TUFTS Health Plan

well!

Tufts Health Plan Medicare Advantage
HMO and PPO plans

Fall 2026



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Did you know?

- 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—located 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

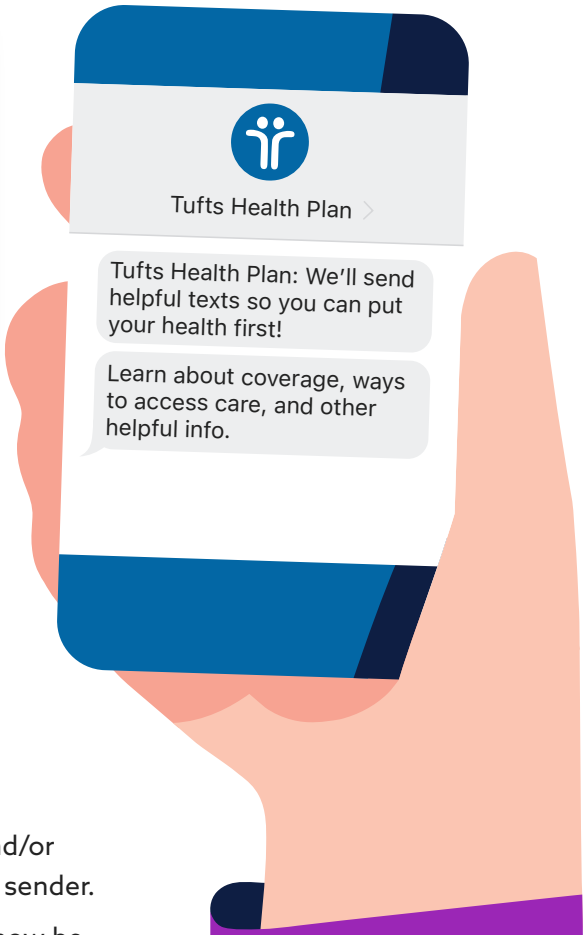
You don't have to take any action to continue your plan in 2027

We're thrilled to have you as a member of Tufts Health Plan. Your coverage will automatically continue in 2027. You don't have to do anything or notify us to continue your plan — we've got you covered in 2027!

Note: For 2027, our Smart Saver Rx (HMO) plan will be split out by county. Smart Saver Rx members will automatically be enrolled in our county-specific Tufts Medicare Preferred Smart Saver Rx (HMO) plan. See page 11 for more details.

If your health care needs have changed and you want to review our other plan options, just give us a call at **1-800-701-9000** (HMO)/**1-866-623-0172** (PPO) **(TTY: 711)**.

New look to text messages with improved features



In 2027, you'll notice a new and enhanced text messaging experience. With more personalized and interactive messaging, you'll receive helpful benefits and coverage information tailored to your needs. These customized messages and reminders make it easier than ever to use your plan and manage your health.

What's new?

- **New look** — Beginning in January 2027, our text messages will have a different look.
- **New phone number** — Text messages will be sent from **67377** and/or **1-844-565-2055** and will always identify Tufts Health Plan as the sender.
- **You can text us back** — Our knowledgeable representatives will now be able to respond to questions you send by text, and help connect you with the information and support you need. (Please note: A text message is not a secure channel. Avoid including personal or health information in your messages.)
- **More personalized** — Our new text messages will be tailored to you and your plan with timely information to make it easier to use your plan benefits to manage your health.

What to expect

With our enhanced text messaging experience, you may receive:

- Benefit and coverage information
- Details on finding providers and community resources
- Reminders for annual wellness visits, preventive screenings and other no-cost services
- Health tips, wellness tools and educational resources
- Information about programs, resources and discounts available to you
- And much more! Look for text messages to begin in January 2027

Important: Text messaging is not a secure communication channel. Tufts Health Plan will not send protected health information (PHI) through text message. Please do not include personal, medical, or health information in your text messages

What to know

No sign-up required.
By sharing a phone number that can receive text messages, you will automatically receive texts from Tufts Health Plan. Participation is optional, and you can opt out at any time.
Text STOP to 67377 to opt out.
Text START to 67377 to re-enroll in text messages.

Which vaccines do I need this fall?

—Flu shot

If you are age 65 or older and get the flu, you are at a higher risk for serious complications. Influenza infection can be severe — even for otherwise healthy people in your age group — affecting the heart, brain, lungs and body. If you are planning to spend time with family and friends over the holidays, getting a flu shot can help you avoid missing out on important events. One misconception is that the flu shot gives you the flu. The flu vaccine cannot give you the flu illness. Feeling tired for a day or two is a sign the flu shot is working to protect you. It's important to have a flu shot each year to stay protected from new flu strains.

—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. If you are over 65 or immunocompromised, and you have not received the booster for new strains in the past 4 months, this vaccine is recommended. The COVID-19 vaccine and flu shot can be administered at the same time, so you can schedule your COVID-19 vaccine during the same visit as your flu shot.

Is there a copayment?

You have a **$0 copay** for a flu shot and the COVID-19 vaccine.

Where can I get the vaccines?

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.

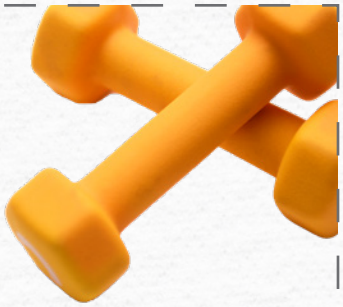
If you get a vaccine anywhere other than your primary care provider's (PCP's) office, remember to let your PCP know.

We take your privacy seriously

Tufts Health Plan is committed to protecting your personal health information 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 is available on our website at **thpmp.org/notice-privacy-practices**. If you would like a copy sent to you, just call Member Services.

Stay healthy and **SAVE** with your plan in 2027

UP TO $150 to pay for fitness programs



Use your Wellness Allowance to get up to $150 each calendar year (not available to PPO RX members or Smart Saver Rx members who live in Barnstable County; see page 12 for details) 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**.

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 plan you are in 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).

+ You can get up to a 100-day supply of Tier 1 drugs at retail or through mail order. (Note: May not apply if you recieve your benefits from a current or former employer.)

GET UP TO $150 to pay for eyewear

You can get up to $150 (not available to PPO RX members or Smart Saver members who live in Barnstable County; see page 10 for details) toward the full retail price (not sale price) for eyeglasses, prescription lenses, frames and/or contact lenses from any provider.[3]



Discount on hearing aids (HMO plans)

You're covered for up to 2 hearing aids per year, 1 hearing aid per ear (not available to PPO RX members). 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 (excludes Smart Saver Rx members in Barnstable County; see page 12 for details).[6]

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



Dental coverage that covers more

(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.[7]



Basic and Value plans—Include a $1,000 supplemental dental benefit that covers preventive and basic services. Plus, for an additional monthly premium of $41.50, 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.[8]

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 $1,000 (Region A) $750 (Region B) and $500 (Region C) of supplemental dental coverage for preventive, basic and major dental services. For region details, see page 12.

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

- Sign up by December 7, 2026, for a January 1, 2027, effective date, or;
- Sign up by January 31, 2027, for a February 1, 2027, effective date.

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

Note: Your current Dominion National ID card will remain valid in 2027, so please keep it and continue using it for your dental benefits. If your card is lost, stolen, or damaged, please call Member Services to request a replacement ID card.

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

Did you know we have a variety of plan options?

Each year at this time, we want to make sure you are in the plan that's 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, plus 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 your plan checkup — we can help you review your options and answer any questions you have.

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 accessing health care or resources 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 smart 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 healthcare experts, including CHWs.

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.



2027 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.

Monthly Premium	HMO Smart Saver Rx	HMO Basic No Rx[9]	HMO Basic Rx
Essex, Suffolk	$0	$58	$88
Hampden, Hampshire	$0	Not offered	$65
Middlesex, Norfolk, Plymouth, Barnstable, Bristol	$0	Not offered	$82
Worcester	$0	$50	$85

The Basics	HMO Smart Saver Rx			HMO Basic No Rx[9]	HMO Basic Rx
Medical Deductibles	No medical deductible			No medical deductible	No medical deductible
Annual Out-of-Pocket Maximum[10]	Region A	Region B	Region C	$4,500	$4,500
	$7,150	$7,150	$9,850		

Medical Copays	HMO Smart Saver Rx			HMO Basic No Rx[9]	HMO Basic Rx
Doctor Office Visits					
Primary Care Physician	$0 per visit			$10 per visit	$10 per visit
Specialist	Region A	Region B	Region C	$45 per visit	$45 per visit
	$60 per visit	$70 per visit	$60 per visit		
Telehealth[11]	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
Cancer Screening (Colorectal, Prostate, Breast)	$0 per service			$0 per service	$0 per service
Vision and Hearing					
Annual Routine Vision Exam	$15			$15	
Annual Eyewear Benefit[3]	$150 per year from any provider. Not available to members who live in Barnstable County.			$150 per year from any provider	$150 per year from any provider
Annual Routine Hearing Exam	$0			$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 (ASC=Ambulatory surgical center)	Colonoscopies: $0 copay; Other services:			Colonoscopies: $0; Other Services (ASC): $170 per day; Other Services (non-ASC): $300 per day	
	Region A	Region B	Region C		
	$270 per day (ASC); $370 per day (non-ASC)	$350 per day (ASC); $450 per day (non-ASC)	$350 per day (ASC); $450 per day (non-ASC)		

A note about this chart: HMO Smart Saver Rx has different copays depending on the county you live in:

Region A
Hampden, Hampshire, Middlesex and Worcester Counties

Region B
Bristol, Essex, Norfolk, Plymouth and Suffolk Counties

Region C
Barnstable County

HMO Value No Rx[9]	HMO Value Rx	HMO Prime No Rx[9]	HMO Prime Rx	HMO Prime Rx Plus[9]	PPO RX[9]
$153	$207	$186	$244	$280	Not offered in Barnstable County. All other counties: $220 **Out-of-network cost share information is represented in bold and in parentheses.**
Not offered	$108	Not offered	$138	$158	
$133	$185	$163	$214	$252	
$142	$190	$182	$224	Not offered	

HMO Value No Rx[9]	HMO Value Rx	HMO Prime No Rx[9]	HMO Prime Rx	HMO Prime Rx Plus[9]	PPO RX[9]
No medical deductible	No medical deductible	No medical deductible	No medical deductible	No medical deductible	No medical deductible
$4,200	$4,200	$3,850	$3,850	$3,850	$7,150 **($10,750 in- and out-of-network combined)**

HMO Value No Rx[9]	HMO Value Rx	HMO Prime No Rx[9]	HMO Prime Rx	HMO Prime Rx Plus[9]	PPO RX[9]
Doctor Office Visits					
$10 per visit	$10 per visit	$10 per visit	$10 per visit	$10 per visit	$0 per visit **($80)**
$35 per visit	$35 per visit	$20 per visit	$30 per visit	$30 per visit	$75 per visit **($100)**
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 (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 visit	$0 per visit	$0 per visit
$0 per service	$0 per service	$0 per service	$0 per service	$0 per service	$0 per service **(45% coinsurance; $0 for prostate cancer screening)**
Vision and Hearing					
$15	$15	$15	$15	$15	$0 **($80)**
$150 per year from any provider	$150 per year from any provider	$150 per year from any provider	$150 per year from any provider	$150 per year from any provider	N/A
$0	$0	$0	$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.					N/A
Outpatient and Lab Services					
Colonoscopies: $0; Other Services (ASC): $150 per day; Other Services (non-ASC): $250 per day		Colonoscopies: $0; Other Services (ASC): $100 per day; Other Services (non-ASC): $200 per day		Colonoscopies: $0; Other Services (ASC): $75 per day; Other Services (non-ASC): $175 per day	Colonoscopies: $0; Other Services (ASC): $350 per day; Other Services (non-ASC): $450 per day **(50% coinsurance)**

Medical Copays	HMO Smart Saver Rx			HMO Basic No Rx[9]	HMO Basic Rx
Rehabilitation Therapy[12]	$30 per visit			$30 per visit	$30 per visit
Mental Health and Substance Use Disorder Services	$30 per visit			$25 per visit	$25 per visit
Outpatient Diagnostic Labs	$0			$0	$0
Diagnostic Radiology Services	$350 per day (non-ultrasound)			$250 per day ($100 for ultrasound)	$350 per day ($100 for ultrasound)
	Region A	Region B	Region C		
	$295 for ultrasound	$195 for ultrasound	$145 for ultrasound		
Emergency Services					
Emergency Room[13]	Region A	Region B	Region C	$130 per visit	$130 per visit
	$130 per visit	$130 per visit	$115 per visit		
Urgent Care	Region A	Region B	Region C	$45 per visit	$45 per visit
	$50 per visit	$50 per visit	$40 per visit		
Ambulance Services	$375 per one-way trip			$325 per one-way trip	$325 per one-way trip
Inpatient Care					
Inpatient Hospital Coverage	Region A	Region B	Region C	Days 1–5: $350 per day, $0 per day after day 5	Days 1–5: $350 per day, $0 per day after day 5
	Days 1–6: $459 per day, $0 per day after day 6	Days 1–5: $550 per day, $0 per day after day 5	Days 1–5: $490 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[9]	HMO Basic Rx
Wellness Allowance[1]	$150 per year reimbursement toward fitness club membership, instructional fitness classes, nutritional counseling, acupuncture or wellness programs such as memory fitness activities. Not available to members who live in Barnstable County.			$150 per year reimbursement 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 (1 per year) and heart rate monitors, 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. Not available to members who live in Barnstable County.			$150 per year reimbursement toward program fees for weight loss programs such as Weight Watchers or hospital-based weight loss programs.	
Embedded Dental Benefit[7]	Region A	Region B	Region C	$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.	
	$1,000 yearly maximum	$750 yearly maximum	$500 yearly maximum		
	$0 for preventive services such as cleanings, oral exams and bitewing X-rays; 50% 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.				
Tufts Medicare Preferred Dental Option[8]	N/A			$41.50 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.	
Acupuncture[14]	$20 per visit			$20 per visit	$20 per visit

HMO Value No Rx[9]	HMO Value Rx	HMO Prime No Rx[9]	HMO Prime Rx	HMO Prime Rx Plus[9]	PPO RX[9]
$20 per visit	$20 per visit	$15 per visit	$15 per visit	$15 per visit	$30 per visit **(45% coinsurance)**
$20 per visit	$20 per visit	$10 per visit	$10 per visit	$10 per visit	$40 per visit **(45% coinsurance)**
$0	$0	$0	$0	$0	$0 **(45% coinsurance)**
$100 per day	$100 per day	20% of cost up to $75 per day	20% of cost up to $75 per day	20% of cost up to $75 per day	Ultrasound: $100 per day; Others: $300 per day **(45% coinsurance)**
Emergency Services					
$130 per visit	$130 per visit	$130 per visit	$130 per visit	$130 per visit	$130 per visit
$30 per visit	$30 per visit	$30 per visit	$30 per visit	$30 per visit	$50 per visit
$225 per one-way trip	$225 per one-way trip	$175 per one-way trip	$175 per one-way trip	$150 per one-way trip	$375 per one-way trip
Inpatient Care					
Days 1–5: $300 per day; $0 per day after day 5	Days 1–5: $300 per day; $0 per day after day 5	$300 per stay; you will not pay more than $900 per year	$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 1–5: $550 per day, $0 per day after day 5 **(50% coinsurance)**
$0 per ride from hospital to a skilled nursing facility or to home when ordered by the discharging hospital		$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[9]	HMO Value Rx	HMO Prime No Rx[9]	HMO Prime Rx	HMO Prime Rx Plus[9]	PPO RX[9]
$150 per year reimbursement toward fitness club membership, instructional fitness classes, nutritional counseling, acupuncture or wellness programs such as memory fitness activities.		$150 per year reimbursement toward fitness club membership, instructional fitness classes, nutritional counseling, acupuncture or wellness programs such as memory fitness activities.			N/A
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 per year reimbursement toward program fees for weight loss programs such as Weight Watchers or hospital-based weight loss programs.		$150 per year reimbursement toward program fees for weight loss programs such as Weight Watchers or hospital-based weight loss programs.			$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	N/A	N/A
$41.50 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.		$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.			N/A
$20 per visit	$20 per visit	$20 per visit	$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	
Amounts listed with an asterisk (*) are for Worcester County only.						
Deductible	$700 on Tiers 3–5; [No deductible] all other tiers & insulin		$200 on Tiers 3–5; [No deductible] all other tiers & insulin		$200 on Tiers 3–5; [No deductible] 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[15]	$0	$0 (100-day supply)	$0	$0 (100-day supply)	$0	$0 (100-day supply)
Tier 2: Generic[15]	$2	$4	$4 ($0*)	$8 ($0*)	$4	$8
Tier 3: Preferred Brand[16]	20% coinsurance (Insulin: $35)	20% coinsurance (Insulin: $70)	20% (17%*) coinsurance (Insulin: $35)	20% (17%*) coinsurance (Insulin: $70)	20% coinsurance (Insulin: $35)	20% coinsurance (Insulin: $70)
Tier 4: Non-Preferred Drug[16]	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	30% (31%*)	N/A	27% (26%*)	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 $2,400, you pay nothing. During this payment stage, the plan pays the full cost for your covered Part D drugs. You can have cost sharing for drugs that are covered under our enhanced benefit.					

Rx Drug Coverage	HMO Prime Rx		HMO Prime Rx Plus[9]		PPO RX[9]	
Amounts listed with an asterisk (*) are for Worcester County only.						
Deductible	No deductible		No deductible		$700 on Tiers 3–5; [No deductible] 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[15]	$4	$8 (100-day supply)	$2	$4 (100-day supply)	$0	$0 (100-day supply)
Tier 2: Generic[15]	$8	$16	$4	$8	$2	$4
Tier 3: Preferred Brand[16]	20% coinsurance (Insulin: $35)	20% coinsurance (Insulin: $70)	20% coinsurance (Insulin: $30)	20% coinsurance (Insulin: $60)	20% coinsurance (Insulin: $35)	20% coinsurance (Insulin: $70)
Tier 4: Non-Preferred Drug[16]	40% coinsurance (Insulin: $35)	40% coinsurance (Insulin: $70)	40% coinsurance (Insulin: $35)	40% coinsurance (Insulin: $70)	25% coinsurance (Insulin: $35)	25% coinsurance (Insulin: $70)
Tier 5: Specialty Tier	32% (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 $2,400, you pay nothing. During this payment stage, the plan pays the full cost for your covered Part D drugs. You can have cost sharing for drugs that are covered under our enhanced benefit.					

Thank you **for being a member!**

Endnotes

1 $150 (not available to PPO RX members or Smart Saver members who live in Barnstable County) 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 (not available to PPO RX members or Smart Saver members who live in Barnstable County) toward the full retail price (not sale price) for eyeglasses, prescription lenses, frames and/or contact lenses including upgrades from any provider. 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. (Excludes PPO RX members.) Note: Hearing aid benefit may not apply if you receive your benefits from a current or former employer.

6 $150 (not available to Smart Saver members who live in Barnstable County) 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 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.

8 For Basic and Value plans, the Dental Option replaces the embedded dental benefit, if purchased. Note: The Dental Option is not available if you receive your benefits from a current or former employer.

9 Not available in all counties.

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

11 Additional telehealth services are covered in-network only and include: primary care services, specialist services and more. $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. Please refer to your Evidence of Coverage for complete list of covered services and other details.

12 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.

13 If admitted to observation or inpatient within 1 day for the same condition, the higher of emergency care copay or observation/inpatient copay applies.

14 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 (HMO only). Additional non-Medicare acupuncture coverage is included as part of the Wellness Allowance, where applicable.

15 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.

16 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).

TUFTS Health Plan

1 Wellness Way
Canton, MA 02021-1166

well!

Fall 2026

Take advantage of savings in 2027

Page 6

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 member only discounts and savings with Preferred Extras[2] to routine vision and hearing exams and much more, your plan makes it easier to save on programs and services that help you lead a healthy lifestyle.



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Health and Wellness or Prevention Information