 90-day supply.</p> <p>\$17 per prescription at a mail order pharmacy for a 30-day supply.</p> <p>\$33 per prescription at a mail order pharmacy for up to a 60-day supply.</p> <p>\$50 per prescription at a mail order pharmacy for up to a 90-day supply.</p> <p>Drug Tier 3: \$50 per prescription at a retail pharmacy for a 30-day supply.</p> <p>\$100 per prescription at a retail pharmacy for up to a 60-day supply.</p> <p>\$150 per prescription at a retail pharmacy for up to a 90-day supply.</p>

Cost	2022 (this year)	2023 (next year)
	<p>\$33 per prescription at a mail order pharmacy for a 30-day supply.</p> <p>\$67 per prescription at a mail order pharmacy for up to a 60-day supply.</p> <p>\$100 per prescription at a mail order pharmacy for up to a 90-day supply.</p>	<p>\$33 per prescription at a mail order pharmacy for a 30-day supply.</p> <p>\$67 per prescription at a mail order pharmacy for up to a 60-day supply.</p> <p>\$100 per prescription at a mail order pharmacy for up to a 90-day supply.</p>
Covered Insulin Drugs:	<p>Covered on different drug tiers at applicable drug tier cost-share.</p>	<p>\$25 per prescription at a retail pharmacy for a 30-day supply.</p> <p>\$50 per prescription at a retail pharmacy for up to a 60-day supply.</p> <p>\$75 per prescription at a retail pharmacy for up to a 90-day supply.</p> <p>\$17 per prescription at a mail order pharmacy for a 30-day supply.</p> <p>\$33 per prescription at a mail order pharmacy for up to a 60-day supply.</p> <p>\$50 per prescription at a mail order pharmacy for up to a 90-day supply.</p>

Cost	2022 (this year)	2023 (next year)
Covered Vaccines:	Covered on different drug tiers at applicable drug tier cost-share.	\$0 for covered vaccines obtained through a retail pharmacy.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Effective in 2023, upon your Employer Group’s renewal with Tufts Medicare Preferred HMO Prime Rx, the monthly plan premium you pay may change. Please contact your benefits administrator for details. You must also continue to pay your Medicare Part B premium.

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay “out-of-pocket” for the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2022 (this year)	2023 (next year)
<p>Maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p> <p>There is no change to the maximum out-of-pocket amount for the upcoming benefit year.</p>	\$3,400	<p>\$3,400</p> <p>Once you have paid \$3,400 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p>

Section 1.3 – Changes to the Provider and Pharmacy Networks

There are changes to our network of providers for next year. **Please review the 2023 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

Please review the 2023 *Pharmacy Directory* to see which pharmacies are in our network.

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2022 (this year)	2023 (next year)
<p>Diabetes self-management training, diabetic services and supplies</p>	<p>Covered therapeutic Continuous Glucose Monitors (CGMs) include Dexcom and FreeStyle Libre products.</p>	<p>Covered therapeutic Continuous Glucose Monitors (CGMs) include FreeStyle Libre products.</p>
<p>Medicare Part B prescription drugs</p>	<p>Part B drugs are not subject to Step Therapy requirements.</p>	<p>Part B drugs may be subject to Step Therapy requirements.</p> <p>Part B Step Therapy Drug Categories</p> <ul style="list-style-type: none"> • Rare Diseases • Autoimmune • Iron preparations, Parenteral • Oncology • Oncology, Supportive • Retinal Disorders • Triamcinolone Acetonide Injection • Viscosupplements <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>

Cost	2022 (this year)	2023 (next year)
<p>Office visit services</p>	<p>You pay the applicable PCP or Specialist copay for each covered visit or consultation in an outpatient location.</p> <p>You pay \$0 for surgery services furnished in the physician’s office.</p> <p>Before you receive services from a specialist you must first obtain a referral from your PCP.</p>	<p>You pay the applicable PCP or Specialist copay for each covered visit or consultation in an outpatient location.</p> <p>You pay the applicable PCP or Specialist copay for surgery services furnished in the physician’s office.</p> <p>Before you receive services from a specialist you must first obtain a referral from your PCP.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>

Cost	2022 (this year)	2023 (next year)
<p>Outpatient hospital services</p>	<p>See the following sections in this chart for applicable details and changes:</p> <p>Mental health care, see “Outpatient mental health care” in this chart.</p> <p>Chemical dependency care, see “Outpatient substance abuse services” in this chart.</p> <p>Drugs and biologicals that you can’t give yourself, see “Medicare Part B prescription drugs” in this chart.</p>	<p>See the following sections in this chart for applicable details and changes:</p> <p>Mental health care, see “Outpatient mental health care” in this chart.</p> <p>Chemical dependency care, see “Outpatient substance abuse services” in this chart.</p> <p>Drugs and biologicals that you can’t give yourself, see “Medicare Part B prescription drugs” in this chart.</p>
<p>Outpatient mental health care</p>	<p>You pay \$15 per visit for Medicare-covered services.</p> <p>A referral is required before you receive these services.</p>	<p>You pay \$15 per visit for Medicare-covered services.</p> <p>A referral is required before you receive services from a psychiatrist.</p> <p>A referral is not required for all other Outpatient Mental Health Care services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>

Cost	2022 (this year)	2023 (next year)
<p>Outpatient substance abuse services</p>	<p>You pay \$15 per visit for Medicare-covered services.</p> <p>A referral is required before you receive these services.</p>	<p>You pay \$15 per visit for Medicare-covered services.</p> <p>A referral is not required before you receive these services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>Skilled nursing facility (SNF) care</p>	<p>For each admission you pay \$0</p> <p>Prior Authorization is not required for this service.</p>	<p>For each admission you pay \$0</p> <p>Prior Authorization may be required for this service.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” and didn’t receive this insert with this packet, please call Member Services and ask for the “LIS Rider.” Phone numbers for Member Services are in Section 7.1 of this document.

There are four “drug payment stages.”

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Important Message About What You Pay for Vaccines

Our plan covers most Part D Vaccines at no cost to you. Call Member Services for more information.

Important Message About What You Pay for Insulin

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.

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost-sharing in the Initial Coverage Stage

Please see the following chart for the changes from 2022 to 2023.

Stage	2022 (this year)	2023 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing. For information about the costs for a long-term supply, or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	<p>Your cost for a one-month supply filled at a network pharmacy:</p> <p>Tier 1: You pay \$10 per prescription.</p> <p>Tier 2: You pay \$25 per prescription.</p> <p>Tier 3: You pay \$50 per prescription.</p> <p>Covered Insulin Drugs: Covered on different drug tiers at applicable drug tier cost-share.</p> <p>Covered Vaccines: Covered on different drug tiers at applicable drug tier cost-share.</p> <hr/> <p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Your cost for a one-month supply filled at a network pharmacy:</p> <p>Tier 1: You pay \$10 per prescription.</p> <p>Tier 2: You pay \$25 per prescription.</p> <p>Tier 3: You pay \$50 per prescription.</p> <p>Covered Insulin Drugs: You pay \$25 per prescription.</p> <p>Covered Vaccines: You pay \$0 for covered vaccines.</p> <hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>

Stage	2022 (this year)	2023 (next year)
	During the Coverage Gap stage, you pay the applicable copay for covered insulins and covered vaccines.	During the Coverage Gap stage, your copayment will be \$25 for a 30-day supply of covered insulins and \$0 for covered vaccines.

SECTION 2 Administrative Changes

Description	2022 (this year)	2023 (next year)
<p>Pharmacy Benefits Manager (PBM) Change</p> <p>Tufts Health Plan partners with a Pharmacy Benefit Manager (PBM) to administer our pharmacy benefit. Our PBM partner for the 2023 plan year is changing to OptumRx. You will receive an updated Tufts Medicare Preferred ID card. Please begin using your updated ID card on 1/1/23.</p> <p>To ensure your pharmacy has your most up to date information, please show your new ID card when you fill a prescription for the first time on or after 1/1/23.</p> <p>If you don't have your new Tufts Medicare Preferred ID card with you when you fill your prescription, ask the pharmacy to call the plan to obtain the necessary information.</p> <p>If the pharmacy is not able to obtain the necessary information, you may have to pay the full cost of the prescription when you pick it up and then submit for reimbursement.</p>	CVS/Health	OptumRx

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Tufts Medicare Preferred HMO Prime Rx

Please check with the benefits administrator of your employer retiree group/union regarding any of their own enrollment period requirements.

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Tufts Medicare Preferred HMO Prime Rx plan.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2023 follow these steps:

Step 1: Learn about and compare your choices

- Please check with the benefits administrator of your employer retiree group/union regarding other plans offered and the enrollment period.

If you decide to leave your Employer Group coverage and want to change to a different plan, there are many choices. To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 5) or call Medicare (see Section 7.2).

As a reminder, Tufts Medicare Preferred offers other Medicare health plans *AND* Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- Your Employer Group/Union determines when you can change from the group plan. Please contact your benefits administrator.
- **You are a member of an employer or retiree group/union plan.** Please check with the benefits administrator of your employer or retiree group/union *before you change your plan*. This is important because you may lose benefits you currently receive under your employer or retiree group/union coverage if you switch plans.
- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Tufts Medicare Preferred HMO Prime Rx.

- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Tufts Medicare Preferred HMO Prime Rx.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

Your Employer Group/Union determines the deadline to change plans. Please contact your benefits administrator.

If you decide to leave your Employer Group coverage and change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2023, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 5 Programs That Offer Free Counseling About Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Massachusetts, the SHIP is called SHINE (Serving the Health Insurance Needs of Everyone).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHINE counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices

and answer questions about switching plans. You can call SHINE at 1-800-243-4636 (TTY: 1-800-439-2370). You can learn more about SHINE by visiting their website (www.mass.gov/health-insurance-counseling).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday. TTY users should call 1-800-325-0778; or
 - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** Massachusetts has a program called Prescription Advantage that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Massachusetts HIV Drug Assistance Program (HDAP) at 1-617-502-1700. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Massachusetts HDAP at 1-617-502-1700.

SECTION 7 Questions?

Section 7.1 – Getting Help from Tufts Medicare Preferred HMO Prime Rx

Questions? We’re here to help. Please call Member Services at 1-800-701-9000. (TTY only, call 711). We are available for phone calls from 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday – Friday from April 1 to September 30. Calls to these numbers are free.

Read your 2023 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2023. For details, look in the 2023 *Evidence of Coverage* for Tufts Medicare Preferred HMO Prime Rx. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.thpmp.org. You can also review the *Evidence of Coverage* to see if other benefit or cost changes affect you. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.thpmp.org. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our list of covered drugs (Formulary/Drug List).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans. To view the information about plans, go to www.medicare.gov/plan-compare.

Read Medicare & You 2023

Read the *Medicare & You 2023* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-701-9000 (HMO)/1-866-623-0172 (PPO)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-701-9000 (HMO)/1-866-623-0172 (PPO)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-701-9000 (HMO)/1-866-623-0172 (PPO)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، سيقوم شخص ما يتحدث العربية **1-800-701-9000 (HMO)/1-866-623-0172 (PPO)** ليس عليك سوى الاتصال بنا على بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-701-9000 (HMO)/1-866-623-0172 (PPO)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。