



a Point32Health company

Welcome!

2025 Tufts Medicare Preferred Access PPO Plan





Thank you for choosing us!

You made a great choice. Your Tufts Medicare Preferred Access PPO plan brings the best of care and coverage together to make health care simpler and less stressful. By providing you access to any doctor or hospital, our commitment is to provide the best health care coverage possible.

Because nothing is more important than your health.

Table of Contents

Table of Contents	3
What to Do First	4
How Your PPO Plan Works	8
How to Get Care	11
Changes to Medicare Part D and the Inflation Reduction Act (IRA)	12
Using Your Prescription Drug Plan	12
One Card, Two Great Ways to Save!	14
More Exciting Benefits That Help You Save	18
Get Member-Only Discounts With Your Preferred Extras	20
2025 Benefits Overview	26
Notice of Privacy Practices	30
Forms	34



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 **1-866-623-0172 (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 **1-866-623-0172 (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 anytime
- **Go paperless**—Get documents electronically instead of by mail

Creating a secure account only takes a few minutes. Once you receive your ID card, go to 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.



To activate your online account, follow these simple steps:

1. Visit 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, make sure you select "Electronic" for each option.

Select a PCP to support your health (optional)

A primary care provider (PCP) makes sure you get the care that is right for you and can help you avoid unnecessary expenses such as duplicate tests or higher out-of-network costs. This is especially helpful if you see multiple specialists. As a member of the Access PPO plan, you do not have to choose a network PCP, however, we strongly encourage you to choose a PCP and let us know who you chose. To select a network PCP, log in to your secure online member account (see left) or call Member Services at [1-866-623-0172 \(TTY: 711\)](tel:1-866-623-0172).

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 in-network and out-of-network annual physical and Annual Wellness Visit. For complete coverage details, see your Evidence of Coverage (EOC) booklet on our website at 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.



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, see your Evidence of Coverage (EOC) booklet on our website at thpmp.org/documents, or call Member Services at **1-866-623-0172 (TTY: 711)**.

\$0 monthly premium

Because you have a \$0 monthly premium, you will not receive a premium bill each month unless you owe a late enrollment penalty.¹

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 35. 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 36 or at thpmp.org/designated-rep-form.

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.

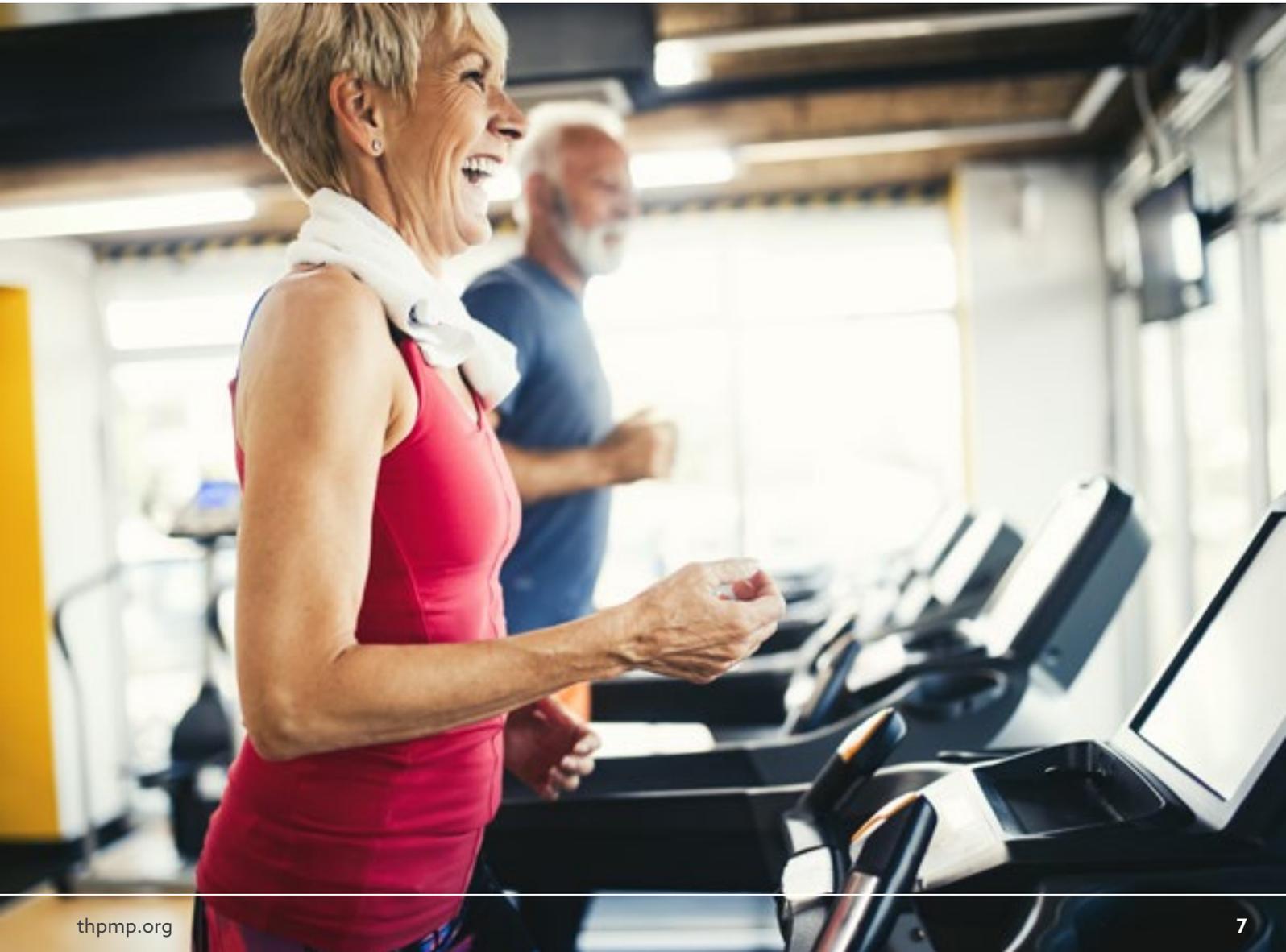


Fill out and return your health survey

We will contact you about filling out the Health Risk Assessment survey during your first month as a member of the Tufts Medicare Preferred Access PPO 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.



How Your PPO 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. Your in-network maximum out-of-pocket amount is \$5,400. This is the most you would have to pay for covered medical services received in-network in 2025. Your plan pays 100% of the in-network costs of covered medical benefits after you reach the maximum out-of-pocket amount.

Note: Services received out-of-network do not apply towards your \$5,400 in-network maximum out-of-pocket amount. See page 26 for the maximum out-of-pocket amount that applies to combined in- and out-of-network services.

Access any doctor or hospital

With your Tufts Medicare Preferred Access PPO plan, you have the freedom to access any doctor or hospital in- or out-of-network within the United States and its territories—and you don't need referrals. In-network doctors and services have a lower cost share than out-of-network doctors. Seeing doctors inside the Tufts Medicare Preferred Access PPO network will help you to save on health care costs. For details on which doctors are in-network, visit thmp.org/doctor.

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 \$30 for X-rays or \$10 for 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 26.



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. You and your continued good health are the central focus of all that we do, especially during times when there is a change in your care, or where and/or how you receive it. 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 improve 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 **1-866-623-0172 (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



Benefit information

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



Doctor search

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

How to Get Care

During regular office hours

Call your PCP or health care provider to get a checkup, make an appointment, and ask general questions about your health.

After regular office hours

For non-emergency situations when your PCP's or health care provider's office is closed, call your PCP or health care provider 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 from your PCP or health care provider if you have a medical emergency.

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

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. Our plan cannot cover a prescription drug purchased outside of the United States and its territories.

You can see any doctor, but seeing a doctor in our network will help you to save on costs. Remember to schedule routine care before or after your travel plans. 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 **1-866-623-0172 (TTY: 711)** for reimbursement details.²



Using Your Prescription Drug Plan

Inflation Reduction Act: Impact on 2025 Prescription Drug Benefits

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 on 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 during the calendar year 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 thpmp.org/IRA. To sign up for the Medicare Prescription Payment Plan program, call Member Services or visit 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 thpmp.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 thpmp.org/documents or call Member Services at **1-866-623-0172 (TTY: 711)**.

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.

Save by using preferred pharmacies

An easy way to save on your prescription drug costs is by using preferred pharmacies. With a preferred pharmacy, you pay \$0 for Tier 1 and \$8 for Tier 2 drugs (30-day supply).

	Cost using a non-preferred pharmacy (30-day supply)	Cost using a preferred pharmacy (30-day supply)
Tier 1 Drugs	\$14	\$0
Tier 2 Drugs	\$20	\$8

The chart on page 29 provides more details on copay information. With over 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.³ To find preferred pharmacies near you, use our pharmacy search tool at thpmp.org/ppo-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.

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 in your Formulary, available at thpmp.org/2025-ppo-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 **1-866-623-0172 (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 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 mail order and save

Mail order service delivers medications that you refill each month right to your home. You may be able to save up to \$44 a quarter (or \$176 a year) by using mail order for a 90-day supply of prescription medications (depending on the tier your drug is on). If you are ready to sign up, you can register online, by mail, or by phone:

- Online: Visit OptumRx.com.
- By mail: Complete the Mail Order Form on page 37 or at thpmp.org/rx-mail-form. You should receive your order in approximately two weeks.
- By phone: **1-800-460-0322**.

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 thpmp.org/documents.

One Card, Two Great Ways to Save!



Your dental benefit and over-the-counter (OTC) benefits are easy to use. With just one card you can take advantage of both of these great benefits!

\$130 each calendar quarter to spend on health items⁴

The Visa® Flex Advantage spending card includes your over-the-counter (OTC) benefit that provides you with \$130 each calendar quarter to spend on health-related items such as:

Cold, flu, and allergy

- Allergy liquids, tabs, and caps
- Cough, cold, flu, and sinus medications
- Sore throat pain relief
- Throat and cough drops
- Neti pots
- Nasal spray

Dental and denture care

- Toothpaste
- Toothbrushes
- Denture cream
- Floss and floss picks
- Toothache relief gel
- Cold sore treatment

First aid and medical supplies

- Bandages
- Gauze
- First aid kits
- Medical tape
- Braces and supports
- Antiseptic spray
- Isopropyl alcohol
- Hydrogen peroxide

Pain and fever relief

- Acetaminophen
- Ibuprofen
- Aspirin
- Topical pain reliever
- Lidocaine cream and patches
- Muscle pain relief creams and patches

Skin care

- Body lotion
- Benzoyl peroxide
- Petroleum jelly
- Cotton swabs
- Sunscreen

Other items

- OTC hearing aids
- At-home COVID test kits
- OTC naloxone

Use your Visa® Flex Advantage spending card to pay for eligible OTC items at participating retailers or plan-approved online stores. Unused balance at the end of the quarter does not carry over.

Note: The above is not a comprehensive list. Eligibility of items may also change due to regulatory or other changes.

For a full list of items, visit thpmp.org/mybenefitscenter.

\$1,500 of dental coverage that goes where you go

With the Visa® Flex Advantage spending card, you get \$1,500 a year to spend on covered dental services—anywhere in the country.⁵



See any dentist

You can see any dentist in the country who accepts Visa—no network or restrictions to worry about.



Comprehensive services

You can use your Visa® Flex Advantage spending card to pay for non-cosmetic dental procedures including implants and composite fillings.



No hassles

Not only are there no network restrictions, but there is also no deductible, no claims, no cost sharing, no balance billing, and no referrals.



Payment is easy

Just present your Visa® Flex Advantage spending card when you go to the dentist to pay for your procedure up to the annual limit—no cost shares or bills to worry about.

Your Visa® Flex Advantage spending card makes it easy to get the dental services you need

You can use your Visa® Flex Advantage spending card for non-cosmetic dental procedures, such as:

- Cleanings
- X-rays
- Fillings
- Simple extractions
- Scaling
- Root planing
- Dentures
- Bridges
- Crowns
- Root canals
- Implants
- Composite fillings
- Fluoride treatment

To check your dental and OTC balances at any time, find participating stores near you for OTC items, or to shop online for OTC items, go to thpmp.org/mybenefitscenter. You can also check your balances at any time by calling **1-833-684-8472**. Please refer to your Evidence of Coverage or the Visa® Flex Advantage spending card package you will receive from the OTC vendor for more details on how your Visa® Flex Advantage spending card works.

For complete benefit information, visit thpmp.org/FlexAdvantage or see your Evidence of Coverage (EOC) booklet at thpmp.org/documents.



Check your mailbox in December for your Visa® Flex Advantage spending card. If you do not receive your card by December 31, 2024, please call Member Services for assistance.

Dental Coverage to Smile About

\$1,500 of dental coverage that goes wherever you go.

With your Visa® Flex Advantage spending card⁵, you get \$1,500 a year to spend on dental services—anywhere in the country.

- Your Visa Flex Advantage spending card is loaded with the full \$1,500 amount at the beginning of the year.
- Your balance does not carry over, so try to spend the full amount before the end of the year.
- You can see any dentist in the country who accepts Visa—no network or other restrictions to worry about.
- You can use your Flex Advantage spending card to pay for any non-cosmetic dental procedure.
- Just present your Flex Advantage spending card when you go to the dentist to pay for your procedure—no cost shares or bills to worry about.
- You are covered up to the \$1,500 annual limit, and are responsible for costs above this amount.



Examples of dental services NOT ELIGIBLE with your Flex Advantage spending card:

- Reconstructive, plastic, cosmetic, elective, or aesthetic dentistry.
- Replacement of dentures, bridges, inlays, onlays, or crowns that can be repaired or restored to normal function.
- Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth, including third molars.
- Services which are not necessary for the patient's dental health as determined by the plan.
- Dental services covered by your inpatient and outpatient medical benefits, including services by a dentist or oral surgeon that are limited to surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments of neoplastic disease, or services that would be covered when provided by a doctor.



Latasha Williams, MD
Nurse Practitioner



More 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**—You can get reimbursed up to \$185 each calendar year 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.⁶ For details, see your Evidence of Coverage (EOC) booklet available at thmp.org/documents, or visit thmp.org/wellness-allowance.
- **\$150 Weight Management reimbursement**—Reach your weight loss goals with up to \$150 each calendar year toward the program fees of Weight Watchers®, or hospital-based weight loss programs!⁷ For details, see your EOC booklet available at thmp.org/documents.

Get up to \$250 toward eyewear

You can get up to \$250 toward the full retail price (not sale price) for eyeglasses (prescription lenses, frames, or a combination of both) and/or contact lenses including upgrades from providers in the EyeMed Vision Care Network or from a provider not in the EyeMed network. 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. If you choose an EyeMed Vision Care participating provider, your coverage will apply at the time of service. If the cost of eyewear is above \$250, you will be responsible to pay for any remaining balance. If you use a non-participating provider, you will need to pay out of pocket and submit for reimbursement. To submit for reimbursement, you will need to file a claim with EyeMed Vision Care. To print a reimbursement form, visit thmp.org/thp-oon-eyemed-form. For details, go to thmp.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.

Hearing aid benefit can save you thousands

You're eligible for up to 2 covered hearing aids per calendar year, 1 hearing aid per ear. The best part? There are five technology levels to choose from and pricing is fixed, with copays ranging from \$250 to \$1,150 for each hearing aid. You're also covered for a \$0 (in-network) hearing aid evaluation once per calendar year. To be covered, the hearing aids must be on the Hearing Care Solutions (HCS) formulary and purchased through HCS, and the hearing aid evaluation at \$0 copay must be with an HCS provider. Schedule your evaluation by calling an HCS representative at **1-866-344-7756**. For more details, visit hearingcaresolutions.com/tuftshealthplan.

You pay \$0 for in-network 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 in-network for many screenings, such as a physical exam, breast cancer screening, cholesterol screening, glaucoma screening, prostate cancer screening, and many more. A coinsurance or copay will apply for some screenings performed out-of-network. See page 28 for out-of-network coverage details.



Get Member-Only Discounts With Your Preferred Extras

As a member of the Tufts Medicare Preferred Access PPO 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.⁸

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.
- 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.⁹

- 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 **1-866-623-0172 (TTY: 711)**.
- To get the discount, show your Tufts Health Plan ID card at time of payment.



Hearing aids

• 63%

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:¹⁰

- A free comprehensive hearing aid evaluation.
- Recommendation on a device that best fits your hearing needs.
- 12-month interest free financing to qualified applicants.
- A 60-day hearing aid evaluation period.
- 1 year of follow-up care at no charge, with the original provider.¹¹
- 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.

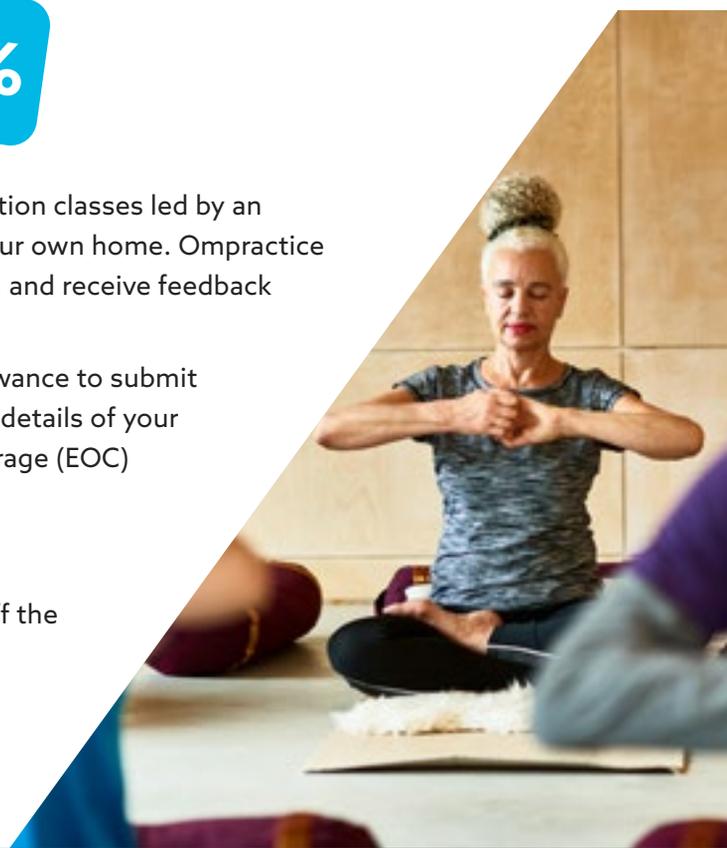
Ompractice

• 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.

- Sign up for Ompractice for \$14.99/month.
- Or sign up for an annual subscription for \$129.00 (40% off the regular monthly rate).
- For more information or to sign up, go to 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^{®12} 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.¹³
- To find a location near you and to obtain a discount authorization, call **1-877-5LASER6**.

Daily Burn



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/.

Home Instead® Senior Care

• \$100

Home Instead Senior Care provides a wide range of non-medical support services to enable you to live safely and comfortably wherever you call home—whether it's the home you have lived in for decades, the home of a child, an assisted living community, or a nursing home. Trained CAREGivers® help with meal preparation, bathing, grooming, dressing, incontinence care, mobility assistance, transportation, housework, and medication regimen support. Home Instead provides support services in hospice settings and following discharge from the hospital or rehab. CAREGivers® provide meaningful companionship, engagement, and supervision if needed due to an Alzheimer's or dementia diagnosis. Home Instead's services are customized to meet the needs of each individual. Service hours generally range from a few hours per week to 24 hours per day.

- 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.

- Receive 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 and to schedule a FREE consultation, 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)

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. Please note: Costs may differ if you receive your benefits from a current or former employer.

The Basics

Medical Deductible	No medical deductible
Annual Out-of-Pocket Maximum¹⁴	\$5,400 in-network (\$9,500 combined in- and out-of-network)



Medical Copays	Access PPO (In-network)	Access PPO (Out-of-network)
Doctor Office Visits		
Primary Care Physician (PCP)	\$0 per visit	\$0 per visit
Specialist	\$40 per visit	\$40 per visit
Telehealth¹⁵	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. Additional telehealth services not covered out-of-network.	
Preventive Care		
Annual Physical	\$0 per visit	\$0 per visit
Cancer Screening (Colorectal, Prostate, Breast)	\$0 per service	45% coinsurance (Breast and Colorectal) \$0 (Prostate)
Vision and Hearing		
Annual Routine Vision Exam	\$0	\$40
Annual Eyewear Benefit	\$250 per calendar year toward eyewear purchased from any provider.	
Annual Routine Hearing Exam	\$0	\$40
Hearing Aids	Up to 2 aids per calendar year, 1 per year. \$250 copay for Standard level, \$475 copay for Superior level, \$650 copay for Advanced level, \$850 copay for Advanced Plus level, \$1,150 copay for Premier level. Through Hearing Care Solutions.	
Outpatient and Lab Services		
Outpatient Services/Surgery¹⁶ including services at hospital outpatient facilities and ambulatory surgical centers (ASC)	Colonoscopies: \$0; Other Services (ASC): \$290 per day; Other Services (non-ASC): \$390 per day	45% coinsurance
Rehabilitation Services^{16,17}	\$30 per visit	45% coinsurance
Mental Health and Substance Use Disorder Services (Individual and Group Services)	\$25 per visit	45% coinsurance
Outpatient Diagnostic Labs^{16, 18}	\$0	45% coinsurance
Diagnostic Radiology Services^{16, 18}	Ultrasound: \$100 per day; Others: \$140 per day	45% coinsurance
Emergency Services		
Emergency Room¹⁹	\$125 per visit	
Urgent Care	\$45 per visit	
Ambulance Services	\$350 per one-way trip	
Inpatient Care		
Outpatient Hospital Observation Observation copay is waived if admitted inpatient within one day for the same condition	\$390 per stay	45% coinsurance
Inpatient Hospital Coverage	Days 1-5: \$400 per day, \$0 per day after day 5	45% coinsurance
Inpatient Services in a Psychiatric Hospital	Days 1-4: \$400 per day, \$0 per day after day 4	45% coinsurance

Additional Benefits	Access PPO (In-network)	Access PPO (Out-of-network)
Wellness Allowance⁶	\$185 per calendar 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.	
Meals Post Discharge (by Mom's Meals)	\$0 for up to 28 home-delivered meals (2 meals per day for 14 days) supplied by plan-approved vendor after a qualifying discharge from hospital or extended care facility.	
Weight Management Programs⁷	\$150 per calendar year reimbursement toward program fees for weight loss programs such as Weight Watchers®, or hospital-based weight loss programs.	
Embedded Supplemental Dental Benefit⁵	Access PPO Visa® Flex Advantage spending card with \$1,500 of dental coverage a year to use at any dentist in the country who accepts Visa—no network and no referrals. See pages 15 and 16 for more details.	
Over-the-Counter (OTC) Benefit⁴	\$130 per calendar quarter on the Visa® Flex Advantage spending card to spend on Medicare-approved, health-related items at participating retailers and plan-approved online stores.	
Acupuncture²⁰	\$20 per visit	\$45 per visit

Rx Drug Coverage	Tufts Medicare Preferred Access PPO	
Deductible	No Deductible	
Copays	30-day retail supply	90-day mail order supply
Tier 1: Preferred Generic²¹	\$0 (\$14 at a non-preferred pharmacy)	\$0
Tier 2: Generic²¹	\$8 (\$20 at a non-preferred pharmacy)	\$16
Tier 3: Preferred Brand	23% (Insulin: \$35)	23% (Insulin: \$70)
Tier 4: Non-Preferred Drug	50% (Insulin: \$35)	50% (Insulin: \$105)
Tier 5: Specialty Tier	33%	N/A
Tier 6: Vaccines	\$0	N/A
Catastrophic Coverage Stage <i>Note: Amounts determined by Medicare</i>	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.	

Note: Tier 1 and Tier 2 drugs include enhanced coverage of certain drugs such as select erectile dysfunction (ED) drugs, vitamins and minerals, and cough/cold products.

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.

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, 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

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.

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 35 to fill out this form.

CMS 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.

Optum Mail Order Form

Use this form to sign up for mail order and have prescriptions that you refill each month delivered right to your home. See page 37 to fill out this form.

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.

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.

If you have any questions about these forms,
call Member Services at **1-866-623-0172 (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

Street address

City

State

ZIP

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

Street address

City

State

ZIP

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.

a **Point32Health** company

1. Member and physician information – please use black or blue ink. One form per member.

Member ID number		
(Additional coverage, if applicable) Secondary member ID number		
Last name	First name	MI
Delivery address		Apt. #
City	State	Zip code
Phone number with area code		
Date of birth (mm/dd/yyyy)	Email address	
Physician name		
Physician phone number with area code		

2. Health history

Medication allergies:	<input type="checkbox"/> Aspirin	<input type="checkbox"/> Erythromycin	<input type="checkbox"/> Quinolones	<input type="checkbox"/> Others: _____
	<input type="checkbox"/> None known	<input type="checkbox"/> Cephalosporins	<input type="checkbox"/> NSAIDs	<input type="checkbox"/> Sulfa
	<input type="checkbox"/> Amoxil/Ampicillin	<input type="checkbox"/> Codeine	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Tetracyclines
Health conditions:	<input type="checkbox"/> Asthma	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> High cholesterol	<input type="checkbox"/> Others: _____
	<input type="checkbox"/> None known	<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart condition	<input type="checkbox"/> Osteoporosis
	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Thyroid disease

Over-the-counter medications, vitamins and herbal supplements taken regularly:

3. Payment and shipping information – do not send cash

Standard delivery is included at no charge. Prescriptions should arrive within 5 business days after the pharmacy receives the complete order. The pharmacy will contact you if there will be an extended delay in delivering your medications.

Visit the website listed on your member ID card to check drug pricing before sending payment. Once shipped, medications may not be returned for a refund or adjustment.

<input type="checkbox"/> Expedite shipping. Add \$20.00 to order amount (subject to change).	New credit card number	
<input type="checkbox"/> Check enclosed. All checks must be signed and made payable to: Optum Rx.	Expiration Date (Month/Year)	Visa, MasterCard, AMEX and Discover are accepted.
<input type="checkbox"/> Charge to my credit card on file.		
<input type="checkbox"/> Charge to my new credit card.		
Signature: _____	Date: _____	

For new prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance and other such expenses related to prescription orders. By supplying my credit card number, **I authorize Optum Rx to maintain my credit card on file as payment method for any future charges.** To modify payment selection, contact customer service at any time.

4. Mail this completed order form with your new prescription(s) to Optum Rx, P.O. Box 2975, Mission, KS 66201. Do not staple or tape prescriptions to the order form.



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: 1-866-623-0172 (TTY: 711)

If you have questions or need help completing this form, call us at 1-866-623-0172. 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

¹You must continue to pay your Medicare Part B premium. Because your plan is a \$0 premium plan, you will 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).

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

³Not all locations may participate.

⁴Quarterly 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.

⁵Dental services covered under the Visa® Flex Advantage spending card are limited to non-cosmetic, non-Medicare covered dental procedures. Coverage is up to the annual benefit limit, and the member is responsible for all costs above this amount. Unused balance at the end of the year does not roll over. Please refer to your Evidence of Coverage for more information.

⁶\$185 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.

⁷\$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.

⁸Discounts and services included in the Preferred Extras program are not plan benefits and are not subject to the Medicare appeals process.

⁹Discount is separate from covered benefit, see your Evidence of Coverage (EOC) available at thpmp.org/documents for details.

¹⁰Savings do not apply if you receive your benefits from a current or former employer.

¹¹Routine service during the first year is with original provider. Any services during the first year that are not administered by original provider are subject to charges at the provider's discretion.

¹²ChooseHealthy® is a trademark of American Specialty Health and used with permission herein.

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

¹⁴Comprises all your medical copays/coinsurance. Your out-of-pocket costs for covered services will never exceed this amount.

¹⁵Additional telehealth services include: primary care physician services, specialist services, other health care professional (PA & NP) services, kidney disease education services, diabetes self-management training, individual and group sessions for mental health and psychiatric services, opioid treatment program services, observation services, individual and group sessions for outpatient substance use disorder services, urgently needed services, and Physical Therapy and Speech-Language Pathology Services, and remote patient monitoring services. \$0 copay (in-network) for e-visits, virtual check-ins, and remote patient monitoring with your PCP or Specialist. For all other telehealth visits, copay is the same as corresponding in-person visit copay. Additional telehealth services are not covered out-of-network.

¹⁶Prior Authorization may be required for in-network services.

¹⁷Rehabilitation Therapy includes Physical Therapy, Occupational Therapy, and Speech Therapy. You pay \$0 in-network for a post-outpatient surgical procedure physical therapy or occupational therapy consultation, prior to discharge.

¹⁸You 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.

¹⁹Emergency 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.

²⁰Medicare 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.

²¹On Tier 1 and Tier 2, lower retail copay applies to network pharmacies with preferred cost sharing. Higher copays apply at other network pharmacies. For a complete list of network pharmacies that offer preferred cost sharing, please check the pharmacy directory at thpmp.org/documents.

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

Tufts Health Plan is a PPO plan with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal. This information is not a complete description of benefits. Call 1-866-623-0172 (TTY: 711) for more information.

Benefits eligibility requirements must be met. Not all may qualify. 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 1-866-623-0172 (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

If you don't have a secure online account, sign up at thmp.org/registration.

Or,

- Visit thmp.org/documents.
- If you would like a printed document mailed to you, you may request one by emailing us at TuftHealthPlanMemberExperience@point32health.org.
- You can also request a printed copy by calling Member Services at **1-866-623-0172 (TTY: 711)** 8 a.m.–8 p.m., 7 days a week (Mon.–Fri. from Apr. 1–Sept. 30).

Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Tufts Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - 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, sex, sexual orientation, or gender identity, you can file a grievance with:

Tufts Health Plan, Attention:
Civil Rights Coordinator, Legal Dept.
1 Wellness Way, Canton, MA 02021
Phone: 1-888-880-8699 ext. 48000, (TTY: 711)
Fax: 1-617-972-9048
Email: 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.

thpmp.org | **1-800-701-9000 (HMO)/1-866-623-0172 (PPO)/(TTY: 711)**

H2256_2023_26_C

H9907_2023_9_C

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 panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

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

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

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

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

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

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

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

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

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.

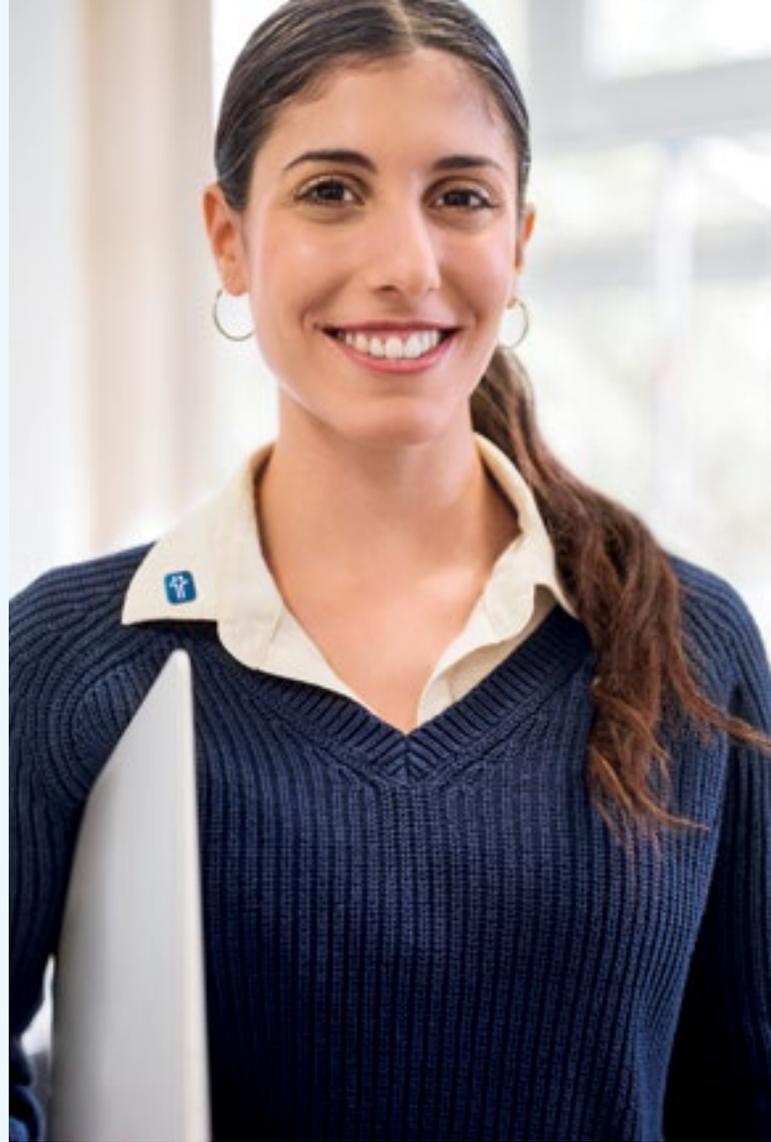
Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-701-9000 (HMO)/1-866-623-0172 (PPO)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

H2256_2023_123_C
H9907_2023_16_C



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

Email us:



TuftsHealthPlanMemberExperience@point32health.org

Or call Member Services:



1-866-623-0172 (TTY: 711)



a **Point32Health** company