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Member Guide

2026 Tufts Health Plan Medicare Advantage HMO Plans





Thank you for choosing us!

Whether you have recently joined or have been a member for years, 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.

Call Member Services at **1-800-701-9000 (TTY: 711)** or get the answers you need on our website:

thpmp.org/member

Note: If you need information in a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call Member Services for details.





The Basics

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. Having an out-of-pocket maximum is one of the many advantages of your HMO plan.

Out-of-pocket maximum amounts:

HMO Basic, Value, Prime, and Prime Rx Plus	\$3,850
HMO Smart Saver	\$6,400

Getting care

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 an HMO plan, you choose a doctor to be your primary care physician (PCP). Your PCP provides routine checkups, preventive care, and treatment for common illnesses. Your PCP is responsible for coordinating all the care you receive. This includes referring you to a specialist for services your doctor 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 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 for a doctor visit or prescription drug.* Coinsurance is a percentage of the cost you pay when you receive certain services. For a list of your copay and coinsurance amounts, see the chart starting on page 28.

*Prescription coverage refers to plans with prescription drug coverage (Rx Plans).

You need a referral to see a specialist

In an HMO plan, you need a referral from your primary care physician (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 thmp.org/documents.



How to Get Care

During regular office hours

Call your primary care physician (PCP) to schedule a checkup, get a referral to a specialist, or 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, Dukes, Franklin, 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.¹

*Prescription coverage refers to plans with prescription drug coverage (Rx Plans).



Using Your Plan

How to check your claims and referrals online

Signing up for your secure account on our website is the easiest, most convenient way to view your claims or referrals, pay your premium, check your benefit information, and choose to get documents electronically.

Creating your secure online account only takes a few minutes. To sign up, go to thpmp.org/registration.

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.

How to go paperless with eDelivery

When you sign up for a secure account on our website, you can choose to get certain plan documents (such as the Annual Notice of Change (ANOC), Evidence of Coverage (EOC), Formulary, etc.) electronically with eDelivery. With eDelivery, you'll have all your important documents in one place. The online versions are the same as the printed versions, and you can always request a paper copy if you need one.

How to change your doctor

You can change your primary care physician (PCP) for any reason, at any time in your secure online account, or by calling Member Services. PCP changes will begin the first of the month following your change request.

To find a new PCP, use the Doctor Search tool available on our website or see the Provider Directory at thpmp.org/doctors.

What happens if your PCP retires?

If your PCP retires or leaves the plan, we send a letter to let you know. The letter includes a PCP change form and a return envelope so you can select a new PCP. This letter is generally sent at least 30 days before your PCP leaves the plan.

How to get a new Member ID card

Your member ID card is needed each time you see your doctor or fill a prescription.* If you lose your card and need a replacement, you can request one in your secure online account or by calling Member Services. You will receive your new card in the mail in 7–10 business days.



*Prescription coverage refers to plans with prescription drug coverage (Rx Plans).

How to make paying your premium easier

Pay online

Sign up for a secure online account and pay your premium online. Details are on page 9. Sign up at 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 available at thpmp.org/eft-form.

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.

Premium payment features may not apply if you receive your benefits from a current or former employer.

How to give permission to someone to discuss your benefits

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 available at thpmp.org/designated-rep-form. 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.

Remember to 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 an annual 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.

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 thmp.org/mywire.

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.



Exciting Benefits That Help You Save

Save on programs that help you stay healthy

Your Wellness Allowance benefit and Weight Management reimbursement 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 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 much more.² For details, visit thpmp.org/wellness-allowance.
- **\$150 Weight Management reimbursement** — Reach your weight loss goals with up to \$150 reimbursement towards the program fees of Weight Watchers® or hospital-based weight loss programs!³ For details, see your Evidence of Coverage (EOC) booklet available at thpmp.org/documents.

Get up to \$250 toward eyewear

You can get up to \$250 (with providers in the EyeMed network) or \$150 (with providers not in the EyeMed network) toward the full retail price (not sale price) for eyeglasses (prescription lenses, frames, or a combination of both) 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.⁴ Discounts cannot be combined. Only one purchase is allowed per calendar year up to the benefit amount; any unused amount after the single purchase will expire and cannot be applied toward another purchase during the calendar year. 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.



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). 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 28.

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 covered for up to 2 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 TruHearing, Inc. provider. To be covered, the hearing aids must be on the TruHearing, Inc. formulary and purchased through a TruHearing, Inc. provider. Schedule your evaluation by calling a TruHearing, Inc. representative at **1-866-344-7756**. For more details, visit truhearing.com/Tufts.

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

Save on insulin

If you use insulin to manage your diabetes, you will be pleased to know that depending on your plan, you would pay as low as \$0 but no more than \$35 for a one-month (30-day) supply of insulin products covered by our plan when used in an insulin pump.

Save up to \$300 on over-the-counter (OTC) health items⁵ each year (Smart Saver Rx only)

With your Over-the-Counter Bonus benefit, you get up to \$300 every calendar year (\$75 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!

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



Shop in stores

Swipe your card at participating physical retailers including CVS, Walmart, Walgreens, Dollar General, Stop & Shop and more. The cost of eligible items will automatically be deducted from your available balance. You can also use your mobile phone to pay for eligible OTC items in-store by downloading the OTC Network app and using the Scan to Pay feature.



Shop online

Go to thmp.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 Amazon.com, CVS Health, Medline, Walmart.com and Walgreens.com. Click on the link for the site where you would like to shop and follow the instructions below to shop on that site.

CVS Health.

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.

Walmart

Walmart.com: Order your items online at walmart.com. At checkout, select pay with card and enter your OTC card number. (Additional shipping fees may apply to Walmart.com orders. Visit thmp.org/otc-benefit for more details.)

MEDLINE

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.

Walgreens

Walgreens.com: Order your items online at walgreens.com. At checkout, enter your OTC card number where card number is requested. (Additional shipping fees may apply to Walgreens.com orders. Visit thmp.org/otc-benefit for more details.)

amazon

 **starting 4/2/26**

Amazon.com: Order your OTC items online at [Amazon.com](https://amazon.com). Add your OTC card as a payment method to use your OTC balance for eligible items. (Shipping is FREE for Amazon Prime members. Non-Prime members receive free shipping on orders over \$35. Visit thmp.org/otc-benefit for more details).

Please refer to your Evidence of Coverage or the letter attached to your OTC card for more details, or visit thmp.org/otc-benefit.

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	Basic and Value plans	Prime and Prime Rx Plus plans
Embedded dental coverage⁶	\$1,500 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
or			
Optional buy-up (Tufts Medicare Preferred Dental Option)⁷	Not available	For an additional premium of \$38 per month, you get a \$1,000 calendar year maximum, and a \$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 \$38.50 per month, you get a \$1,000 calendar year maximum, and a \$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 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 thpmp.org/2026-hmo-dental-enrollment.

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



Using Your Prescription Drug Plan*

Look up your drugs

It's a good idea to look up your prescription drugs to make sure your drug is covered, find out what tier your drug is on, and see if your drug has any special requirements. The Formulary (drug list) lists all covered drugs 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 is a tier?

Every drug on 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 copays, you pay the lower amount.

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 doctor to request special permission from us 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 VII of your Formulary, available at thpmp.org/2026-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 waive a special requirement by requesting an exception. Your Evidence of Coverage (EOC) includes information on how to request an exception (see Chapter 9). Special requirements are not able to be waived in all cases, but each exception request is considered.

*Note, this section applies to plans with prescription drug coverage (Rx plans).

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 108 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 **1-800-701-9000 (TTY: 711)**.

Looking For Ways to Manage Drug Costs?

The Medicare Prescription Payment Plan provides members with the option to spread out-of-pocket Medicare Part D drug costs across the calendar year (January–December). This means you can pay for your prescriptions in monthly installments, rather than all at once at the pharmacy. Enrollment in the payment plan is optional.

To learn more, visit thpmp.org/IRA.

To sign up for the Medicare Prescription Payment Plan, call Member Services or visit thpmp.org/MPPP.



Generic drugs can help you save money

A generic drug has 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 (FDA) to be as safe and effective as brand name drugs. If you take a brand name drug, ask your doctor if there is a generic version that is right for you.

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

Members of Tufts Medicare Preferred (HMO) Smart Saver Rx, Basic Rx, and Value Rx plans pay as low as \$0 for Tier 1 drugs and as low as \$4 (\$2 for Smart Saver Rx members and \$0 for Basic Rx members who live in Worcester County) for Tier 2 drugs by using a preferred pharmacy (30-day supply).⁸ The chart on page 32 provides more details on copay information. With more than 666 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.⁹ To find preferred pharmacies near you, use our pharmacy search tool at thpmp.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.

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

Home delivery order service delivers medications that you refill each month right to your home. Depending on your plan, you may be able to save up to \$49 by using mail order for a 90-day supply of prescription medications (depending on the tier your drug is on). That's a potential savings of up to \$196 a year!¹⁰

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 at thpmp.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 Evidence of Coverage (EOC) booklet available at thpmp.org/documents.

Prescription drug information may be different if you receive your benefits from a current or former employer.



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 wellness programs, and more.¹¹ For a complete list of your member-only discounts, visit our website at thmp.org/extras.

The Dinner Daily

• 25%

The Dinner Daily makes dinnertime easy, healthy, and affordable. Each week, you'll receive complete and personalized weeknight meal plans online, complete with organized grocery lists and links to coupons. Plans are customized to your food preferences and weekly specials.

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.



Mom's Meals

• **FREE SHIPPING**

Mom's Meals® have been delivering refrigerated, ready-to-heat-and-eat meals to homes nationwide. As a member, you can now get shipping costs included on all orders through Mom's Meals (a savings of \$14.95 on every order).

Meals are packaged for storage in the fridge for up to 14 days from delivery. Heat, eat and enjoy in minutes. Meals are designed by chefs and dietitians, and support the nutritional needs of most common chronic conditions and overall well-being. Meals are delivered to any address in the continental U.S.

Place your order online or by phone and use code **"TUFTS"** to activate the offer:

Online: momsmeals.com/tufts

Call: **1-877-347-3438** Monday–Friday, 8 a.m.–7 p.m. ET

Questions? Email: momsmeals@momsmeals.com

Well-balanced meal delivery program

• **15%**

Independent Living Systems deliver medically tailored meals prepared by chefs who work with registered, licensed dietitians to provide nutritionally balanced meals that meet the needs of a variety of diets.

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

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 curated videos and audio-based classes featuring a variety of programming including total-body workouts, barre, kickboxing, meditation, strength, and Pilates training.

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.



Ompractice



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.

- Sign up for Ompractice for \$14.99/month.
- Or sign up for an annual subscription for \$129.00 (40% off the monthly subscription 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 more information visit thpmp.org/extras. Click 'Choose Healthy' from the list at the top of the page, then click 'Register online with ChooseHealthy'.

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.¹²
- 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 TruHearing, Inc., you will receive:

- A free comprehensive hearing aid evaluation¹³
- Recommendation on a device that best fits your hearing needs.
- 12-month, interest-free financing available to qualified applicants. Members pay provider in full at point of service.
- A 60-day hearing aid evaluation period.
- 1 year of follow-up care with the original provider.
- 2-year supply of batteries.
- A 3-year warranty including repairs, loss and damage.

For details on this discount, or to schedule your comprehensive hearing exam, call TruHearing, Inc. at **1-866-344-7756**. For more details, visit [TruHearing.com/Tufts](https://www.truhearing.com/tufts).

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

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.

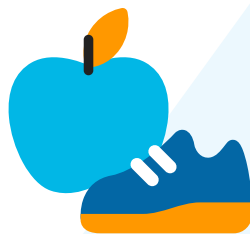
- Get a discounted rate on the installation and monthly fees of a Personal Emergency Response System.
- To learn more about BSAH, visit [BeSaferAtHome.connectamerica.com](https://www.BeSaferAtHome.connectamerica.com). To receive the discounted rates, contact Be Safer At Home at **1-866-513-7377** and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

LifeCycle Transitions



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)

Your 2026 Benefits

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.

Monthly Premium

	HMO Smart Saver Rx	HMO Basic Rx	HMO Basic No Rx ¹⁴	HMO Value Rx	HMO Value No Rx ¹⁴	HMO Prime Rx	HMO Prime No Rx ¹⁴	HMO Prime Rx Plus ¹⁴
Essex, Suffolk	\$0	\$68	\$48	\$188	\$143	\$223	\$176	\$255
Hampden, Hampshire	\$0	\$47	Not Offered	\$93	Not Offered	\$116	Not Offered	\$132
Middlesex, Norfolk, Plymouth, Barnstable, Bristol	\$0	\$58	Not Offered	\$166	\$123	\$193	\$153	\$227
Worcester	\$0	\$55	\$40	\$173	\$132	\$203	\$172	Not Offered

The Basics

	HMO Smart Saver Rx	HMO Basic Rx/ No Rx ¹⁴	HMO Value Rx/ No Rx ¹⁴	HMO Prime Rx/ No Rx ¹⁴	HMO Prime Rx Plus ¹⁴
Medical Deductibles	No medical deductible	No medical deductible	No medical deductible	No medical deductible	No medical deductible
Annual Out-of-Pocket Maximum¹⁵	\$6,400	\$3,850	\$3,850	\$3,850	\$3,850

Medical Copays

	HMO Smart Saver Rx	HMO Basic Rx/ No Rx ¹⁴	HMO Value Rx/ No Rx ¹⁴	HMO Prime Rx/ No Rx ¹⁴	HMO Prime Rx Plus ¹⁴
Doctor Office Visits					
Primary Care Physician	\$0 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit
Specialist	\$50 per visit	\$40 per visit	\$25 per visit	\$15 per visit	\$15 per visit
Telehealth¹⁶	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. Referral may be required from your PCP before you receive services from a specialist. Prior authorization may be required for some services.				
Preventive Care					
Annual Physical	\$0 per visit	\$0 per visit	\$0 per visit	\$0 per visit	\$0 per visit
Cancer Screening (Colorectal, Prostate, Breast)	\$0 per service	\$0 per service	\$0 per service	\$0 per service	\$0 per service
Vision and Hearing					
Annual Routine Vision Exam	\$15	\$15	\$15	\$15	\$15
Annual Eyewear Benefit	Up to \$250 per year toward eyewear at an EyeMed Vision Care participating provider or \$150 reimbursement per year at non-participating providers.		Up to \$150 per year toward eyewear at an EyeMed Vision Care participating provider or \$90 reimbursement per year at non-participating providers.		
Annual Routine Hearing Exam	\$0	\$0	\$0	\$0	\$0
Hearing Aids	Up to 2 aids per year, 1 per ear. \$250 Standard level, \$475 Superior level, \$650 Advanced level, \$850 Advanced Plus level, \$1,150 Premier level. Through TruHearing, Inc.				

Medical Copays (Continued)

	HMO Smart Saver Rx	HMO Basic Rx/ No Rx ¹⁴	HMO Value Rx/ No Rx ¹⁴	HMO Prime Rx/ No Rx ¹⁴	HMO Prime Rx Plus ¹⁴
Outpatient and Lab Services					
Outpatient Services/Surgery Note: ASC = Ambulatory Surgical Center	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	Colonoscopies: \$0; Other services: \$150 per day	Colonoscopies: \$0; Other services: \$100 per day	Colonoscopies: \$0; Other services: \$75 per day
Rehabilitation Services¹⁷	\$30 per visit	\$30 per visit	\$20 per visit	\$15 per visit	\$15 per visit
Mental Health and Substance Use Disorder Services (Individual and Group Services)	\$30 per visit	\$25 per visit	\$20 per visit	\$10 per visit	\$10 per visit
Outpatient Diagnostic Labs	\$0	\$0	\$0	\$0	\$0
Diagnostic Radiology Services	\$200 per day (\$100 per day for ultrasound)	\$250 per day (\$100 per day for ultrasound)	\$100 per day	20% of cost up to \$75 per day	
Emergency Services					
Emergency Room¹⁸	\$130 per visit	\$125 per visit	\$125 per visit	\$110 per visit	
Urgent Care	\$50 per visit	\$45 per visit	\$30 per visit	\$30 per visit	
Ambulance Services	\$350 per one-way trip	\$325 per one-way trip	\$225 per one-way trip	\$175 per one-way trip	\$150 per one-way trip
Inpatient Care					
Inpatient Hospital Coverage	Days 1–6: \$425 per day, \$0 per day after day 6	Days 1–5: \$275 per day, \$0 per day after day 5	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
Non-Ambulance Services	N/A	\$0 per ride from hospital to a skilled nursing facility or to home when ordered by the discharging hospital			

Additional Benefits

	HMO Smart Saver Rx	HMO Basic Rx/No Rx ¹⁴	HMO Value Rx/No Rx ¹⁴	HMO Prime Rx/No Rx ¹⁴	HMO Prime Rx Plus ¹⁴
Wellness Allowance²	\$300 per year	\$150 per year	\$150 per year	\$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.					
Weight Management Programs³	\$150 annual reimbursement toward program fees for weight loss programs such as Weight Watchers or hospital-based weight loss programs.				
Embedded Dental Benefit⁶	\$1,500 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. 50% coinsurance for major services such as extractions, dentures, bridges, and crowns. No deductible. No waiting period.	\$1,000 calendar year maximum. \$0 for preventive services such as cleaning, oral exams, and bitewing X-rays; and 50% coinsurance for basic services such as fillings, simple extractions, and X-rays other than bitewing. No deductible and no waiting period.	N/A	N/A	N/A
Tufts Medicare Preferred Dental Option⁶	N/A	OR		\$38 per month for dental coverage of \$1,000 yearly maximum. \$0 for preventive services such as cleanings, oral exams, and bitewing X-rays; 20% coinsurance for basic services such as fillings, simple extractions, and X-rays other than bitewing; and 50% coinsurance for major services such as dentures, bridges, and crowns. No deductible and no waiting period. ⁷	\$38.50 per month for dental coverage of \$1,000 yearly maximum. \$0 for preventive services such as cleanings, oral exams, and bitewing X-rays; 20% coinsurance for basic services such as fillings, simple extractions, and X-rays other than bitewing; and 50% coinsurance for major services such as dentures, bridges, and crowns. No deductible and no waiting period. ⁷
Over-the-Counter (OTC) Benefit⁵	\$75 per calendar quarter to spend on Medicare-approved, health-related items.	N/A	N/A	N/A	N/A
Acupuncture¹⁹	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit

Prescription Drug Coverage (Rx Plans)

	HMO Smart Saver Rx		HMO Basic Rx	
Deductible	\$615 on Tiers 3–5; \$0 all other tiers & insulin		No Deductible	
Copays	Retail 30-day supply	Mail Order 90-day supply	Retail 30-day supply	Mail Order 90-day supply
Tier 1: Preferred Generic⁸	\$0	\$0	\$0	\$0
Tier 2: Generic⁸	\$2	\$4	\$4	\$8
			(\$0 Worcester county only)	
Tier 3: Preferred Brand	20% coinsurance (Insulin: \$35)	20% coinsurance (Insulin: \$70)	20% coinsurance (Insulin: \$35)	20% coinsurance (Insulin: \$70)
Tier 4: Non-Preferred Drug	25% coinsurance (Insulin: \$35)	25% coinsurance (Insulin: \$70)	40% coinsurance (Insulin: \$35)	40% coinsurance (Insulin: \$70)
Tier 5: Specialty Tier	25%	N/A	33%	N/A
Tier 6: Vaccines	\$0	N/A	\$0	N/A
Catastrophic Coverage Stage	When your payments for the year are greater than \$2,100, 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 ¹⁴	
Deductible	No Deductible		No Deductible		No Deductible	
Copays	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
Tier 1: Preferred Generic⁸	\$0	\$0	\$4	\$8	\$2	\$4
Tier 2: Generic⁸	\$4	\$8	\$8	\$16	\$4	\$8
Tier 3: Preferred Brand	20% coinsurance (Insulin: \$35)	20% coinsurance (Insulin: \$70)	20% coinsurance (Insulin: \$35)	20% coinsurance (Insulin: \$70)	20% coinsurance (Insulin \$30)	20% coinsurance (Insulin \$60)
Tier 4: Non-Preferred Drug	40% coinsurance (Insulin: \$35)	40% coinsurance (Insulin: \$70)	40% coinsurance (Insulin: \$35)	40% coinsurance (Insulin: \$70)	40% coinsurance (Insulin: \$35)	40% coinsurance (Insulin: \$70)
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A
Tier 6: Vaccines	\$0	N/A	\$0	N/A	\$0	N/A
Catastrophic Coverage Stage	When your payments for the year are greater than \$2,100, 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: Your copay for covered insulin will not exceed the lesser of \$35 or 25% of the total cost per 30-day supply regardless of the drug tier, even if you haven't paid your deductible. Your actual copay may be lower depending on the drug tier and total cost of the insulin drug. Please refer to your Evidence of Coverage for more details.


Thank you
for being a member!

Where to find complete plan and benefit information

Evidence of Coverage (EOC)

Find complete benefit, out-of-pocket costs, and plan information in the EOC available on our website at thpmp.org/documents.

Formulary

The list of all the drugs we cover. You can find the Formulary on our website at thpmp.org/2026-hmo-formulary, or give us a call and we will send you a printed copy.

Doctor search

Search the most up-to-date list of doctors in our network at thpmp.org/doctor.

Drug search

Search the list of drugs we cover at thpmp.org/drug-coverage.

Article library

Browse our extensive list of articles that explain how your plan works at thpmp.org/healthy-living.

Website

The member section of our website provides great resources for using your plan. Just go to thpmp.org/member.

Member Services

Call Member Services at **1-800-701-9000 (TTY: 711)**.

Or email us at

TuftHealthPlanMemberExperience@point32health.org.

Secure online account

Check referrals, access plan documents and more in your secure online account. Just go to thpmp.org/login.

Don't have an online account? Creating one only takes a few minutes. Just go to thpmp.org/registration.

Care Management

To learn more about working with a Care Manager, visit thpmp.org/care-management-team or call Members Services.

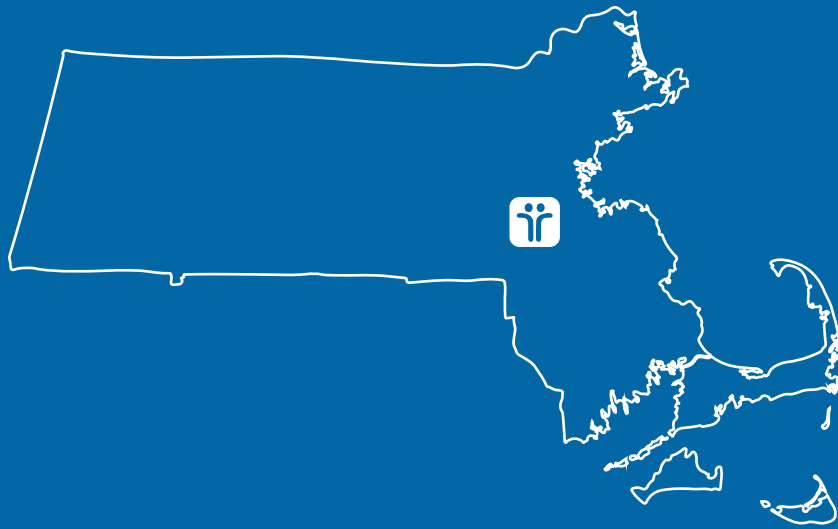
Appeal and Grievance details

If you need to file an appeal or a grievance, see your Evidence of Coverage at thpmp.org/documents for details.

Endnotes

1. Reimbursement applies to emergency and urgent care situations only. You may be responsible for any copays that apply.
2. \$150 (\$300 for Smart Saver) is the total reimbursement amount each year (Jan. 1–Dec. 31) for covered programs and activities including acupuncture visits not covered by Medicare, health education programs, nutritional counseling, fitness benefits (including one fitness tracker or heart rate monitor), physical fitness programs, wellness programs, alternative therapies, and massage therapy. Please see your Evidence of Coverage (EOC) for more details.
3. \$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.
4. You can get up to \$150 (\$250 for 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 Smart Saver members) from a provider not in the EyeMed network. Only one purchase is allowed per calendar year up to the benefit amount; any unused amount after the single purchase will expire and cannot be applied toward another purchase during the calendar year. 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.
5. 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.
6. 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.
7. If purchased, the Tufts Medicare Preferred Dental Option replaces the embedded dental benefit included with your plan.
8. On Tier 1 and Tier 2, retail copay applies to network pharmacies with preferred cost-sharing (Smart 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. Tier 1 and Tier 2 drugs include enhanced coverage of select erectile dysfunction drugs.
9. Not all locations may participate.
10. Applies to Rx plans. Savings may be different depending on the plan you are in or if you receive your benefits from a current or former employer.
11. Discounts and services included in the Preferred Extras program are not plan benefits and are not subject to the Medicare appeals process.
12. At participating facilities only. Discounts cannot be combined with any other promotion offered by Lasik or the location of service.
13. Hearing aids and hearing aid evaluation must be with a TruHearing, Inc. provider.
14. Not available in all counties.
15. Comprises all your copays/coinsurance for covered medical services. Your out-of-pocket costs for covered in-network services will never exceed this amount.
16. Additional telehealth services are covered in-network only and 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, urgently needed services, physical therapy and speech-language pathology services, remote patient monitoring services, pulmonary rehabilitation services, partial hospitalization services, intensive outpatient services, cardiac rehabilitation services, and intensive cardiac rehabilitation 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.
17. 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.
18. 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.
19. 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. Plan will cover services by a licensed acupuncturist when there is a referral from the member's PCP. 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). Benefit information described in this guide is for Tufts Health Plan Medicare Advantage HMO plan members and is not a complete description of benefits. For complete benefit details, see your Evidence of Coverage (EOC) available at thmp.org/documents. Please note: Not all plan benefit information in this booklet is the same for Employer Group plans. If you receive your benefits from a current or former employer, please contact your benefits administrator or Member Services with any questions regarding plan benefits. Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-701-9000 (TTY: 711). H2256_2026_183_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.



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