TUFTS Health Plan

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well!

Tufts Health Plan Medicare Advantage HMO and PPO plans

Fall 2025

Take advantage of savings in 2026

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Did you know?

- Your plan automatically renews—you don't have to take any action to continue your plan in 2026
  Note: Saver Rx HMO members will be automatically enrolled in our Smart Saver Rx HMO plan for 2026.
- We have a variety of plan options including an HMO plan with a $0 monthly premium
- 96% of members choose to stay with us year after year
- We're part of your community—based in Massachusetts

Get the answers you need.

Whether you're looking for information about medical benefits, drug coverage, choosing a doctor, or finding the right form or document, get the answers you need on our website.

thpmp.org

Email us:
TuftsHealthPlanMemberExperience@point32health.org

Or call Member Services

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

PPO members: **1-866-623-0172 (TTY: 711)**

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Get even more from your membership!

Get the most out of your plan with a secure online account on our website:

24/7 online access—Check your claims and referrals anytime

Secure payments—Easily pay your monthly premium

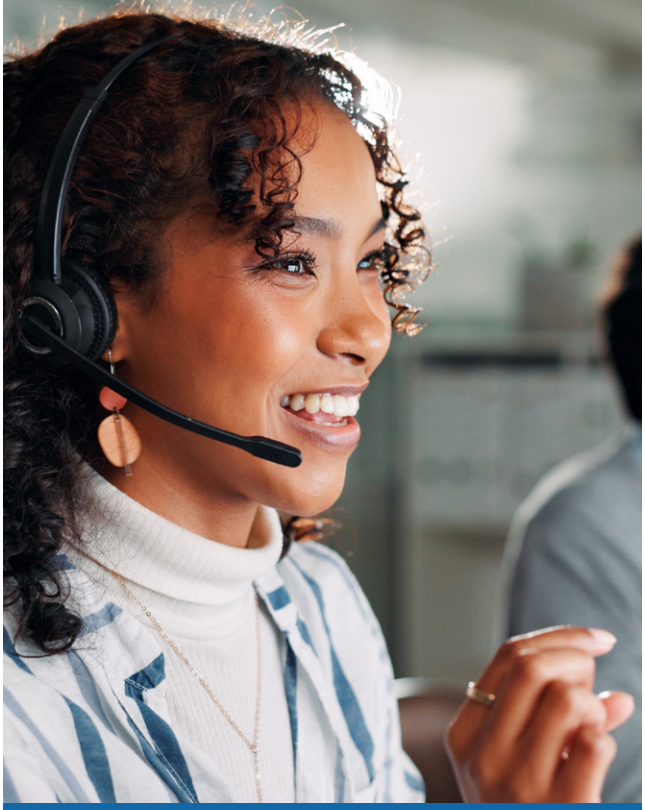
Sign up for eDelivery—Get certain documents electronically instead of by mail

Creating a secure account only takes a few minutes. Sign up today!

thpmp.org/registration

You can opt out of automated messages

Occasionally, Tufts Health Plan contacts you to provide plan information. If you would prefer not to receive automated phone calls from us, you can opt out of these communications (except for medically necessary messages) by calling the Member Services number located on your ID card.



Common Questions:

Which vaccines do I need this fall?

Your Member Services team responds to common questions from members.

Flu shot

Adults age 65 or older are at higher risk for serious complications if they get the flu. Even among healthy older people, the flu can result in heart attacks, strokes, pneumonia, and other serious illnesses. It is important that you receive your flu shot annually to ensure protection from new flu strains. There are many flu vaccines; if you are over age 65, ask for one the Centers for Disease Control and Prevention recommends for your age group.

COVID-19 vaccine

If you have not yet received all your COVID-19 vaccines and boosters, we recommend adding the COVID-19 boosters to your flu shot visit as they can be administered at the same time. If you are over 65 or are immunocompromised, and you have not received the booster for new strains in the past 4 months, this vaccine is recommended. You can schedule your COVID-19 vaccine during the same visit as your flu shot.

Q: Is there a copayment?

A: You have a $0 copay for a flu shot and COVID-19 vaccine.

Q: Where can I get the vaccines?

A: Call your doctor to schedule an appointment (an office visit copay may apply). If your doctor is unable to schedule your vaccines before the end of the year, we will cover vaccines given at certain retail clinics including:

- Any pharmacy in the Tufts Health Plan Medicare Advantage national network that can administer the vaccine.
- MinuteClinics within CVS Pharmacy locations in Massachusetts.
- Town or school clinics—confirm the location accepts Tufts Health Plan.
- If you receive home health services, you can receive the flu or COVID-19 vaccine in your home.

If you get a vaccine anywhere other than your primary care physician's (PCP's) office, remember to let your PCP know.

STAYING STRONG

Regular physical activity is one of the best things you can do for your health as you age. Exercise—including strength training—can help prevent or delay health issues that often arise later in life.

Getting started

The goal is to challenge your muscles—but not overdo it. Check with your doctor before beginning a new fitness routine. Examples of light strength training exercises include:

Lower body exercises

Squats, or standing up from sitting

Lunges

Step ups (on a stair step or sturdy stool)

Upper body exercises

Wall pushups

Arm raises

Abdomen exercises

Sit ups

Planks

For an easier plank variation, start with your hands on an elevated surface, like a stair step or a chair against the wall.

Health benefits of strength training

Lean muscle mass naturally diminishes as you age, but strength training helps preserve and can even increase your muscle mass. Strength training can also help:

- **Reduce** your risk of falling by improving overall muscle strength
- **Increase** bone density and reduce the risk of fractures and osteoporosis
- **Reduce** symptoms of chronic conditions like arthritis, back pain, heart disease, depression, and diabetes

Stay healthy and **SAVE** with your plan in 2026

UP TO $300 to pay for fitness programs

Use your Wellness Allowance to get up to $150 ($300 for Smart Saver Rx members and $100 for PPO RX members) each calendar year for fees you pay for membership in a qualified health or fitness club, wellness programs, and additional items like fitness tracking devices, heart rate monitors, and much more.[1] See Chapter 4 of your Evidence of Coverage for details.

$0 health screenings

Getting regular screenings is one of the best ways to stay healthy. Take advantage of a $0 in-network copay for many screenings including cancer, cholesterol, glaucoma, and many more.

Member-only discounts

Save on a variety of programs and services that help you lead a healthy lifestyle, including discounts on yoga classes from home, massage therapy, acupuncture, and more.[2]
For a complete list of discounts, go to **thpmp.org/extras**.

GET UP TO $250 to pay for eyewear

You can get up to $150 ($250 for Smart Saver Rx 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 (includes more than 26,000 eye care providers, including national chains such as LensCrafters®, Pearle Vision®, and Target® Optical). Discount at non-participating providers is $90 ($150 for Smart Saver Rx members).[3]

SAVE UP TO $196 on prescription drug costs with home delivery

If your plan includes prescription drug coverage, you can avoid going to the pharmacy and have prescriptions you take regularly delivered to your door. With OptumRx Home Delivery Pharmacy, you may be able to save up to $49 for a 90-day supply of prescription medications (depending on your plan and the tier your drug is on). That's a potential savings of up to $196 a year![4] With home delivery, your medications are conveniently mailed to your home.

To sign up, call OptumRx at **1-800-299-7648** (HMO)/ **1-800-460-0322** (PPO).

Discount on hearing aids

You're covered for up to 2 hearing aids per 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 hearing aid evaluation once per year.[5]

For details on how to get your hearing aid discount visit **thpmp.org/hearing-aid-discount**.

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

$150 for weight management

Get up to $150 per calendar year toward program fees for weight loss programs including Weight Watchers®, or a hospital-based weight loss program.[6]

To get your reimbursement, fill out the Weight Management Program Reimbursement Form at **thpmp.org/weight-mgmt-form**.

$300 OVER-THE-COUNTER (OTC) BENEFIT

Smart Saver Rx members can use their OTC benefit ($75 each calendar quarter) to purchase health-related items such as first aid supplies, toothbrushes, and more.[7]

For additional details, go to **thpmp.org/OTC-benefit**.

(Smart Saver Rx members only)

We're thrilled to have you as a member of Tufts Health Plan

Your coverage will automatically continue in 2026. You don't have to do anything or notify us to continue your plan—we've got you covered in 2026! Note: Saver Rx HMO members will be automatically enrolled in our Smart Saver Rx HMO plan for 2026.

Now is also a good time to make sure you are in the plan that is right for you. While most of our members stay in their current plan each year, if your health or financial needs have changed, one of our other plans may be a better fit for you. We have HMO plans with monthly premiums as low as $0, as well as a PPO plan option. We also offer Medicare Supplement plans.

Call Member Services at **1-800-701-9000** (HMO)/**1-866-623-0172** (PPO) for a plan checkup—we can help you review your options and answer any questions you have.

Dental coverage[8]

(HMO Plans)

Depending on the plan you are in, you may have the opportunity to either add dental coverage or enhance the dental coverage that comes with your plan for an additional premium.

Basic and Value plans—Include a $1,000 supplemental dental benefit that covers preventive and basic services. Plus, for an additional monthly premium of $38, you can upgrade to the Tufts Medicare Preferred Dental Option to enhance the included dental coverage by reducing cost share on basic services and adding coverage for major services.[9]

Prime and Prime Rx Plus plans—Do not include supplemental dental coverage, but you may add $1,000 of dental coverage for preventive, basic, and major dental services for an additional $38.50 monthly premium.

Smart Saver Rx plan—Includes $1,500 of supplemental dental coverage for preventive, basic, and major dental services.

Members of Basic, Value, and Prime plans can sign up for the Tufts Medicare Preferred Dental Option:

- Sign up by December 7, 2025, for a January 1, 2026, effective date, or;
- Sign up by January 31, 2026, for a February 1, 2026, effective date.

Just fill out the HMO Dental Option Enrollment Form on our website. If you signed up for the Dental Option in 2025, your coverage will automatically renew at the 2026 monthly premium. For complete coverage details, see your Evidence of Coverage (EOC) available at **thpmp.org/documents**. To find a dentist, go to **thpmp.org/dentist**.

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

Please note: Not all plan benefit information described is the same for Employer Group plans.

Our team can help you access important resources

If you experience any challenges to accessing health care such as food, housing, transportation, or using technology, Community Health Workers (CHWs) can help. CHWs are part of our Care Management team and are available to help you access the social resources and health care services you need to get and stay healthy. They are familiar with the unique needs, experiences, languages, and cultures of our diverse community.

Health is a full picture

For many communities or individuals, it is challenging to access health care—for a variety of reasons. For example, when a basic need like food or housing is unmet, you may be unable to seek care for your health concerns.

CHWs identify and arrange services to address unmet needs, such as:

- Housing
- Health-harming legal issues
- Transportation
- Food security and/or nutrition
- And more

They also help provide health-related education and services, including:

- Chronic disease management
- Health services enrollment
- Care coordination (including preventive health screenings and follow-up care)
- Health insurance navigation skills

There is no cost to you to work with the Care Management team. Your team works collaboratively to coordinate your care and manage your health and social concerns.

To learn more, or to work with a CHW, call Member Services.

To learn more about your Care Management team, visit our website at **thpmp.org/care-management-team**.

Are technology issues holding you back?

Using a computer, smart phone, or other digital device to access health information is now a common part of many people's health care process. But if issues with technology are holding you back, Community Health Workers can help you increase your digital literacy to make it easier to use digital tools to access care.

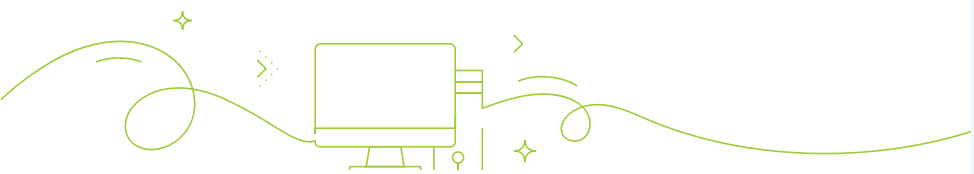
1. Do you or any member of your household have access to the internet using a phone or home computer?
2. Can you use applications/programs (like Zoom) on your cell phone, computer, or another electronic device without asking for help from someone else?
3. Can you set up a video chat using your cell phone, computer, or another electronic device without asking for help from someone else?
4. Can you resolve basic technical issues on your own?
5. Can you read and understand materials from providers on your own?

If you answered **"No"** to any of these questions, a Community Health Worker can help you with issues related to technology and digital literacy.

Community Health Workers provide hands-on, virtual, and telephonic support to ensure you have access to the social resources, digital tools, and health care services you need to get and stay healthy.

How can you work with a Community Health Worker?

All Tufts Health Plan members have access to our Care Management team—which is made up of health care experts, including CHWs.



We take your privacy seriously

Tufts Health Plan is committed to protecting your personal health information (PHI) in all settings. Our Notice of Privacy Practices provides detailed information about our privacy practices and your rights regarding your personal health information. The Notice was recently updated on June 30, 2025 to include additional information, including reproductive health and substance use disorder.

For example:

- We are prohibited from using or sharing your reproductive health care information to assist in an investigation or legal proceedings against you or a provider for receiving or providing lawful care. We will require entities that request your information to attest that they will not use your information for a prohibited purpose.
- We will require your permission or a court order before disclosing your information from certain substance use disorder treatment programs in a proceeding against you.

The updated Notice of Privacy Practices is available on our website at **thpmp.org/notice-privacy-practices**. If you would like a copy sent to you, just call Member Services.

2026 Benefits Overview

Monthly Premium	HMO Smart Saver Rx	HMO Basic No Rx[10]	HMO Basic Rx
Essex, Suffolk	$0	$48	$68
Hampden, Hampshire	$0	Not Offered	$47
Middlesex, Norfolk, Plymouth, Barnstable, Bristol	$0	Not Offered	$58
Worcester	$0	$40	$55

The Basics	HMO Smart Saver Rx	HMO Basic No Rx[10]	HMO Basic Rx
Medical Deductibles	No medical deductible	No medical deductible	
Annual Out-of-Pocket Maximum[11]	$6,400	$3,850	

Medical Copays	HMO Smart Saver Rx	HMO Basic No Rx[10]	HMO Basic Rx
Doctor Office Visits			
Primary Care Physician	$0 per visit	$10 per visit	
Specialist	$50 per visit	$40 per visit	
Telehealth[12]	Medicare-covered services plus additional telehealth services. $0 copay for e-visits, virtual check-in, 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	
Cancer Screening (Colorectal, Prostate, Breast)	$0 per service	$0 per service	
Vision and Hearing			
Annual Routine Vision Exam	$15	$15	
Annual Eyewear Benefit[3]	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	
Hearing Aids[5]	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.		
Outpatient and Lab Services			
Outpatient Services/Surgery	Colonoscopies: $0; Other services (ASC): $270 per day; Other services (Non-ASC): $370 per day	Colonoscopies: $0; Other Services (ASC): $170 per day; Other Services (non-ASC): $270 per day	
Rehabilitation Therapy[13]	$30 per visit	$30 per visit	
Mental Health and Substance Use Disorder Services	$30 per visit	$25 per visit	
Outpatient Diagnostic Labs	$0	$0	
Diagnostic Radiology Services	$200 per day ($100 for ultrasound)	$250 per day ($100 for ultrasound)	

This is a quick reference guide to some of the more commonly used services. For more complete plan benefit information, see your Evidence of Coverage (EOC), available at **thpmp.org/documents**. Please note: Costs may differ if you receive your benefits from a current or former employer.

HMO Value No Rx[10]	HMO Value Rx	HMO Prime No Rx[10]	HMO Prime Rx	HMO Prime Rx Plus[10]	PPO RX[10]
$143	$188	$176	$223	$255	Not offered in Barnstable County. Suffolk $60; Middlesex $40; All other counties $20 **Out-of-network cost share information is represented in bold and in parentheses.**
Not Offered	$93	Not Offered	$116	$132	
$123	$166	$153	$193	$227	
$132	$173	$172	$203	Not Offered	

HMO Value No Rx[10]	HMO Value Rx	HMO Prime No Rx[10]	HMO Prime Rx	HMO Prime Rx Plus[10]	PPO RX[10]
No medical deductible		No medical deductible			No medical deductible
$3,850		$3,850			$6,750 **($10,100 in- and out-of-network combined)**

HMO Value No Rx[10]	HMO Value Rx	HMO Prime No Rx[10]	HMO Prime Rx	HMO Prime Rx Plus[10]	PPO RX[10]
Doctor Office Visits					
$10 per visit		$10 per visit			$0 per visit **($80)**
$25 per visit		$15 per visit			$65 per visit **($80)**
Medicare-covered services plus additional telehealth services. $0 copay for e-visits, virtual check-in, 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 (HMO only). Prior authorization may be required for some in-network services. Additional telehealth services not covered out-of-network for PPO RX.					
Preventive Care					
$0 per visit		$0 per visit			$0 per visit
$0 per service		$0 per service			$0 per service **(45% coinsurance; $0 for prostate cancer screening)**
Vision and Hearing					
$15		$15			$0 **($80)**
Up to $150 per year toward eyewear at an EyeMed Vision Care participating provider or $90 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.			N/A
$0		$0			$0 **($80)**
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..					
Outpatient and Lab Services					
Colonoscopies: $0; Other services: $150 per day		Colonoscopies: $0; Other services: $100 per day		Colonoscopies: $0; Other services: $75 per day	Colonoscopies: $0; Other Services (ASC): $290 per day; Other Services (non-ASC): $390 per day **(45% coinsurance)**
$20 per visit		$15 per visit			$30 per visit **(45% coinsurance)**
$20 per visit		$10 per visit			$40 per visit **(45% coinsurance)**
$0		$0			$0 **(45% coinsurance)**
$100 per day		20% of cost up to $75 per day			Ultrasound: $100 per day; Others: $300 per day **(45% coinsurance)**

Medical Copays	HMO Smart Saver Rx	HMO Basic No Rx[10]	HMO Basic Rx
Emergency Services			
Emergency Room[14]	$130 per visit	$125 per visit	
Urgent Care	$50 per visit	$45 per visit	
Ambulance Services	$350 per one-way trip	$325 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	
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 No Rx[10]	HMO Basic Rx
Wellness Allowance[1]	$300 per year toward fitness club membership, instructional fitness classes, nutritional counseling, acupuncture, or wellness programs such as memory fitness activities.	$150 per year toward fitness club membership, instructional fitness classes, nutritional counseling, acupuncture, or wellness programs such as memory fitness activities.	
	Additional items, activities and programs include alternative therapies, massage therapy, certain home fitness equipment, fitness tracking devices, and heart rate monitors (1 per year), and additional types of fitness clubs and classes.		
Weight Management Programs[6]	$150 annual reimbursement toward program fees for weight loss programs such as Weight Watchers or hospital-based weight loss programs.		
Embedded Dental Benefit[8]	$1,500 calendar year 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.	
Tufts Medicare Preferred Dental Option[9]	N/A	$38 per month for dental coverage of $1,000 calendar year 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.	
Over-the-Counter (OTC) Benefit[7]	$75 per calendar quarter to spend on Medicare-approved, health-related items.	N/A	
Acupuncture[15]	$20 per visit	$20 per visit	

HMO Value No Rx[10]	HMO Value Rx	HMO Prime No Rx[10]	HMO Prime Rx	HMO Prime Rx Plus[10]	PPO RX[10]
Emergency Services					
$125 per visit		$110 per visit			$130 per visit
$30 per visit		$30 per visit			$50 per visit
$225 per one-way trip		$175 per one-way trip		$150 per one-way trip	$350 per one-way trip
Inpatient Care					
Days 1–5: $200 per day, $0 per day after day 5		$300 per stay; you will not pay more than $900 per year		$200 per stay; you will not pay more than $400 per year	Days 1–6: $450 per day, $0 per day after day 6 **(45% coinsurance)**
$0 per ride from hospital to a skilled nursing facility or to home when ordered by the discharging hospital					N/A

HMO Value No Rx[10]	HMO Value Rx	HMO Prime No Rx[10]	HMO Prime Rx	HMO Prime Rx Plus[10]	PPO RX[10]
$150 per year toward fitness club membership, instructional fitness classes, nutritional counseling, acupuncture, or wellness programs such as memory fitness activities.					$100 per year toward fitness club membership, instructional fitness classes, nutritional counseling, acupuncture, or wellness programs such as memory fitness activities.
Additional items, activities and programs include alternative therapies, massage therapy, certain home fitness equipment, fitness tracking devices, and heart rate monitors (1 per year), and additional types of fitness clubs and classes.					
$150 annual reimbursement toward program fees for weight loss programs such as Weight Watchers or hospital-based weight loss programs.					
$1,000 calendar year maximum. $0 for preventive services such as 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
$38 per month for dental coverage of $1,000 calendar year 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.		$38.50 per month for dental coverage of $1,000 calendar year 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.			N/A
N/A		N/A			$20 per calendar quarter to spend on Medicare approved health-related items.
$20 per visit		$20 per visit			$20 per visit **($45 per visit)**

Rx Drug Coverage	HMO Smart Saver Rx		HMO Basic Rx		HMO Value Rx	
Deductible	$615 on tiers 3–5; $0 all other tiers & insulin		No deductible		No deductible	
Copays	30-day retail supply	90-day mail order supply	30-day retail supply	90-day mail order supply	30-day retail supply	90-day mail order supply
Tier 1: Preferred Generic[16]	$0	$0	$0	$0	$0	$0
Tier 2: Generic[16]	$2	$4	$4/$0* *$0 Worcester County only	$8/$0*	$4	$8
Tier 3: Preferred Brand[17]	20% coinsurance (Insulin: $35)	20% coinsurance (Insulin: $70)	20% coinsurance (Insulin: $35)	20% coinsurance (Insulin: $70)	20% coinsurance (Insulin: $35)	20% coinsurance (Insulin: $70)
Tier 4: Non-Preferred Drug[17]	25% coinsurance (Insulin: $35)	25% coinsurance (Insulin: $70)	40% coinsurance (Insulin: $35)	40% coinsurance (Insulin: $70)	40% coinsurance (Insulin: $35)	40% coinsurance (Insulin: $70)
Tier 5: Specialty Tier	25%	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.					

Rx Drug Coverage	HMO Prime Rx		HMO Prime Rx Plus[10]		PPO RX[10]	
Deductible	No deductible		No deductible		$615 on tiers 3–5; $0 all other tiers & insulin	
Copays	30-day retail supply	90-day mail order supply	30-day retail supply	90-day mail order supply	30-day retail supply	90-day mail order supply
Tier 1: Preferred Generic[16]	$4	$8	$2	$4	$0	$0
Tier 2: Generic[16]	$8	$16	$4	$8	$2	$4
Tier 3: Preferred Brand[17]	20% coinsurance (Insulin: $35)	20% coinsurance (Insulin: $70)	20% coinsurance (Insulin: $35)	20% coinsurance (Insulin: $60)	20% coinsurance (Insulin: $35)	20% coinsurance (Insulin: $70)
Tier 4: Non-Preferred Drug[17]	40% coinsurance (Insulin: $35)	40% coinsurance (Insulin: $35)	40% coinsurance (Insulin: $35)	40% coinsurance (Insulin: $35)	25% coinsurance (Insulin: $35)	25% coinsurance (Insulin: $70)
Tier 5: Specialty Tier	33%	N/A	33%	N/A	25%	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.					

Thank you **for being a member!**

Endnotes

1 $150 ($300 for Smart Saver and $100 for PPO RX plan) 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.

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

3 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.

4 Applies to Rx plans. Savings may be different depending on the plan you are in and the tier the drug is on, or if you receive your benefits from a current or former employer.

5 Hearing aids and hearing aid evaluation must be with a TruHearing, Inc. provider. PPO members may receive hearing aid evaluation from providers other than TruHearing, Inc.; out-of-network cost share applies.

6 $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.

7 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.

8 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.

9 For Basic and Value plans, the Dental Option replaces the embedded dental benefit, if purchased.

10 Not available in all counties.

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

12 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, 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.

13 Rehabilitation 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.

14 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.

15 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. Additional non-Medicare acupuncture coverage is included as part of the Wellness Allowance.

16 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 thpmp.org/documents. Tier 1 and Tier 2 drugs include enhanced coverage of select erectile dysfunction drugs.

17 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.

Representatives are available 8 a.m.–8 p.m., 7 days a week (Mon.–Fri. from Apr. 1–Sept. 30). Benefits eligibility requirements must be met. Not all may qualify. Tufts Health Plan is an HMO and PPO plan, both with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal. Benefit information described in this issue is for Tufts Health Plan Medicare Advantage HMO and PPO plan members and is not a complete description of benefits. For complete benefit details, see your Evidence of Coverage (EOC) available at thpmp.org/documents. Please note: Not all plan benefit information in this booklet is the same for Employer Group plans. If you receive your benefits from a current or former employer, please contact your benefits administrator or Member Services with any questions regarding plan benefits. 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 (HMO)/1-866-623-0172 (PPO) (TTY: 711).

Quality benefits, low costs, and great savings

With a Tufts Health Plan Medicare Advantage (HMO or PPO) plan, you get great benefits and services that help you stay healthy. From your Wellness Allowance[1] to discounts on hearing aids,[5] and much more, your plan makes it easier to save on programs and services that help you lead a healthy lifestyle.

TUFTS Health Plan

a Point32Health company

1 Wellness Way
Canton, MA 02021-1166

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Health and Wellness or Prevention Information