



a Point32Health company

# Welcome!

Your 2025 Tufts Health Plan Medicare Advantage (HMO) Rx Plans





# Thank you for choosing us!

You made a great choice. Tufts Health Plan Medicare Advantage HMO plans make it easier to get the benefits and services you need to stay healthy. Our commitment is to provide you with the best health care coverage possible.

**Because nothing is more important than your health.**

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## Get the answers you need.

Whether you're looking for information about medical benefits, drug coverage, seeing a specialist, choosing a doctor, or finding the right form or document, you can call Member Services at **1-800-701-9000 (TTY: 711)** or get the answers you need on our website:

**thpmp.org**

# What to Do First

## Tell us about any special situations

We want your transition to your new plan to be easy. If you are currently undergoing treatment for a condition or have any upcoming appointments, call Member Services at **1-800-701-9000 (TTY: 711)** as soon as possible. Special situations to let us know about include if you have a scheduled surgery or hospitalization, need to see a specific specialist or psychiatrist, use a program to help pay for prescription drugs, are currently working with a Care Manager, or live in a nursing home.

## Activate your secure online account

Your secure online account is the easiest way to get the most out of your plan:

- **24/7 online access**—Check your claims and referrals anytime
- **Secure payments**—Easily pay your monthly premium
- **Go paperless**—Get documents electronically instead of by mail

Creating a secure account only takes a few minutes. Sign up today! Once you receive your ID card, go to [thpmp.org/registration](https://thpmp.org/registration) to set up your account.

**Note:** For the best experience, use a desktop computer to register—some features may not be accessible from a mobile device. For more details on how to navigate your secure online account, view our more comprehensive guide at [thpmp.org/account-guide](https://thpmp.org/account-guide).



### To activate your online account, follow these simple steps:

1. Visit [thpmp.org/registration](https://thpmp.org/registration).
2. On the registration page, enter your member ID number (found on your member ID card), and your date of birth.
3. Answer security questions so we can verify your identity.
4. Enter your email address and password, enter your mobile phone number (optional), choose your three security questions, and choose your site key image and security phrase.
5. Make your selections for eDelivery. If you would like to view your plan documents electronically instead of receiving them by mail, go to "eDelivery Preferences" under "My account" and make sure you select "Electronic" for each option.

## Choose your doctor

Your doctor, also referred to as your primary care provider (PCP), oversees your care. If you haven't already given us your PCP selection, use the search tool on our website at [thmp.org/doctor](https://thmp.org/doctor) to find a PCP in your area. You can make your selection in your online account (see left). You can also call Member Services at **1-800-701-9000 (TTY: 711)** and we'll be happy to help you search for and select a PCP.

## Schedule your physical and Annual Wellness Visit

Seeing your doctor each year is one of the most important ways to stay healthy. Your plan makes it easy by covering you for both a physical exam and an Annual Wellness Visit. These checkups are different but are equally important. Having both each year is recommended. And they can be done at the same visit. Just ask to schedule them together when you make your appointment. You pay \$0 for both an annual physical and an Annual Wellness Visit. For complete coverage details, see your Evidence of Coverage (EOC) booklet on our website at [thmp.org/documents](https://thmp.org/documents).

For an easy way to get more from your next appointment, use the Doctor Visit Book to remember your questions, review your medications, and more. Find it on our website at [thmp.org/doctor-visit-book](https://thmp.org/doctor-visit-book).



## Check your medications

If you take medications, check to see how each one is covered. Some drugs on our Formulary (drug list) have special requirements. See page 13 for more details. If a drug you take is not covered, you may be able to get a temporary supply until your doctor can determine if another prescription would meet your needs. For more information, use the online Formulary drug search on our website at [thpmp.org/drug-coverage](https://thpmp.org/drug-coverage), see your Evidence of Coverage (EOC) booklet on our website at [thpmp.org/documents](https://thpmp.org/documents), or call Member Services at **1-800-701-9000 (TTY: 711)**.

## Pay your monthly premium

Your plan premium is the amount you pay each month to be a member of a Tufts Health Plan Medicare Advantage (HMO) plan.<sup>1</sup> Payment for your premium bill is due on the 15th of each month. To make paying your premium easier, you can:

- **Pay online**—Sign up for a secure online account and pay your premium online. Details are on page 4. Sign up at [thpmp.org/registration](https://thpmp.org/registration).
- **Pay automatically (set it and forget it)**—You can have your monthly premium automatically and securely deducted from your checking or savings account each month by signing up for Electronic Funds Transfer (EFT). There is no charge to use EFT. To sign up, fill out the EFT form on page 43.
- **Pay from your Social Security check**—If you would like to have your monthly premium taken out of your Social Security check, call Member Services at **1-800-701-9000 (TTY: 711)** and we'll be happy to set it up for you.

## Give someone permission to talk about your benefits for you

Did you know if your spouse or family member calls us, we will not answer any questions about your coverage in order to follow state and federal privacy laws such as HIPAA (Health Insurance Portability and Accountability Act)? But you can give someone the ability to discuss your benefits on your behalf with the HIPAA Authorization to Disclose Protected Health Information Form or the Designated Representative Form on page 41. Return your completed form and supporting legal documentation (if applicable) to us via fax or via mail. Instructions for how to submit are on the form on page 41 or at [thpmp.org/designated-rep-form](https://thpmp.org/designated-rep-form).



## Fill out and return your health survey

We will contact you about filling out the Health Risk Assessment survey during your first month as a member of a Tufts Health Plan Medicare Advantage (HMO) plan. This survey takes less than 15 minutes and helps us to understand your health history so we know how our care management or health programs may be able to help you.

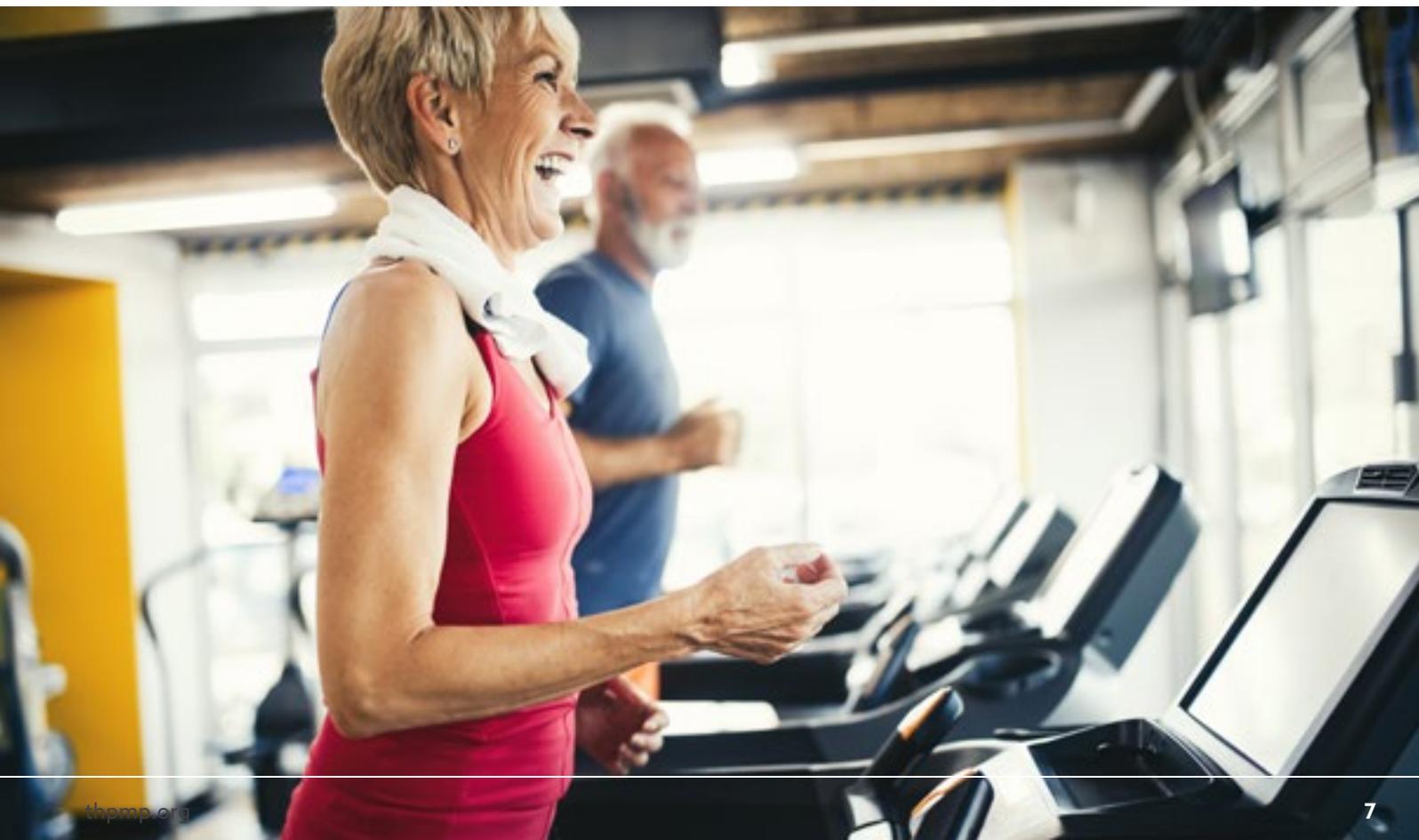
## Use your ID card

You will receive your Tufts Health Plan ID card by mail. Remember to always bring your ID card to your doctor appointments and to the pharmacy. If you haven't already received your ID card, you should receive it soon. Find the name of your plan in the upper left of your ID card. This will help you determine which benefits listed in this kit apply to you.



## Sign up for MyWire texts

MyWire makes staying informed easier by securely connecting you to plan information, exclusive member discount details, health tips, and more through text messages. There is no cost for you to use MyWire and you'll get more out of your plan. To sign up, visit [thpmp.org/mywire](https://thpmp.org/mywire).



# How Your HMO Plan Works

## **You're protected by an out-of-pocket maximum**

Your plan has an out-of-pocket maximum that limits how much you spend on medical costs in a year. This is one of the advantages of your HMO plan. For the out-of-pocket maximum amount of your plan, see the chart on page 30.

## **There is a network**

Your plan is a Health Maintenance Organization (HMO) plan. In an HMO plan, there is a network made up of doctors, specialists, hospitals, and pharmacies. Your plan offers coverage for services you get within the network. It's important to remember, in most cases, if you get care from a doctor or facility out of our network, you will not be covered. (This does not apply to emergency or urgent care. You are covered for emergency and urgent care anywhere in the world.)

## **Your doctor oversees your care**

In your plan, you choose a doctor to be your primary care provider (PCP). Your PCP provides routine checkups, preventive care, and treatments for common illnesses. Your PCP is responsible for coordinating all the care you receive. This includes referring you to a specialist for services your PCP can't provide. Only your PCP can refer you to a specialist. This way, your PCP knows all the care you are getting and can make informed decisions about your health. By coordinating your care, your PCP can also help you avoid unnecessary expenses such as duplicate tests and identify safety concerns such as harmful drug interactions.

## **You need a referral to see a specialist**

In your plan, you need a referral from your PCP in order for the specialist visit to be covered. If a specialist refers you to another specialist, you would need to check with your PCP first. Only your PCP can refer you to a specialist. By issuing all your referrals, your PCP is able to make sure you get the care that is right for you.

## **Your doctor has a referral circle**

A referral circle is the team of specialists your PCP works with. Not all Tufts Health Plan physicians are included in your PCP's referral circle. This means you are only able to see a specialist within your PCP's referral circle. Your PCP must give you a referral before you can see a specialist. The index of the Provider Directory lists PCPs and specialists by medical group. The "Specialists by Medical Care Group" section in the Provider Directory tells you which specialists and facilities are in your PCP's referral circle. The Provider Directory is available on our website at [thpmp.org/documents](http://thpmp.org/documents).



## You share the cost of your benefits

In most cases, when you use a medical service (such as seeing your doctor or a hospital stay) or fill a prescription, you pay a copay or coinsurance. A copay is a set amount that covers a portion of the service or drug cost. For example, you might pay \$10 to see your doctor or pick up a prescription drug. Coinsurance is a percentage of the cost you pay when you receive certain services. For a list of what you pay for medical services and prescription drugs, see the chart starting on page 30.

## Our Care Management team is available to help you

Our Care Management team, which consists of health experts who assist in coordinating care and managing any health or social concerns, is available to help you navigate the health care system. Our Care Management team works closely with your doctor and can help you if you get sick, have an injury, or are just looking for ways to stay healthy. From helping you understand your medications, to providing assistance if you have concerns about food, housing, or transportation to medical appointments or the pharmacy, your Care Management team is there to support you. They can also help you prevent return trips to the hospital and answer any questions or concerns you might have. Our goals are to work with you, your providers, and your family to enhance the coordination of your care and help manage your medical, mental health, emotional, and social needs. Our Care Management team may contact you or you can call Member Services at **1-800-701-9000 (TTY: 711)** for more information about working with our Care Management team.



### Find what you need on our website

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/members](http://thpmp.org/members)



#### Benefit information

Find complete benefit, out-of-pocket costs, and plan information in your Evidence of Coverage (EOC).



#### Dentist search

The most up-to-date list of dentists in the Dominion Dental PPO Network.



#### Drug search

View or search the list of all the drugs we cover by using the Formulary on our website.



#### Article library

Extensive list of articles that explain how your plan works.



#### Doctor search

The most up-to-date list of doctors in our network.

# How to Get Care

## During regular office hours

Call your PCP to get a checkup, make an appointment, get a referral to a specialist, and ask general questions about your health.

## After regular office hours

For non-emergency situations when your PCP's office is closed, call your PCP and a physician on call will help you.

## In an emergency

**If you believe your health is in serious danger**, call 911, or go to the nearest emergency room or hospital. You do not need to get approval or a referral from your PCP if you have a medical emergency.

**If your health is not in serious danger** but you need medical care right away, call your PCP. If you are unable to see your PCP, you are covered for urgent care provided by any doctor. You do not need a referral from your PCP for urgent care, but whenever possible, you should see your PCP.

## When traveling

You are covered anywhere in the world for emergency or urgent care. You can be outside our service area for up to six consecutive months and still be covered for emergency or urgent care. When traveling, you do not need a referral from your PCP before getting emergency or urgent care.

Routine care, such as a physical, is not covered outside our service area, so remember to schedule routine care before or after your travel plans. Our service area is the state of Massachusetts except for Berkshire, Franklin, Dukes, and Nantucket Counties. Our plan cannot cover a prescription drug purchased outside of the United States and its territories.

If you receive emergency or urgent care when traveling, you may need to pay out of pocket. Simply save your receipts and call Member Services at **1-800-701-9000 (TTY: 711)** for reimbursement details.<sup>2</sup>

# Using Your Prescription Drug Plan

## Changes to Medicare Part D and the Inflation Reduction Act (IRA)

In 2022, Congress passed the Inflation Reduction Act (IRA) that requires all Medicare Advantage Part D plans to make several changes to Medicare drug benefits across multiple years. Beginning in 2025, the Part D maximum out-of-pocket (OOP) will be capped at \$2,000. This means you will never pay more than \$2,000 per year for prescriptions. The reduction in the maximum out-of-pocket limit from \$8,000 to \$2,000 will reduce the overall financial burden of paying for prescription drugs.

In addition to lowering the Part D maximum out-of-pocket, the IRA is introducing a new Medicare prescription drug program. This program is called the Medicare Prescription Payment Plan and it provides you the option to pay for prescription drugs in monthly installments instead of paying the full amount at the pharmacy. The Medicare Prescription Payment Plan is designed to benefit members who experience high drug costs early during the year.

To learn more about the IRA and the Medicare Part D changes, please visit our website at [thmp.org/IRA](https://thmp.org/IRA). To sign up for the Medicare Prescription Payment Plan program, call Member Services or visit [m3p-form.optumrx.com/?cid=P32Health](https://m3p-form.optumrx.com/?cid=P32Health).

## Look up your drugs

It's a good idea to look up your prescription drugs to make sure they're covered, find out what tier they're on, and see if your drugs have any special requirements. The Formulary (drug list) lists all the drugs we cover alphabetically and by medical condition so they're easy to find. You can find the Formulary on our website at [thmp.org/drug-coverage](https://thmp.org/drug-coverage).

## What if your drug isn't listed?

If your drug is not listed on the Formulary, you may be able to get a temporary supply in certain circumstances. This gives you time to talk to your doctor and see if another prescription would meet your needs. Temporary supplies for new members are generally a 30-day supply, and available one time only during the first 90 days of your membership. For details on receiving a temporary supply, see Chapter 5 of your Evidence of Coverage (EOC) booklet available at [thmp.org/documents](https://thmp.org/documents), or call Member Services at **1-800-701-9000 (TTY: 711)**.

## Smart Saver Rx, Saver Rx, Basic Rx, and Value Rx plans can save with preferred pharmacies

Members of Tufts Health Plan Medicare Advantage (HMO) Smart Saver Rx, Saver Rx, Basic Rx, and Value Rx plans pay as low as \$0 for Tier 1 drugs and as low as \$4 for Tier 2 drugs by using a preferred pharmacy (30-day supply).<sup>3</sup> The chart on page 34 provides more details on copay information. With more than 687 preferred pharmacies in our network, including national chains such as Costco, CVS Pharmacy®, Walmart, Wegmans, and Stop & Shop, it's easy to use a preferred pharmacy and save on your prescription costs.<sup>4</sup> To find preferred pharmacies near you, use our pharmacy search tool at [thmp.org/hmo-pharmacies](https://thmp.org/hmo-pharmacies).

If you need to transfer a current prescription to a preferred pharmacy, simply call the preferred pharmacy of your choice and ask them to transfer your prescription.

## What is a tier?

Every drug in the Formulary has a tier number. You'll find the tier number listed next to each drug. The tier number determines the cost of the drug. In general, the lower the tier, the lower your cost for the drug. Plus, if the retail amount for a drug is lower than your copay, you pay the lower amount.

## Generic drugs can help you save money

Generic drugs have the same active-ingredient formula as a brand name drug and can help save you money. Generic drugs are rated by the Food and Drug Administration to be as safe and effective as brand name drugs. If you take brand name drugs, ask your provider if there are generic versions that are right for you.

## Does your drug have a special requirement?

The Formulary will tell you if a drug has special requirements, such as:

- **Prior Authorization (PA)**—Some drugs require you or your provider to request special permission from Tufts Health Plan before you fill your prescription.
- **Step Therapy (STPA)**—Some drugs require you to try a less expensive drug first. Medications with step therapy have at least one comparable medication that you must try first.
- **Quantity Limit (QL)**—For quality and safety reasons, certain drugs have a limit on the amount you can get at one time. For example, a medication may have a limit of 30 pills in 30 days.

Find a complete list of special requirements on page 7 of your Formulary, available at [thmp.org/2025-hmo-formulary](https://thmp.org/2025-hmo-formulary). If your drug has a special requirement, you or your provider may need to take extra steps in order for your drug to be covered. Call Member Services at **1-800-701-9000 (TTY: 711)** for details on what you can do to get coverage for the drug. You can also ask Tufts Health Plan to remove a special requirement by requesting an exception. Your Evidence of Coverage (EOC) includes information on how to request an exception. Special requirements are not able to be removed in all cases, but each exception request is considered.

## Use home delivery and save up to \$196 per year

Home delivery is the easiest way to get the medications you take regularly. Depending on your plan, you may be able to save up to \$49 with home delivery for a 90-day supply of prescription medications (depending on the tier your drug is on). That's a 90-day supply for the cost of a 60-day supply and a potential savings of up to \$196 a year!<sup>5</sup> If you are ready to sign up, you can register online, by mail, or by phone:

- Online: Visit [OptumRx.com](https://OptumRx.com).
- By mail: Complete the Home Delivery Prescription Order Form on page 45 or at [thmp.org/rx-mail-form](https://thmp.org/rx-mail-form). You should receive your order in approximately two weeks.
- By phone: **1-800-299-7648**.

Have your Tufts Health Plan member ID number, prescription number(s), and credit card information ready whenever you call. For more complete information, see Chapter 5 of your EOC booklet available at [thmp.org/documents](https://thmp.org/documents).

# Exciting Benefits That Help You Save

Make sure to take advantage of these great benefits that offer excellent savings while helping you stay healthy!

## Save on programs that help you stay healthy

Your Wellness Allowance and Weight Management reimbursement benefits help you lead a healthy lifestyle and save:

- **Wellness Allowance**—Depending on the plan you are in, you can get reimbursed up to \$300 each year toward membership fees in instructor-led exercise classes and personal training sessions at a gym or fitness center (Includes fitness studios, health clubs, year round pool facilities or community/senior centers), fitness tracker purchase (one per year), subscription to online fitness classes such as Peloton, alternative therapies, massage therapy, home fitness equipment, and more.<sup>6</sup> For details, visit see your Evidence of Coverage (EOC) booklet available at [thpmp.org/documents](https://thpmp.org/documents), or visit [thpmp.org/wellness-allowance](https://thpmp.org/wellness-allowance).
- **\$150 Weight Management reimbursement**—Reach your weight loss goals with up to \$150 toward the program fees of Weight Watchers® or hospital-based weight loss programs!<sup>7</sup> For details, see your EOC booklet available at [thpmp.org/documents](https://thpmp.org/documents).

## Get up to \$250 toward eyewear

You can get up to \$250 (with providers in the EyeMed network) or up to \$150 (with providers not in the EyeMed network) toward the full retail price (not sale price) for eyeglasses, prescription lenses, frames, and/or contact lenses—including upgrades (i.e., non-standard frames and/or lenses) for Medicare-covered and/or therapeutic eyewear as well as routine/corrective eyewear.<sup>8</sup> Discounts cannot be combined. EyeMed Vision Care is the network provider we use to provide your eyewear benefit. The EyeMed network includes more than 26,000 eye care providers, including national chains such as LensCrafters®, Pearle Vision®, and Target® Optical. For details, go to [thpmp.org/eyewear-benefit](https://thpmp.org/eyewear-benefit).

## Save on insulin

If you use insulin to manage your diabetes, you will be pleased to know that you won't pay more than \$35 for a one-month (30-day) supply of insulin products covered by our plan, no matter what cost-sharing tier it's on. And there are no Rx deductibles on any plan in 2025.



## Hearing aid benefit can save you thousands

With your hearing aid benefit, you can choose from 5 levels of hearing aids—from Standard level to Premier—with copays ranging from \$250 to \$1,150 for each hearing aid. You're eligible for up to 2 covered hearing aids per year, 1 hearing aid per ear. You're also eligible for a \$0 hearing aid evaluation once per year. Hearing aids and hearing aid evaluations must be with a Hearing Care Solutions (HCS) provider. To be covered, the hearing aids must be on the HCS formulary and purchased through an HCS provider. Schedule your evaluation by calling an HCS representative at **1-866-344-7756**. For more details, visit [hearingcaresolutions.com/tuftshealthplan](https://hearingcaresolutions.com/tuftshealthplan).

## You pay \$0 for health screenings

Getting regular screenings is one of the best ways to stay healthy. Screenings help find illness or disease before you feel sick. You pay a \$0 copay for many screenings, such as a physical exam, breast cancer screening, cholesterol screening, glaucoma screening, prostate cancer screening, and many more.

## You won't pay more than \$10 to see your PCP

Many services that you see your primary care physician (PCP) for cost \$0, such as an annual physical. But seeing your PCP for a general appointment has a low \$10 copay (\$0 for Smart Saver Rx and \$5 for Saver Rx). This helps make it easier for you to see your PCP if you need to. Most of your benefits have set copay amounts to make it easier to know exactly what a service will cost you. For a list of copay amounts, see the chart starting on page 30.

## Save up to \$640 on over-the-counter (OTC) health items<sup>9</sup> each year (Smart Saver Rx and Saver Rx only)

With your Over-the-Counter Bonus benefit, you get up to \$640 every calendar year (Saver Rx members receive \$160 every calendar quarter, and Smart Saver Rx members \$140 every calendar quarter) to spend on health-related items such as toothbrushes, aspirin, allergy relief items, adhesive bandages, sunscreen, OTC hearing aids, at-home COVID test kits, OTC naloxone, and more! Your OTC card will arrive separately by your effective date. If you do not receive your OTC card by your effective date, please call Member Services and a representative will make sure you receive your card as soon as possible.

### Here are the different ways to use your OTC card to purchase eligible items:

- **In stores**—Swipe your card at participating physical retailers including CVS, Walmart, Walgreens, Dollar General, Rite Aid, Stop & Shop, and more. The cost of eligible items will automatically be deducted from your available balance.
- **Online**—Go to [thpmp.org/mybenefitscenter](https://thpmp.org/mybenefitscenter), log in using the number listed on your OTC card and your nine-digit member ID number from your Tufts Health Plan member ID card. You can search for eligible items, including national and store brands, by clicking on "Products" at the top of the homepage. To shop online, select "Locations" at the top of the homepage, then select "Online" on the left panel to see links to CVS Health, Medline, Walmart.com, and Walgreens.com. Click on the link for the site where you will like to shop and follow the instructions below to shop on that site.
  - **CVS Health:** Order your items online at the CVS Health site or call **1-833-875-1816** Mon–Fri, 9 a.m.–11 p.m., and a CVS Health representative will take your order.
  - **Medline:** Order your items online at the Medline site or call **1-833-569-2168** Mon–Fri, 8 a.m.–7 p.m. ET, and a Medline representative will take your order.
  - **Walmart.com:** Order your items online at [Walmart.com](https://Walmart.com). At checkout, select pay with card and enter your OTC card number.
  - **Walgreens.com:** Order your items online at [Walgreens.com](https://Walgreens.com). At checkout, enter your OTC card number where card number is requested.

Please refer to your Evidence of Coverage or the letter attached to your OTC card for more details, or visit [thpmp.org/otc-benefit](https://thpmp.org/otc-benefit).

# Get Member-Only Discounts With Your Preferred Extras

As a member of a Tufts Health Plan Medicare Advantage (HMO) plan, you get exclusive discounts in addition to your plan benefits to help you lead a healthy lifestyle. Save on everything from health products to weight management, and a variety of wellness programs. For a complete list of your member-only discounts, visit our website at [thmp.org/extras](http://thmp.org/extras).<sup>10</sup>

## The Dinner Daily

• 25%

The Dinner Daily makes healthy, delicious dinners easy and affordable by providing weekly dinner plans customized to your food preferences, dietary needs, and the specials at your local grocery store.

Get a 25% discount on any Dinner Daily subscription.

- The first two weeks are free to make it easy to try.
- To sign up, or for more information, visit [thedinnerdaily.com/tmp](http://thedinnerdaily.com/tmp).
- Use code "TMP25" when you sign up to receive your discount.



# Well-balanced meal delivery program

• 15%

Nutrition plays a critical role in maintaining optimal health.

As one of the nation's largest nutritional meal providers, Independent Living Systems delivers 300,000 medically tailored meals a month. Meals are prepared at USDA inspected and approved facilities, and menus are created by chefs who work with registered, licensed dietitians to provide nutritionally balanced meals that meet the needs of a variety of diets. Home-delivered meals offer a convenient and affordable way to recover from an illness or surgical procedure, or to manage a chronic condition.

- Get a 15% discount on home-delivered meals through Independent Living Systems.
- To place an order, call **1-844-372-8631**.



# Nutritional counseling

• 25%

Nutritional counseling provided by registered dietitians helps you learn how to stay healthy through nutrition and weight management.<sup>11</sup>

- Save 25% on unlimited visits with Tufts Health Plan-registered dietitians or licensed nutritionists.
- No referral is needed from your primary care provider.
- For a list of providers near you, call Member Services at **1-800-701-9000 (TTY: 711)**.
- To get the discount, show your Tufts Health Plan ID card at time of payment.

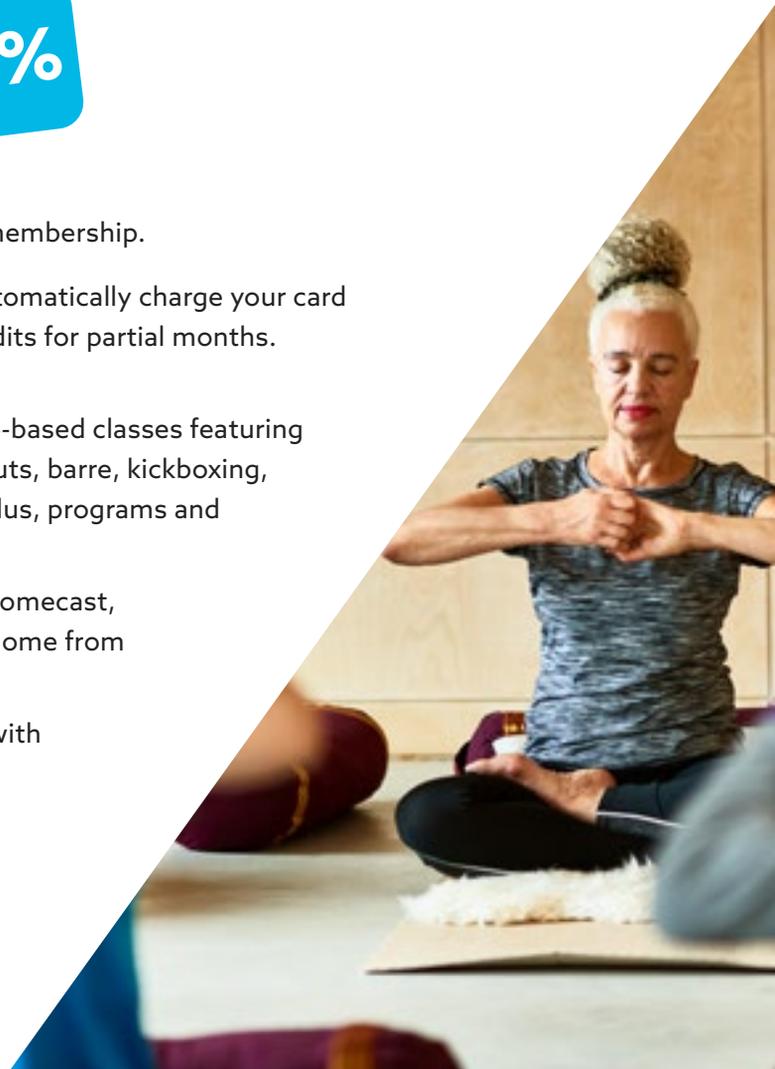


# Daily Burn®

• 25%

Get a 30-day free trial followed by 25% off your monthly membership.

- At the end of your 30-day free trial, Daily Burn will automatically charge your card \$14.96 per month until you cancel. No refunds or credits for partial months. Additional taxes may apply.
- Daily Burn offers over 2,500 curated videos and audio-based classes featuring a variety of programming including total-body workouts, barre, kickboxing, prenatal, meditation, strength, and Pilates training. Plus, programs and collections are always being added.
- Available on iOS, Android, AppleTV, Roku, Google Chromecast, Amazon Fire, and Comcast, members can stream at home from their TV, computer, or mobile app to start a workout.
- Gain access to an online community to chat directly with your trainers and other Daily Burn members.
- All workouts are downloadable on iOS devices, and all are available on-demand to all users, so you're always ready to crush your goals. For details, visit [try.dailyburn.com/tufts/](https://try.dailyburn.com/tufts/).



# Ompractice

• 40%

With Ompractice, you can access live, online yoga and meditation classes led by an instructor to practice yoga from the comfort and privacy of your own home. Ompractice utilizes two-way video so you can participate in group classes, and receive feedback and support from your teacher.

In addition, you may be able to use your annual Wellness Allowance to submit for possible reimbursement of your membership fees. For full details of your annual Wellness Allowance, please see your Evidence of Coverage (EOC) available at [thpmp.org/documents](https://thpmp.org/documents).

- Sign up for Ompractice for \$14.99 per month.
- Or sign up for an annual subscription for \$129.00 (a 40% discount off the regular monthly plan).
- For more information or to sign up, go to [ompractice.com/thpmp](https://ompractice.com/thpmp).

# Massage therapy and acupuncture



Reconnect your body, mind, and spirit with massage therapy or acupuncture.

- **Massage therapy**—Save 25% on the provider's usual fee, or pay \$15 per 15 minutes of massage therapy, whichever is less.
- **Acupuncture**—Save 25% on the provider's usual fee.

For a list of providers near you, call ChooseHealthy<sup>12</sup> customer service at **1-877-335-2746**. (Monday–Friday 8 a.m.–11 p.m.; Saturday 8 a.m.–5 p.m.)

# Laser vision correction



Improve your vision without glasses or contact lenses with laser vision correction.

- Get 15% off the retail price, or 5% off the promotional price of LASIK and PRK laser vision correction.<sup>13</sup>
- To find a location near you and to obtain a discount authorization, call **1-877-5LASER6**.

# Hearing aids



Discounts are available on a wide selection of hearing aid devices from major manufacturers. The discount available is dependent on the manufacturer and model of hearing aid chosen. With the purchase of hearing aids through Hearing Care Solutions, you will receive:

- A free comprehensive hearing aid evaluation<sup>14</sup>
- Recommendation on a device that best fits your hearing needs.
- 12-month, interest-free financing available to qualified applicants.
- A 60-day hearing aid evaluation period.
- 1 year of follow-up care with the original provider.
- 3-year supply of batteries (up to 64 batteries per ear, per year for non-rechargeable devices).
- A 3-year warranty including repairs, loss and damage.

For details on this discount, or to schedule your comprehensive hearing exam, call Hearing Care Solutions at **1-866-344-7756**. For more details, visit [hearingcaresolutions.com/tuftshealthplan](https://hearingcaresolutions.com/tuftshealthplan).

# Home Instead® Senior Care

• \$100

Home Instead provides high-quality, trusted home care to help seniors stay in their homes.

- Get a one-time \$100 credit toward charges for services at participating offices. To get the discount, show your Tufts Health Plan member ID card during your consultation.
- Get a free home safety inspection once you have contracted for services with Home Instead Senior Care.
- For more information, please visit [HomeInstead.com](https://www.HomeInstead.com) or call **1-888-580-6676**.



# Be Safer at Home

Be Safer At Home (BSAH) offers members substantially discounted rates on the installation and monthly fees of a Personal Emergency Response System (PERS). A PERS unit allows you to live the independent lifestyle you want by providing a resource that is always there to respond to emergency calls. BSAH has several options to meet your lifestyle and budget needs including; Landline, Cellular, Mobile, Mobile GPS, and Fall Detection.

- Get a discounted rate on the installation and monthly fees of a Personal Emergency Response System.
- To learn more about BSAH, visit [BeSaferatHome.com](https://www.BeSaferatHome.com). To receive the discounted rates, contact Be Safer At Home at **1-866-513-7377** and let them know you are a Tufts Health Plan member.

## LifeCycle Transitions



If you have chronic health problems, LifeCycle Transitions can help you stay well at home or transition to a new location.

- Get a 20% discount for services such as relocation and downsizing, help addressing a distressed home, cleaning, hoarding assistance, and more.
- For details on discounts, and to order services, call LifeCycle Transitions at **1-877-273-7810** and use reference code "LCTTHPMP" or let them know you are a Tufts Health Plan member.
- For more information on services, go to [LifeCycleTransitions.com](https://www.LifeCycleTransitions.com).



For even more health and wellness content, like healthy recipes, tips on staying active, managing common conditions, and maintaining health, visit:

[thpmp.org/healthy-living](https://www.thpmp.org/healthy-living)

# Dental Coverage to Smile About

Your plan makes it easy to get the dental coverage you need by providing embedded dental coverage and/or the opportunity to either add dental coverage or enhance the dental coverage that comes with your plan for an additional premium:

	Smart Saver Rx plan	Saver, Basic, and Value plans	Prime and Prime Rx Plus plans
<b>Embedded dental coverage<sup>15</sup></b>	\$2,500 calendar year maximum, \$0 deductible; \$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 waiting period.	\$1,000 calendar year maximum, \$0 deductible, \$0 for preventive services such as routine cleanings, oral exams, and bitewing X-ray images; and 50% coinsurance for basic services such as fillings, simple extractions, and X-ray images other than bitewing. No waiting period.	Not included
<b>Optional buy-up (Tufts Medicare Preferred Dental Option)<sup>16</sup></b>	Not available	<p style="text-align: center;">or</p> For an additional premium of \$37 per month, you get \$1,000 calendar year maximum, \$0 deductible. \$0 for preventive services such as routine cleanings, oral exams, and bitewing X-ray images; 20% coinsurance for basic services such as fillings, simple extractions, and X-ray images other than bitewing; and 50% coinsurance for major services such as dentures, bridges, and crowns. No waiting period.	For a premium of \$36.50 per month, you get \$1,000 calendar year maximum, \$0 deductible. \$0 for preventive services such as routine cleanings, oral exams, and bitewing X-ray images; 20% coinsurance for basic services such as fillings, simple extractions, and X-ray images other than bitewing; and 50% coinsurance for major services such as dentures, bridges, and crowns. No waiting period.

## When can you sign up for the Tufts Medicare Preferred Dental Option?

If you are a new member to the Saver, Basic, Value, or Prime plans, you have 30 days from when your coverage begins to add the Tufts Medicare Preferred Dental Option to your plan. To sign up, just call Member Services at **1-800-701-9000 (TTY: 711)**, or fill out and mail the dental option enrollment form on our website at [thmp.org/2025-hmo-dental-enrollment](http://thmp.org/2025-hmo-dental-enrollment).

Check out the FAQs and Glossary on pages 26–29 to learn more about your dental coverage.

Benefit	Smart Saver Rx HMO Embedded coverage	Saver, Basic, Value HMO Embedded coverage	Tufts Medicare Preferred Dental Option (available for additional premium on all plans except Smart Saver Rx Plan)
<b>Class 1: Preventive and Diagnostic Services</b>			
<b>Routine cleaning, scaling, and polishing of teeth</b> Two per year.	\$0	\$0	\$0
<b>Periodic oral evaluation</b> Two per year.	\$0	\$0	\$0
<b>Bitewing X-ray images</b> X-rays of the crowns of the teeth. Completed when oral conditions indicate need. Two per year.	\$0	\$0	\$0
<b>Comprehensive oral exam</b> Once every 36 months.	\$0	\$0	\$0
<b>Class 2: Basic Services</b>			
<b>Emergency oral evaluation problem focused exams</b> Once every 12 months.	20%	50%	20%
<b>Minor treatment for pain relief</b> Only if no services other than exam and X-rays were performed on the same date of service.	20%	50%	20%
<b>X-ray image of the entire mouth (Panoramic image)</b> Once every 60 months.	20%	50%	20%
<b>X-ray image of the entire mouth (Full mouth series)</b> Once every 60 months.	20%	50%	20%
<b>Single tooth X-ray images</b> As needed.	20%	50%	20%
<b>Periodontal cleaning</b> Once every 6 months following active periodontal therapy, not to be combined with regular cleanings.	50%*	50%	20%
<b>Restorative Services</b>			
<b>Silver fillings and white fillings</b> Once every 24 months per surface, per tooth.	20%	50%	20%
<b>Scaling and root planing</b> Once in 24 months, per quadrant.	50%*	50%	20%
<b>Scaling in presence of generalized moderate/severe gingival inflammation</b> Once per 24 months after oral evaluation and in lieu of a covered prophylaxis (routine dental cleaning).	50%*	50%	20%
<b>Full mouth debridement</b> Once per lifetime.	50%*	50%	20%
<b>Simple extractions</b> Once per tooth.	50%*	50%	20%

\* Considered Class 3 Major Services in the Smart Saver Rx plan.

**Smart Saver  
Rx HMO**  
Embedded  
coverage

**Saver, Basic,  
Value HMO**  
Embedded  
coverage

Tufts Medicare Preferred Dental  
Option (available for additional  
premium on all plans except Smart  
Saver Rx Plan)

**Benefit**

**Class 3: Major Services**

(A pre-treatment estimate is recommended for all major services, prior to receiving treatment. See page 26 for details on pre-treatment estimates.)

<b>Protective restorations</b> Once per tooth.	50%	No coverage	50%
<b>Adjunctive Services (provided in conjunction with the primary treatment)</b>			
<b>Local anesthesia and inhalation of nitrous oxide (sometimes known as laughing gas)</b> Local anesthesia and inhalation of nitrous oxide/analgesia, anxiolysis are provided in conjunction with covered oral surgery or periodontal surgery and are integral to the primary treatment.	50%	No coverage	50%
<b>Oral Surgery</b>			
<b>Surgical extractions</b> Once per tooth.	50%	No coverage	50%
<b>Periodontics</b>			
<b>Periodontal surgery</b> One surgical procedure per lifetime; gingivectomy or gingivoplasty and osseous surgery covered as needed.	50%	No coverage	50%
<b>Bone grafts and guided tissue regeneration</b> Once per lifetime.	50%	No coverage	50%
<b>Endodontics</b>			
<b>Root canal treatment</b> Once per tooth per lifetime.	50%	No coverage	50%
<b>Retreatment root canal therapy</b> Once per tooth per lifetime after 24 months of initial root canal therapy.	50%	No coverage	50%
<b>Apicoectomy</b> Covered as needed.	50%	No coverage	50%



Benefit	Smart Saver Rx HMO Embedded coverage	Saver, Basic, Value HMO Embedded coverage	Tufts Medicare Preferred Dental Option (available for additional premium on all plans except Smart Saver Rx Plan)
<b>Maintenance for Dentures and Fixed Bridges (Prosthetic Maintenance)</b>			
<b>Bridge or denture repair</b> Once every 24 months per bridge or denture.	50%	No coverage	50%
<b>Tissue conditioning</b> One treatment per denture every 84 months.	50%	No coverage	50%
<b>Adding teeth to existing partial or full dentures</b> Once per tooth, per denture, per 24 months.	50%	No coverage	50%
<b>Rebase or reline of dentures</b> Once per denture every 24 months.	50%	No coverage	50%
<b>Fixed and Removable Dentures/Bridges (Prosthodontics)</b>			
<b>Dentures</b> Complete or partial dentures: one per arch per 84 months.	50%	No coverage	50%
<b>Fixed bridges</b> Once per 84 months. Note: A back of mouth fixed bridge and a removable denture are not covered in the same arch within 84 months; if a denture in the same arch as the fixed bridge was covered within 84 months, there will be no benefit for the fixed bridge.	50%	No coverage	50%
<b>Temporary partial dentures</b> Once per 84 months to replace any of the six upper or lower front teeth, but only if the temporary partial dentures are installed immediately following the loss of teeth during the period of healing.	50%	No coverage	50%
<b>Major Restorative (Recommend pre-treatment estimate prior to service to confirm tooth has a good prognosis)</b>			
<b>Inlays</b> Once per tooth per 84 months.	50%	No coverage	50%
<b>Crowns and onlays-initial placement</b> When teeth cannot be restored with regular fillings due to fracture or decay, once per 84 months per tooth. If a member chooses a porcelain/ceramic crown, porcelain fused to high noble metal crown, or a titanium/titanium alloy crown, the maximum allowed by the Plan will be for the less expensive alternate treatment which is the porcelain fused to predominately base metal crown and the member will be responsible for the difference between the two crown procedures. Implant supported crowns are not covered services.	50%	No coverage	50%*
<b>Recement/reaffix of crowns and onlays</b> Once per tooth per 12 months.	50%	No coverage	50%
<b>Post and core or crown buildup</b> When needed to retain a crown on a tooth with excessive breakdown due to decay and/or fractures. Once per tooth every 84 months.	50%	No coverage	50%

\* The following statement does not apply to this plan: "If a member chooses a porcelain/ceramic crown, porcelain fused to high noble metal crown, or a titanium/titanium alloy crown, the maximum allowed by the Plan will be for the less expensive alternate treatment which is the porcelain fused to predominately base metal crown and the member will be responsible for the difference between the two crown procedures."



## Dental benefit FAQs

### Which dentists participate?

The dental network is provided by Dominion National. To utilize your dental coverage, you must use a dentist in the Dominion PPO Network. Dominion National provides you with access to hundreds of participating dentists.

To view the list of participating dentists in the Dominion PPO Network, go to [thmp.org/dentist](http://thmp.org/dentist).

### Will I get an ID card in the mail?

If you have embedded dental coverage or decide to add dental coverage to your plan, you will receive a Dominion National ID card by mail to use for your dental coverage. If you don't receive your card within 3 weeks of joining the plan, call Member Services at **1-800-701-9000 (TTY: 711)**.

### Which services are part of a routine checkup?

Services include a cleaning, periodic oral evaluation, and sometimes bitewing X-rays. A comprehensive oral exam only occurs for a new patient or to evaluate an issue.

### How can I determine whether a dental service will be covered and what the cost will be?

We recommend asking your dentist to submit a pre-treatment estimate to Dominion National before your treatment begins. The dentist can submit the exact services or procedures they plan to provide in your treatment plan and Dominion National will respond with confirmation of whether the service will be covered and the estimated out-of-pocket cost you will be expected to pay.

- The pre-treatment estimate will be reviewed, and an estimate statement will be issued to you or the provider. The statement will include details of the services that will be covered by your plan along with your estimated responsibility and potential payment to the dental office.
- The pre-treatment estimate is based on eligibility and benefits available at the time it is processed. A pre-treatment estimate is not required to obtain care.
- A pre-treatment estimate is not a guarantee of payment. The claim for services performed will be based on eligibility and available benefits at the time it is submitted for payment. Other procedures performed, especially in the same area/quadrant/tooth, could affect the actual claim determination/payment.

### **What is the difference between simple extractions and surgical extractions?**

A simple dental extraction is the procedure of removing teeth that are visible and easily accessible. In contrast, surgical dental extraction often involves an incision to get access to the tooth to be removed.

### **What is the difference between an inlay and an onlay?**

Inlays and onlays use the same materials as crowns and they both serve the same function, but they cover different areas of the tooth when there is tooth decay. The difference between an onlay and an inlay is that an onlay will treat the cusp, whereas an inlay only restores the area between the cusps.

### **What is the difference between silver fillings and white fillings?**

Fillings can be performed using either composite (tooth-colored/white) or amalgam (metal/silver) restorative materials.

### **What is bone grafting and guided tissue regeneration?**

Bone grafting and guided tissue regeneration are two separate but related procedures that your dentist can use to save natural teeth from failing due to the loss of healthy tissue from gum disease. By regenerating the lost bone and tissues surrounding a tooth, these restored structures will create the protective, strong foundation a tooth needs to remain healthy long term.

### **How do I know which types of crowns are covered with my plan?**

Crowns can be manufactured from a variety of materials, such as high noble metals, base metals, porcelain fused to metal (PFM) and ceramic compounds. Your dental plan covers crowns manufactured with porcelain fused to predominantly base metal. You and your dentist may still choose a crown made from more costly materials, but you will be responsible for the difference in cost between the predominantly base metal crown and the crown of your choosing (does not apply to Tufts Medicare Preferred Dental Option). If you would like a better estimate of your payment, we urge you to ask your dentist to submit a pre-treatment estimate.



## Dental Glossary

### Apicoectomy

The removal of inflamed gum tissue and the end of the tooth's root, while leaving the top of the tooth in place.

### Bitewing X-rays

Provides details of the upper and lower teeth in one area of the mouth. Each bitewing shows a tooth from its crown (the exposed surface) to the level of the supporting bone. Many dentists include bitewing X-rays as part of routine diagnostic care.

### Bone grafting

Bone grafting is a surgical procedure that uses transplanted bone to replace missing or damaged bone in your mouth. If you're getting a dental implant, you may also need a bone graft because it provides additional support. The bone graft is performed first, and you'll need to wait 3 to 4 months for it to heal before getting the implant. Please note that implants are not covered with your dental plan.

### Comprehensive oral exam

Performed by a dentist when evaluating a patient. Applies to new patients or established patients who have had change in health or have been absent from treatment for three or more years.

### Front teeth

Includes canines and all teeth in front of canines.

### Full mouth debridement

The removal of plaque and tartar that interfere with the ability of the dentist to perform an oral examination. This is the most extensive cleaning procedure.

### Guided tissue regeneration

Guided tissue regeneration is a procedure designed to remove infected soft tissue in your mouth, while stimulating the regrowth of healthy gum tissue.

### Inlays

A dental inlay is a pre-molded restorative filling fitted into the

grooves of your tooth. It restores cavities that are centered in your tooth instead of along the outer edges or "cusps."

### Maximum allowable charge/Allowed amount (MAC)

Amount that is negotiated with providers in the Dominion National dental network. This is the maximum allowed amount you can be charged for a service. For services with coinsurance, the amount you pay is calculated by multiplying the coinsurance rate with the MAC.

### Onlays

An onlay is a treatment, like an inlay, which restores the cusp(s) of the tooth. The cusp (or cusps) of the tooth refer to the angled topmost surface of the tooth. Canine teeth have a single cusp, while bicuspids have two and molars may have four or five.

### Periodic oral exam

Exam performed by a dentist as part of a routine checkup.

### Periodontal cleaning

Like a regular teeth cleaning, periodontal maintenance removes tartar buildup from the teeth. Unlike a normal, preventive cleaning, periodontal maintenance is a treatment prescribed to combat periodontal (gum) disease. It involves both scaling and root planing, meaning tartar must be removed from deep between the teeth and gums.

### Periodontal surgery

Consists of three different potential surgeries. Your dentist will determine which one is needed. The three different surgeries could be:

- Gingivectomy—The surgical removal of gum tissue. A gingivectomy is necessary when the gums have pulled away from the teeth creating deep pockets. The pockets make it hard to clean away plaque and calculus.
- Gingivoplasty—The surgical reshaping of gum tissue around the teeth.
- Osseous surgery—Removes diseased gum tissue and bone from infected sites within the mouth and stops periodontal disease from getting worse.

### Posterior/back teeth

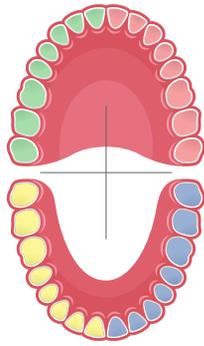
Includes any teeth behind the canines but does not include the canine teeth.

### Protective restorations

The placement of a restorative material to protect a tooth and/or surrounding tissue. This procedure may be used to relieve pain, promote healing, and prevent further deterioration.

## Quadrants

Quadrants mean the four parts of your mouth. Your dentist sections the interior of your mouth into four parts for reference when providing treatment. The split is between the front teeth, split into upper right, upper left, lower right, lower left.



## Rebase denture

Rebasing may be recommended when the teeth of your denture are still in good condition and have not worn out in comparison to the denture base material. Rebasing is the process of replacing the entire acrylic denture base providing a stable denture without replacing the denture teeth.

## Reline denture

A denture reline is a simple procedure to reshape the underside of a denture so that it fits more comfortably on the user's gums. Relining is periodically necessary as dentures lose their grip in the mouth.

## Retreatment root canal therapy

Root canal retreatment is the removal of the previous crown and packing material left by a prior root canal, the cleansing of the canals, and the re-packing and re-crowning of the tooth.

## Root canal

A root canal is performed when the endodontist removes the infected pulp and nerve in the root of the tooth, cleans the inside of the root canal, then fills and seals the space. After completing a root canal your dentist will place a crown on the tooth to protect and restore it to its original function.

## Scaling and root planing

Scaling and root planing is when your dentist removes all the plaque and tartar above and below the gumline, making sure to clean all the way down to the bottom of the tooth.

## Scaling in presence of generalized moderate/severe gingival inflammation

The removal of plaque and stains from above and below the gumline when there is generalized gum inflammation. This procedure is for patients who have swollen, inflamed gums and bleeding on probing. This procedure is performed on the entire mouth rather than just one quadrant. It is also a higher degree of cleaning for patients with more advanced periodontal disease.

## Single tooth X-rays

Also sometimes referred to as a "periapical X-ray" a single tooth X-ray is one that captures the whole tooth. It shows everything from the crown (chewing surface) to the root (below the gum line).

## Tissue conditioning

Tissue conditioning is an effort to restore the health of the tissues of the denture foundation area prior to denture treatment.

## For more information

For more information on dental coverage, go to [thpmp.org/dental](https://thpmp.org/dental), see your 2025 Evidence of Coverage (EOC) at [thpmp.org/documents](https://thpmp.org/documents), or call Member Services at **1-800-701-9000 (TTY: 711)**.



# 2025 Benefits Overview

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](http://thpmp.org/documents). Please note: Costs may differ if you receive your benefits from a current or former employer.

Monthly Premium <sup>1</sup>	Smart Saver Rx	Saver Rx	Basic Rx	Value Rx	Prime Rx	Prime Rx Plus
Essex, Suffolk	\$0	\$0	\$58	\$178	\$213	\$245
Hampden, Hampshire	\$0	\$0	\$37	\$83	\$106	\$122
Middlesex, Norfolk, Plymouth, Barnstable, Bristol	\$0	\$0	\$48	\$156	\$183	\$217
Worcester	\$0	\$0	\$45	\$163	\$193	Not Offered

The Basics	Smart Saver Rx	Saver Rx	Basic Rx	Value Rx	Prime Rx	Prime Rx Plus
Medical Deductibles	No medical deductible		No medical deductible		No medical deductible	
Annual Out-of-Pocket Maximum <sup>17</sup>	\$5,200	\$7,550	\$3,650	\$3,650	\$3,650	\$3,650



Medical Copays	HMO Smart Saver Rx	HMO Saver Rx	HMO Basic Rx
<b>Doctor Office Visits</b>			
<b>Primary Care Physician</b>	\$0 per visit	\$5 per visit	\$10 per visit
<b>Specialist</b>	\$40 per visit	\$40 per visit	\$40 per visit
<b>Telehealth<sup>19</sup></b>	Medicare-covered services plus additional telehealth services. \$0 copay for e-visits, virtual check-ins, and remote patient monitoring services; for all other telehealth visits, copay is the same as corresponding in-person visit copay. Before you receive services from a Specialist, you must first obtain a referral from your PCP. Prior authorization may be required for some services.		
<b>Preventive Care</b>			
<b>Annual Physical</b>	\$0 per visit	\$0 per visit	\$0 per visit
<b>Cancer Screening (Colorectal, Prostate, Breast)</b>	\$0 per service	\$0 per service	\$0 per service
<b>Vision and Hearing</b>			
<b>Annual Routine Vision Exam</b>	\$15	\$15	\$15
<b>Annual Eyewear Benefit<sup>8</sup></b>	\$250 per year toward eyewear at an EyeMed Vision Care participating provider or \$150 reimbursement per year at non-participating providers.		\$150 per year toward eyewear at an EyeMed Vision Care participating provider or \$90 reimbursement per year at non-participating providers.
<b>Annual Routine Hearing Exam</b>	\$0	\$0	\$0
<b>Hearing Aids</b>	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.		
<b>Outpatient and Lab Services</b>			
<b>Outpatient Services/Surgery<sup>20</sup></b>	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
<b>Rehabilitation Therapy<sup>20, 21</sup></b>	\$30 per visit	\$30 per visit	\$30 per visit
<b>Mental Health and Substance Use Disorder Services</b>	\$25 per visit	\$25 per visit	\$25 per visit
<b>Outpatient Diagnostic Labs<sup>20, 22</sup></b>	\$0	\$0	\$0
<b>Diagnostic Radiology Services<sup>20, 22</sup></b>	\$140 per day (\$100 for ultrasound)	\$140 per day (\$100 for ultrasound)	\$250 per day (\$100 for ultrasound)
<b>Emergency Services</b>			
<b>Emergency Room<sup>23</sup></b>	\$125 per visit	\$110 per visit	\$125 per visit
<b>Urgent Care</b>	\$50 per visit	\$45 per visit	\$45 per visit
<b>Ambulance Services</b>	\$350 per one-way trip	\$350 per one-way trip	\$325 per one-way trip
<b>Inpatient Care</b>			
<b>Outpatient Hospital Observation</b> (Observation copay is waived if admitted as inpatient within one day for the same condition.)	\$370 per stay	\$370 per stay	\$270 per stay
<b>Inpatient Hospital Coverage</b>	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
<b>Non-Ambulance Services</b>	\$0 per ride from hospital to a skilled nursing facility or to home when ordered by the discharging hospital		

HMO Value Rx	HMO Prime Rx	HMO Prime Rx Plus <sup>18</sup>
<b>Doctor Office Visits</b>		
\$10 per visit	\$10 per visit	
\$25 per visit	\$15 per visit	
Medicare-covered services plus additional telehealth services. \$0 copay for e-visits, virtual check-ins, and remote patient monitoring services; for all other telehealth visits, copay is the same as corresponding in-person visit copay. Before you receive services from a Specialist, you must first obtain a referral from your PCP. Prior authorization may be required for some services.		
<b>Preventive Care</b>		
\$0 per visit	\$0 per visit	
\$0 per service	\$0 per service	
<b>Vision and Hearing</b>		
\$15	\$15	
\$150 per year toward eyewear at an EyeMed Vision Care participating provider or \$90 reimbursement per year at non-participating providers.		
\$0	\$0	
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.		
<b>Outpatient and Lab Services</b>		
Colonoscopies: \$0; Other services: \$150 per day	Colonoscopies: \$0; Other services: \$100 per day	Colonoscopies: \$0; Other services: \$75 per day
\$20 per visit	\$15 per visit	
\$20 per visit	\$10 per visit	
\$0	\$0	
\$100 per day	20% of cost up to \$75 per day	
<b>Emergency Services</b>		
\$125 per visit	\$110 per visit	
\$30 per visit	\$30 per visit	
\$225 per one-way trip	\$125 per one-way trip	\$90 per one-way trip
<b>Inpatient Care</b>		
\$150 per stay	\$100 per stay	\$75 per stay
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
\$0 per ride from hospital to a skilled nursing facility or to home when ordered by the discharging hospital		

<b>Additional Benefits</b>	<b>HMO Smart Saver Rx</b>	<b>HMO Saver Rx</b>	<b>HMO Basic Rx</b>
<b>Wellness Allowance<sup>6</sup></b>	\$175 per year	\$300 per year	\$150 per year
	Wellness Allowance can be used toward membership fees for instructor-led exercise classes and personal training sessions at a gym or fitness center (Includes fitness studios, health clubs, year round pool facilities or community/senior centers), fitness tracker purchase (one per year), subscription to online fitness classes such as Peloton, alternative therapies, massage therapy, home fitness equipment, and more. Please refer to your Evidence of Coverage for complete details.		
<b>Meals Post Discharge (by Mom's Meals)</b>	\$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.		
<b>Weight Management Programs<sup>7</sup></b>	\$150 annual reimbursement toward program fees for weight loss programs such as Weight Watchers or hospital-based weight loss programs.		
<b>Embedded Dental Benefit<sup>15</sup></b>	\$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.	\$1,000 calendar year maximum. \$0 for preventive services such as routine cleanings, 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.	
<b>Tufts Medicare Preferred Dental Option<sup>16</sup></b>	N/A	\$37 per month for dental coverage of \$1,000 yearly maximum. \$0 for preventive services such as routine 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.	
<b>Over-the-Counter (OTC) Benefit<sup>9</sup></b>	\$140 per calendar quarter to spend on Medicare-approved, health-related items.	\$160 per calendar quarter to spend on Medicare-approved, health-related items.	N/A
<b>Acupuncture<sup>24</sup></b>	\$20 per visit	\$20 per visit	\$20 per visit

OR

<b>Rx Drug Coverage</b>	<b>HMO Smart Saver Rx</b>		<b>HMO Saver Rx</b>		<b>HMO Basic Rx</b>	
<b>Deductible</b>	No Deductible		No Deductible		No Deductible	
<b>Copays</b>	<b>Retail 30-day supply</b>	<b>Mail Order 90-day supply</b>	<b>Retail 30-day supply</b>	<b>Mail Order 90-day supply</b>	<b>Retail 30-day supply</b>	<b>Mail Order 90-day supply</b>
<b>Tier 1: Preferred Generic<sup>3</sup></b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Tier 2: Generic<sup>3</sup></b>	\$6	\$12	\$6	\$12	\$4 (\$0 Worcester County only)	\$8 (\$0 Worcester County only)
<b>Tier 3: Preferred Brand</b>	23% coinsurance (Insulin: \$35)	23% coinsurance (Insulin: \$70)	23% coinsurance (Insulin: \$35)	23% coinsurance (Insulin: \$70)	23% coinsurance (Insulin: \$35)	23% coinsurance (Insulin: \$70)
<b>Tier 4: Non-Preferred Drug</b>	50% coinsurance (Insulin: \$35)	50% coinsurance (Insulin: \$105)	50% coinsurance (Insulin: \$35)	50% coinsurance (Insulin: \$105)	50% coinsurance (Insulin: \$35)	50% coinsurance (Insulin: \$105)
<b>Tier 5: Specialty Tier</b>	33%	N/A	33%	N/A	33%	N/A
<b>Tier 6: Vaccines</b>	\$0	N/A	\$0	N/A	\$0	N/A
<b>Catastrophic Coverage Stage</b>	When your payments for the year are greater than \$2,000, 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.					

HMO Value Rx		HMO Prime Rx		HMO Prime Rx Plus <sup>18</sup>	
\$150 per year		\$150 per year			
Wellness Allowance can be used toward membership fees for instructor-led exercise classes and personal training sessions at a gym or fitness center (Includes fitness studios, health clubs, year round pool facilities or community/senior centers), fitness tracker purchase (one per year), subscription to online fitness classes such as Peloton, alternative therapies, massage therapy, home fitness equipment, and more. Please refer to your Evidence of Coverage for complete details.					
\$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 routine cleanings, 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.		N/A			
\$37 per month for dental coverage of \$1,000 yearly maximum. \$0 for preventive services such as routine 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.		\$36.50 per month for dental coverage of \$1,000 yearly maximum. \$0 for preventive services such as routine 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.			
N/A		N/A			
\$20 per visit		\$20 per visit			

HMO Value Rx		HMO Prime Rx		HMO Prime Rx Plus <sup>18</sup>	
No Deductible		No Deductible		No Deductible	
Retail 30-day supply	Mail Order 90-day supply	Retail 30-day supply	Mail Order 90-day supply	Retail 30-day supply	Mail Order 90-day supply
\$0	\$0	\$4	\$8	\$2	\$4
\$4	\$8	\$8	\$16	\$4	\$8
23% coinsurance (Insulin: \$35)	23% coinsurance (Insulin: \$70)	23% coinsurance (Insulin: \$35)	23% coinsurance (Insulin: \$70)	23% coinsurance (Insulin \$30)	23% coinsurance (Insulin \$60)
50% coinsurance (Insulin: \$35)	50% coinsurance (Insulin: \$105)	50% coinsurance (Insulin: \$35)	50% coinsurance (Insulin: \$105)	50% coinsurance (Insulin: \$35)	50% coinsurance (Insulin: \$105)
33%	N/A	33%	N/A	33%	N/A
\$0	N/A	\$0	N/A	\$0	N/A
When your payments for the year are greater than \$2,000, 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.					

# Notice of Privacy Practices

**This notice describes how health information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.**

Tufts Health Plan values your privacy rights and is committed to safeguarding your demographic, medical, and financial information we may receive or collect when providing services to you. The information we collect includes protected health information ("PHI") and personal information ("PI"). PHI is information that relates to your physical or behavioral health condition, your health care, or the payment for your health care. PI includes information like your name and Social Security number. PHI and PI are referred to as "information" elsewhere in this notice.

We may obtain your information from a number of sources, such as through your enrollment in a plan or from doctors and hospitals who submit claim forms containing your information so that we may pay them for services they provided to you. We are required by law to maintain the privacy of your information. To support this, Tufts Health Plan has privacy and security policies for safeguarding, using, and disclosing information in compliance with applicable state and federal laws. All employees must complete annual privacy and security training, and access to your information is limited to employees who require it to do their job. Tufts Health Plan also requires its business partners who assist with administering health care coverage to you on our behalf to protect your information in accordance with applicable laws.

Tufts Health Plan is required to provide you with notice of our legal duties and privacy practices with respect to your information, and to follow the duties and practices described in the notice currently in effect. We may change the terms of this notice at any time and apply the new notice to any information we already maintain. If we make an important change to our notice, we will publish the updated notice on our website at [thpmp.org](http://thpmp.org).

## How We Use And Disclose Your Information

In order to administer your health care coverage, including paying for your health care services, we need to use and disclose your information in a number of ways. Tufts Health Plan maintains and enforces company policies governing the use and disclosure of information, including only using or disclosing the minimum amount of information necessary for the intended purpose. The following are examples of the types of uses and disclosures we are permitted or required by federal law to make without your written authorization. Where state or other federal laws offer you greater privacy protections, we will follow the more stringent requirements.

### For Payment

Tufts Health Plan may use or disclose your information for payment purposes to administer your health benefits, which may involve obtaining premiums, determination of eligibility, claims payment, and coordination of benefits. Examples include:

- Paying claims that were submitted to us by physicians and hospitals.
- Providing information to a third party to administer an employee- or employer-funded account, such as a Flexible Spending Account ("FSA") or Health Reimbursement Account ("HRA"), or another benefit plan, such as a dental benefits plan.
- Performing medical necessity reviews.
- Sharing information with third parties for Insurance Liability Recovery ("ILR") or subrogation purposes.

### For Health Care Operations

Tufts Health Plan may use or disclose your information for operational purposes, such as care management, customer service, coordination of care, or quality improvement. Examples include:

- Assessing and improving the quality of service, care and outcomes for our members.
- Learning how to improve our services through internal and external surveys.
- Reviewing the qualifications and performance of physicians.
- Evaluating the performance of our staff, such as reviewing our customer service phone conversations with you.
- Seeking accreditation by independent organizations, such as the National Committee for Quality Assurance.

- Engaging in wellness programs, preventive health, early detection, disease management, health risk assessment participation initiatives, case management, and coordination of care programs, including sending preventive health service reminders.
- Providing you with information about a health-related product or service included in your plan of benefits.
- Using information for underwriting, establishing premium rates and determining cost sharing amounts, as well as administration of reinsurance policies. (Tufts Health Plan will not use or disclose any genetic information it might otherwise receive for underwriting purposes.)
- Facilitating transition of care from and to other insurers, health plans or third-party administrators.
- Communicating with you about your eligibility for public programs, such as Medicare.
- Other general administrative activities, including data and information systems management, risk management, auditing, business planning, and detection of fraud and other unlawful conduct.

## For Treatment

Tufts Health Plan may use and disclose your information for health care providers (doctors, dentists, pharmacies, hospitals, and other caregivers) to treat you. Examples include:

- Our care managers providing your information to a home health care agency to make sure you get the services you need after discharge from a hospital.
- Quality improvement programs, safety initiatives, and clinical reminders sent to your primary care provider.
- Disclosing a list of medications you've received using your Tufts Health Plan coverage to alert your treating providers about any medications prescribed to you by other providers and help minimize potential adverse drug interactions.
- Receiving your test results from labs you use, from your providers, or directly from you, using the results to develop tools to improve your overall health, and sharing the results with providers involved in your care.

## For Other Permitted or Required Purposes

The following are examples of the additional types of uses and disclosures Tufts Health Plan is permitted or required by law to make without your written authorization:

- To **you, your family, and others involved in your care** when you are unavailable to communicate (such as during an emergency), when you are present prior to the disclosure and agree to it, or when the information is clearly relevant to their involvement in your health care or payment for health care.
- Sharing eligibility information and copayment, coinsurance, and deductible information for dependents with the **subscriber of the health plan** in order to facilitate management of health costs and Internal Revenue Service verification.
- To your **Personal Representative** (including parents or guardians of a minor, so long as that information is not further restricted by applicable state or federal laws) or to an individual you have previously indicated is your Designated Representative or is authorized to receive your information. Information related to any care a minor may receive without parental consent remains confidential unless the minor authorizes disclosure.
- To our **business partners and affiliates**. Tufts Health Plan may contract with other organizations to provide services on our behalf. In these cases, Tufts Health Plan will enter into an agreement with the organization explicitly outlining the requirements associated with the protection, use and disclosure of your information. The following corporate affiliates of Tufts Health Plan designate themselves as a single affiliated covered entity and may share your information among them: Harvard Pilgrim Health Care, Inc., Harvard Pilgrim Health Care of New England, Inc., HPHC Insurance Company, Inc., Tufts Associated Health Maintenance Organization, Inc., Tufts Health Public Plans, Inc., Tufts Insurance Company, CarePartners of Connecticut, Inc., and Point32Health Services, Inc. Group Health Plan.
- To your **plan sponsor**, when sharing information used for enrollment, plan renewal, or plan administration purposes. This is your employer or the employer of your subscriber if you are enrolled through an employer. When sharing detailed information, your plan sponsor must certify that they will protect the privacy and security of your information and that the information will not be used for employment decisions.

- To **government entities**, such as the Centers for Medicare & Medicaid Services, the Health Connector, HealthSourceRI, or MassHealth, if you are enrolled in a government-funded plan.
- To provide information for **health research** to improve the health of our members and the community in certain circumstances, such as when an Institutional Review Board or Privacy Board approves a research proposal with protocols to protect your privacy, or for purposes preparatory to research.
- To **comply with laws** and regulations, such as those related to **workers' compensation** programs.
- For **public health activities**, such as assisting public health authorities with disease prevention or control and pandemic response efforts.
- To report suspected cases of **abuse, neglect, or domestic violence**.
- For **health oversight activities**, such as audits, inspections, and licensure or disciplinary actions. For example, Tufts Health Plan may submit information to government agencies such as the U.S. Department of Health and Human Services or a state insurance department to demonstrate its compliance with state and federal laws.
- For **judicial and administrative proceedings**, such as responses to court orders, subpoenas, or discovery requests.
- For **law enforcement purposes**, such as to help identify or locate a victim, suspect, or missing person.
- Disclosures to **coroners, medical examiners, and funeral directors** about decedents. Tufts Health Plan may also disclose information about a **decedent** to a person who was involved in their care or payment for care, or to the person with legal authority to act on behalf of the decedent's estate.
- To **organ procurement** organizations for cadaveric organ, eye, or tissue donation purposes, only after your prior authorization.
- To **prevent a serious threat** to your health or safety, or that of another person.
- For **specialized government functions**, such as national security and intelligence activities.
- Disclosures by employees for **whistleblower** purposes.

Other than the permitted or required uses and disclosures described above, Tufts Health Plan will only use and disclose your information with your written authorization. For example, we require your authorization if we intend to sell your information, use or disclose your information for marketing or fundraising purposes, or, in most cases, use or disclose your psychotherapy notes.

You may give us written authorization to use or disclose your information to any individual or organization for any purpose by submitting a completed authorization form. The form can be found at [thpmp.org](http://thpmp.org), or you may obtain a copy by calling Member Services at the phone number listed on your Tufts Health Plan ID card.

You may revoke such an authorization at any time in writing, except to the extent we have already made a use or disclosure based on a previously executed authorization.

## Your Rights With Respect To Your Information

The following are examples of your rights under federal law with respect to your information. You may also be entitled to additional rights under state law.

### Request a Restriction

You have the right to request we restrict the way we use and disclose your information for treatment, payment, or health care operations, to individuals involved in your care, or for notification purposes, including asking that we not share your information for health research purposes. We are not, however, required by law to agree to your request.

### Request Confidential Communications

You have the right to request we send communications to you at an address of your choice or that we communicate with you by alternative means. For example, you may ask us to mail your information to an address that is different than your subscriber's address. We will accommodate reasonable requests.

### Access Your Information and Receive a Copy

You have the right to access, inspect, and obtain a copy of your information maintained by Tufts Health Plan (with certain

exceptions). We have the right to charge a reasonable fee for the cost of producing and mailing copies of your information.

### **Amend Your Information**

You have the right to request we amend your information if you believe it is incorrect or incomplete. We may deny your request in certain circumstances, such as when we did not create the information. For example, if a provider submits medical information to Tufts Health Plan that you believe is incorrect, the provider will need to amend that information.

### **Receive an Accounting of Disclosures**

You have the right to request an accounting of those instances in which we disclosed your information, except for disclosures made for treatment, payment, or health care operations, or for other permitted or required purposes. Your request must be limited to disclosures in the six years prior to the request. If you request an accounting more than once in a 12-month period, we may charge you a reasonable fee.

### **Receive a Copy of this Notice of Privacy Practices**

You have the right to receive a paper copy of this notice from us at any time upon request.

### **Be Notified of a Breach**

You have the right to be notified if there is a breach of your unsecured information by us or our business partners. We will provide you written notice via mail, unless we do not have up-to-date contact information for you. In these cases we will notify you by a substitute method, such as posting the notice on our public website. You may exercise any of your privacy rights described above by contacting Member Services at the phone number listed on your Tufts Health Plan ID card. In some cases, we may require you to submit a written request. Tufts Health Plan will not require you to waive your rights as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.

## **Whom To Contact With Questions Or Complaints**

If you believe your privacy rights have been violated or you would like more information, you may send a question or complaint to:

**Privacy Officer**  
**Point32Health**  
**1 Wellness Way**  
**Canton, MA 02021**

Or, you may call our Compliance Hotline at **1-877-824-7123** or Member Services at the phone number listed on your Tufts Health Plan ID card. You also have the right to submit a complaint to the Secretary of the Department of Health and Human Services. You can find more information at [hhs.gov/ocr](https://www.hhs.gov/ocr).

Tufts Health Plan will not take retaliatory action against you for filing a complaint.

THIS NOTICE IS EFFECTIVE SEPTEMBER 1, 2022.

**Visit us online**

[thpmp.org](https://thpmp.org)

Tufts Health Plan includes Tufts Associated Health Maintenance Organization, Inc., Tufts Health Public Plans, Inc., Total Health Plan, Inc., Tufts Benefit Administrators, Inc., Tufts Insurance Company, TAHP Brokerage Corporation, Point32Health Services, Inc. Group Health Plan, and self-funded plans administered by these entities.

## **Authorization to Disclose Protected Health Information Form**

This form allows an authorized representative to speak to us about your protected health information. To print this form, visit [thpmp.org/auth-disclose](https://thpmp.org/auth-disclose).

## **Designated Representative Form**

This form allows a designated representative to receive all information pertaining to your protected health information and make decisions or changes related to your plan (e.g., demographic and plan changes, premium payments, etc.) See page 41 to fill out this form.

## **Centers for Medicare & Medicaid Services Appointment of Representative Form**

This form allows someone to file an appeal or grievance on your behalf. To print this form, visit [thpmp.org/cms-aor-form](https://thpmp.org/cms-aor-form).

## **Electronic Funds Transfer (EFT) Form**

Have your monthly premium automatically and securely deducted from your checking or savings account each month by signing up for Electronic Funds Transfer (EFT). See page 43 to fill out this form.

## **Optum Home Delivery Prescription Order Form**

Use this form to sign up for home delivery and have prescriptions that you refill each month delivered right to your home. See page 45 to fill out this form and use the enclosed envelope addressed to OptumRx to mail.

## **Member Reimbursement Form**

Use this form to request reimbursement for health care services you have received that were not initially covered by Tufts Health Plan (such as out-of-country health care services). To print this form visit [thpmp.org/forms](https://thpmp.org/forms).

## **Medicare Prescription Payment Form**

The Medicare Prescription Payment Plan is a new payment program that gives you the option to pay your out-of-pocket Part D drug costs in monthly installments throughout the year instead of all at once. **If you have high drug costs, the Medicare Prescription Payment Plan may help you. You need to be enrolled in a 2025 plan in order to participate in this program.** Use the enclosed participation request form to sign up for the Medicare Prescription Payment Plan program.

Or to learn more about this program, visit our website at [thpmp.org/IRA](https://thpmp.org/IRA).

If you have any questions about these forms,  
call Member Services at **1-800-701-9000 (TTY: 711)**.

This form may be used to designate a representative to act on a member's behalf and authorize Tufts Health Plan\* to disclose the member's protected health information to the representative.

**All fields are required. Incomplete or incorrect forms will be returned to the member's address on file.**

## Member Information *For individual designating a representative to act on their behalf ("Member")*

Name				Member ID number	<input type="text"/>
Street address	City	State	ZIP code		
Birth date (MM/DD/YYYY)	Telephone number	Email address			

## Designated Representative Information

*Member hereby authorizes Tufts Health Plan to disclose their information to the following individual and allow the individual to act on their behalf ("Designated Representative")*

Name				Relationship to member	<input type="text"/>
Street address	City	State	ZIP code		
Birth date (MM/DD/YYYY)	Telephone number	Email address			

## Terms of This Designation

1. Designated Representative is being appointed to act on Member's behalf with regard to certain matters related to their insurance coverage and benefits provided by Tufts Health Plan. This authority includes acting on Member's behalf to receive their health information from Tufts Health Plan and/or make changes related to enrollment, premium payments, benefits, claims, address changes, PCP changes, and/or requests for special communications.
2. Member's information disclosed by Tufts Health Plan may include, but is not limited to, demographic information, a history of illnesses and treatments, test results, and lists of allergies and medications. Member acknowledges that the disclosure may include information in the following protected categories: abortion,

AIDS/ARC, alcohol and substance abuse (including information about services provided by federally assisted substance use disorder treatment programs), behavioral health, domestic violence, genetic testing, HIV, physical abuse, reproductive health, and sexually transmitted infection testing, treatment and prevention.

3. Tufts Health Plan is accepting this Designation and making associated disclosures for the purpose of fulfilling the request of Member.
4. Tufts Health Plan will not condition treatment, payment, enrollment or eligibility for benefits on whether Member signs this Designation.
5. Tufts Health Plan will disclose Member's information in accordance with this Designation. Once the information is disclosed according to this Designation, it is no longer protected by HIPAA and may be redisclosed by the Designated Representative.
6. Member has a right to receive a copy of this Designation.
7. Unless indicated here, this Designation will remain in effect for two (2) years from the date of signature on this form (or, for a minor age 0-11, the day before the minor's 12th birthday, \_\_\_\_\_, whichever is earlier). If Member desires an alternate end date, please specify a date here:
8. Member may revoke this Designation in writing at any time prior to its termination, except to the extent that information has already been disclosed while this Designation was in effect.

I have read and understand the terms of this Designation and I hereby authorize the disclosure of my information in the manner described above. I represent that the signature below is my own and that I am legally authorized to sign this document.

Signature of member or personal representative\*\*

Date (MM/DD/YYYY)

Printed name

Relationship, if not member\*\*

\*\*This Designation will only be valid if signed by Member, the parent or guardian of Member if Member is age 0-11, or Member's Personal Representative (e.g., power of attorney, health care proxy, etc.). If you are not Member, please indicate your relationship to Member above and submit a copy of the applicable legal documentation if you are a Personal Representative (if not already provided).

## Please return completed form and supporting legal documentation (if applicable) to:

**Via fax:** ATTN: Member Services Department  
**1-617-972-9405**

**Via mail:** Tufts Health Plan Medicare Preferred  
Member Services Department  
PO Box 494  
Canton, MA 02021-0494

**If you have any questions about this form, please contact a Member Services representative at the number listed on the back of your Member ID card.**

\*For purposes of this Designation, Tufts Health Plan includes Harvard Pilgrim Health Care, Inc., Harvard Pilgrim Health Care of New England, Inc., HPHC Insurance Company, Inc., Harvard Pilgrim Group Health Plan, Tufts Associated Health Maintenance Organization, Inc., Tufts Health Public Plans, Inc., Tufts Insurance Company, CarePartners of Connecticut, Inc., and Tufts Associated Health Plans, Inc., and all of their present and future affiliates. This Designation also applies to vendors acting on behalf of the above-named entities.

When you sign up for EFT, your monthly premium payment is automatically deducted from your checking or savings account each month and transferred to Tufts Health Plan.

## How to Sign Up

### Complete this form and mail it to:

Tufts Health Plan  
Attention: EFT Enrollment  
1 Wellness Way, Mail Stop D4  
Canton, MA 02021

We will contact you by mail when your application has been approved. Please continue to pay your monthly premium until we notify you of your enrollment in the EFT program.

## Member Information

Member name

Member ID number

Member phone number

Street

City/Town

State

ZIP code

## Account Information

Reason for EFT authorization

New application     Change bank account

Account number

Name of bank or financial institution

Account type

Checking

Savings

Routing number\*

Name of account holder

\*You can find your 9-digit routing number in the bottom left corner of your check. If using a savings account, this number can be obtained from your bank.

Phone number of account holder

Please attach a check marked "VOID" with the checking account number you want your Tufts Health Plan monthly plan premium withdrawn from.

**Tufts Health Plan will not disclose your banking information to any third parties unless you authorize us to do so.**

Signature needed on back



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## EFT Withdrawal Information

Your monthly plan premium will be withdrawn from your account on the 9th of every month. The withdrawal will occur on the following business day if the 9th falls on a Saturday, Sunday, or holiday. **Please note that deductions will include any outstanding premiums due on the EFT withdrawal date.**

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## Checking/Savings Account Authorization Agreement

I hereby authorize the monthly debit to the account referenced above. I understand that I should continue to pay my monthly premium until I receive written confirmation from Tufts Health Plan confirming the activation and start date of electronic funds transfer from my account. I understand that my account must have the full dollar amount due in available funds on a monthly basis. I understand that my bank may charge a fee if there are insufficient or uncollected funds in my account. I understand that Tufts Health Plan retains the right to revoke or change my participation in the EFT program at any time. I also understand that I have the right to stop automatic payments by notifying Tufts Health Plan by phone or in writing before the 8th of the month in order to discontinue for the following month.

**Signature**

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**Print name**

---

**Date**

---





## Medicare Prescription Payment Plan participation request form

The Medicare Prescription Payment Plan is a voluntary payment option that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January-December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

This payment option might not be the best choice for you if you get help paying for your prescription drug costs through programs like Extra Help from Medicare or a State Pharmaceutical Assistance Program (SPAP). Call your plan for more information.

### Complete all fields unless marked optional

FIRST name:	LAST name:	MIDDLE initial (optional):	
Medicare Number: _ _ _ _ - _ _ _ - _ _ _ _			
Birth date: (MM/DD/YYYY) ( ____ / ____ / ____ )		Phone number: ( ____ )	
Permanent residence street address (don't enter a P.O. Box unless you're experiencing homelessness):			
City:	County (optional):	State:	ZIP code:
Mailing address, if different from your permanent address (P.O. Box allowed):			
Address:		City:	State:    ZIP code:

### Read and sign below

- I understand this form is a request to participate in the Medicare Prescription Payment Plan. Tufts Health Plan will contact me if they need more information.
- I understand that signing this form means that I've read and understand the form and the terms and conditions listed below.
- **OptumRx (my Plan's Pharmacy Benefit Manager) will send me a notice to let me know when my participation in the Medicare Prescription Payment Plan is active.** Until then, I understand that I'm not a participant in the Medicare Prescription Payment Plan.

**Signature:**

**Date:**

If you're completing this form for someone else, complete the section below. Your signature certifies that you're authorized under State law to fill out this participation form and have documentation of this authority available if Medicare asks for it.

Name:	Address (Street, City, State, ZIP code):
Phone number: (    )	Relationship to participant:

**Complete your participation request form online at:**

**<https://m3p-form.optumrx.com/?cid=P32Health>**

Mail your completed form to:

**Point32Health**

**1 Wellness Way**

**MS D3**

**Canton, MA 02021-9936**

Fax your completed form to:

**Fax: 1-617-972-9405**

Call us to submit your request via telephone:

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

If you have questions or need help completing this form, call us at 1-800-701-9000. Hours are 8:00 am to 8:00 pm, 7 days a week from October 1 to March 31, and Monday through Friday from April 1 to September 30.

TTY users can call 711.

## **Terms and Conditions**

The Medicare Prescription Payment Plan (M3P) is a new payment option in the Inflation Reduction Act that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January-December). Your drug coverage offers this payment option and participation is voluntary. There's no additional cost to participate in the Medicare Prescription Payment Plan.

By enrolling in the Medicare Prescription Payment Plan (M3P), you agree to the following terms and conditions:

- To enroll in the plan, you must have active Part D coverage.
- You understand that you have the option to leave the Medicare Prescription Payment Plan at any time but will still be responsible for any drug costs already incurred.
- You will be billed monthly. This payment is separate from any plan premiums (if applicable).
- Your payments may change each month if your prescriptions change month over month.
- You are responsible for paying your bill each month, on or before the due date.
- If you miss a payment, you will be sent a reminder to make payment. If you do not pay your bill by the due date listed in that reminder, you will be subject to removal from the Medicare Prescription Payment Plan.
- Removal from the Medicare Prescription Payment Plan does not impact your payment requirements. If terminated from the program, you remain obligated to pay past due amounts and may continue to receive bills for outstanding payments.
- Late payments made pursuant to the Medicare Prescription Payment Plan are not subject to interest or additional fees.
- If you are removed from the Medicare Prescription Payment Plan, this will not impact your current drug coverage.
- Removal from the Medicare Prescription Payment Plan may impact your eligibility to enroll in the program in the future.





# Endnotes

<sup>1</sup>You must continue to pay your Medicare Part B premium. If you enrolled in a \$0 premium plan, you do not receive an invoice each month unless you owe a Part D late enrollment penalty (LEP). For details on LEP, see your Evidence of Coverage (EOC).

<sup>2</sup>Reimbursement applies to emergency and urgent care situations only. You may be responsible for any copays that apply.

<sup>3</sup>On Tier 1 and Tier 2, retail copay applies to network pharmacies with preferred cost-sharing (Smart Saver Rx, Saver Rx, Basic Rx, and Value Rx 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](http://thmp.org/documents). 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.

<sup>4</sup>Not all locations may participate.

<sup>5</sup>Applies to Rx plans. Maximum savings are for Tier 2 drugs. Savings may be different depending on the plan you are in or if you receive your benefits from a current or former employer.

<sup>6</sup>\$150 (or \$175 for members of our Smart Saver plan and \$300 for members of our Saver Rx plans) is the total reimbursement amount each year (Jan. 1–Dec. 31) whether used for nutritional counseling, wellness programs, alternative therapies, massage therapy, fitness tracking devices and heart rate monitors, and additional types of fitness and health clubs, and classes.

<sup>7</sup>\$150 is the total reimbursement amount each year (Jan. 1–Dec. 31). This benefit does not cover costs for pre-packaged meals/foods, books, videos, scales, or other items or supplies.

<sup>8</sup>You can get up to \$150 (\$250 for Saver and Smart Saver members) toward the full retail price (not sale price) for eyeglasses, prescription lenses, frames, and/or contact lenses including upgrades from a provider in the EyeMed Vision Care Network. Or get up to \$90 (\$150 for Saver and Smart Saver members) from a provider not in the EyeMed network. If you use a non-EyeMed provider, you would need to pay out of pocket and submit for reimbursement. Discounts can't be combined. Please refer to your Evidence of Coverage for more details.

<sup>9</sup>Quarterly 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.

<sup>10</sup>Discounts and services included in the Preferred Extras program are not plan benefits and are not subject to the Medicare appeals process.

<sup>11</sup>Discount is separate from covered benefit, see your Evidence of Coverage (EOC) available at [thmp.org/documents](http://thmp.org/documents) for details.

<sup>12</sup>ChooseHealthy is a trademark of American Specialty Health and used with permission herein.

<sup>13</sup>At participating facilities only. Discounts cannot be combined with any other promotion offered by Lasik or the location of service.

<sup>14</sup>Hearing aids and hearing aid evaluation must be with a Hearing Care Solutions provider.

<sup>15</sup>The 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.

<sup>16</sup>If purchased, the Tufts Medicare Preferred Dental Option replaces the embedded dental benefit included with your plan.

<sup>17</sup>Comprises all your medical copays/coinsurance. Your out-of-pocket costs for covered in-network services will never exceed this amount.

<sup>18</sup>Not available in all counties.

<sup>19</sup>Additional 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, and Physical Therapy and Speech-Language Pathology Services.

<sup>20</sup>Prior Authorization may be required before you receive services.

<sup>21</sup>Rehabilitation Therapy includes Physical Therapy, Occupational Therapy, and Speech Therapy. You pay \$0 for a post-outpatient surgical procedure, physical therapy or occupational therapy consultation prior to discharge.

<sup>22</sup>You will only pay one copayment per day even if multiple services are performed. There is no copay for services performed and billed as part of an office or urgent care visit.

<sup>23</sup>Emergency care copay is waived if admitted to Observation or inpatient within one day for the same condition, in which case applicable Observation or inpatient copay applies.

<sup>24</sup>Medicare 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.

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

Tufts Health Plan is an HMO plan with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal. Benefits eligibility requirements must be met. Not all may qualify. This information is not a complete description of benefits. Call 1-800-701-9000 (TTY: 711) for more information.

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 (TTY: 711).

# Your 2025 plan documents listed below are currently available

-  2025 Evidence of Coverage (EOC)
-  2025 Provider Directory
-  2025 Pharmacy Directory
-  2025 Formulary (List of Covered Drugs)

**There are several ways to access these documents.**

**For the fastest way to access your documents, log in to your secure online account.**

 [thmp.org/login](https://thmp.org/login)

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If you don't have a secure online account, sign up at [thmp.org/registration](https://thmp.org/registration).

**Or,**

- Visit [thmp.org/documents](https://thmp.org/documents).
- If you would like a printed document mailed to you, you may request one by emailing us at [TuftHealthPlanMemberExperience@point32health.org](mailto:TuftHealthPlanMemberExperience@point32health.org).
- You can also request a printed copy by calling Member Services at **1-800-701-9000 (TTY: 711)** 8 a.m.–8 p.m., 7 days a week (Mon.–Fri. from Apr. 1–Sept. 30).



a Point32Health company

**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). Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).**

**Tufts Health Plan:**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Tufts Health Plan at **1-800-701-9000 (HMO)/1-866-623-0172 (PPO)/(TTY: 711)**.

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, or gender identity), you can file a grievance with:

**Tufts Health Plan, Attention:**

Civil Rights Coordinator, Member Services  
1 Wellness Way, Canton, MA 02021  
Phone: **1-888-880-8699** ext. 48000, **(TTY: 711)**  
Fax: **1-617-972-9048**  
Email: [OCRCoordinator@point32health.org](mailto:OCRCoordinator@point32health.org)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights; electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>; or by mail or phone at:

**U.S. Department of Health and Human Services**

200 Independence Avenue, SW  
Room 509F, HHH Building Washington, D.C. 20201  
**1-800-368-1019** (TDD: **1-800-537-7697**)  
Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).  
[thpmp.org](http://thpmp.org) | **1-800-701-9000 (HMO)/1-866-623-0172 (PPO)/(TTY: 711)**

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## 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 (PPO) 1-800-701-9000 (HMO)/1-866-623-0172 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.

**Portugués:** 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。

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## Part of your community

Tufts Health Plan is located in Canton, Massachusetts, and has been a local plan for over 25 years. When you call us, you talk to representatives who understand your plan and are part of your community. You can expect to have your questions answered quickly with accuracy, honesty, and respect. We are committed to helping you get the most out of your plan.



 [thpmp.org](https://thpmp.org)

Email us:

 [TuftsHealthPlanMemberExperience@point32health.org](mailto:TuftsHealthPlanMemberExperience@point32health.org)

Or call Member Services:

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

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