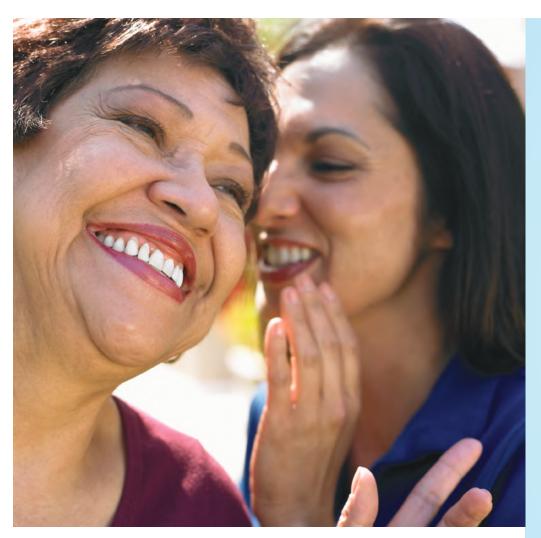
MEDICARE ADVANTAGE (HMO) PLANS | 2019



Buyer's Guide

Includes a chart comparing all HMO plan options





Service Area:

To join a Medicare
Advantage HMO plan
from Tufts Health Plan,
you must live in our
service area: Barnstable,
Bristol, Essex, Hampden,
Hampshire, Middlesex,
Norfolk, Plymouth, Suffolk,
or Worcester County.

QUESTIONS?

Call 1-800-890-6600 // TTY: 711

Representatives are available Monday - Friday, 8 a.m. - 8 p.m. (From October 1 - March 31, representatives are available 7 days a week, 8 a.m. - 8 p.m.) After hours and on holidays, please leave a message and a representative will return your call on the next business day.

VISIT US AT: www.thpmp.org

Quick Links:

Compare HMO Plans www.thpmp.org/compare

Doctor Search www.thpmp.org/doctor

Drug Searchwww.thpmp.org/
drug-coverage

Dental Coverage Option www.thpmp.org/dental

Summary of Benefits and
Other Plan Documents
www.thpmp.org/documents



Dear Neighbor:

Thank you for your interest in Medicare Advantage (HMO) plans from Tufts Health Plan.

Like you, we at Tufts Health Plan believe that health and vitality are your most priceless possessions, which is why we are committed to helping you stay healthy.

We understand that choosing a Medicare plan is an important decision. The enclosed materials are designed to help you better understand Medicare and identify the plan that best fits your lifestyle.

Tufts Health Plan offers a wide range of Medicare Advantage (HMO) plans to meet your needs and budget—all with comprehensive medical benefits and optional prescription drug coverage.

If you have questions or need assistance choosing and enrolling in a plan, please feel free to call our local Medicare Experts at 1-877-409-3499 (TTY: 711). Or for in-person assistance, attend a FREE meeting in your area*. For locations and dates, visit www.thpmp.org/meetings and reserve your seat today.

Thank you for thinking of Tufts Health Plan as your partner in planning for your health. We look forward to working with you to keep you healthy, active, and vital for many years to come.

Sincerely,

Patty Blake
President, Senior Products
Tufts Health Plan

atty Blake

Wide variety of plans to fit your needs and budget—starting as low as \$0 per month.

Built in prescription drug benefits—with affordable copays.

Low out-of-pocket maximum for medical expenses—limits what you pay for medical services.

Up to \$700 in annual savings—fitness, preventive dental allowance, eyewear benefit, wellness programs and more!

Large network with thousands of local doctors and specialists you know and trust.

²⁰¹⁹ HIGHLIGHTS

^{*}For accommodations of persons with special needs at meetings, call 1-877-409-3499 (TTY: 711).



WHY CHOOSE A MEDICARE ADVANTAGE (HMO) PLAN FROM TUFTS HEALTH PLAN?

Our HMO Plans Offer:

- More comprehensive coverage than Original Medicare alone
- A wide array of plans that fit your needs and budget
- Affordable copayments and no medical deductibles
- Prescription drug coverage
- Low annual out-of-pocket maximums that limit your medical costs each year

Large Network

We offer a large network of primary care physicians (PCPs), specialists, and hospitals that you know and trust.

Focus on Prevention and Wellness

We focus on your preventive care and wellness through regular screenings and programs to help you better manage certain conditions. Plus, with our HMO plans you have access to **hundreds of dollars in annual savings** including:

- \$150 eyewear allowance for eyeglasses or contact lenses
- **Up to \$250 Wellness Allowance** for gym memberships, nutritional counseling, acupuncture, memory fitness activities, and wellness programs
- \$150 weight management reimbursement toward fees for Weight Watchers®, Jenny Craig® or hospital-based programs
- Up to \$150 preventive dental allowance for services such as exams, cleanings, and X-rays with your choice of dentist

One-on-One Care Manager

We can provide someone to guide you through the health care system, coordinate your medical services, and help answer questions about health conditions and treatments.

Care Coordination

When you join one of our plans, you select a primary care physician (PCP) who coordinates your care, and directs you to specialists and hospitals within a referral circle. This coordinated care approach ensures you get the **right care**, at the **right time**, in the **right setting**.

Referral Circles

Your primary care physician (PCP) is responsible for coordinating all of your health care to make sure you get the care that is right for you. Your PCP is also responsible for providing access to a team of specialists, also known as a referral circle. These specialists provide other services that your PCP cannot provide to you. To view the specialists in your PCP's referral circle, use our online doctor search tool. (Not all the specialists in our provider network will be in your PCP's referral circle.) **To find a doctor or hospital** in our provider network, visit **www.thpmp.org/doctor**.

Prescription Drug Coverage

If you join any of our HMO plans and want prescription drug coverage, you should select a Prescription Drug (Rx) plan option when you enroll. Our prescription drug plan includes access to an extensive list of brand name, generic, and specialty drugs, including a high number of low-cost generics. To find out if your prescription is covered under one of our plans that include prescription drug (Rx) benefits, visit **www.thpmp.org/drug-coverage**.

Dental Coverage

For an additional (monthly) cost, you can also add the Tufts Medicare Preferred Dental Option to any of our HMO plans. This optional dental coverage helps pay for preventive care and comprehensive services such as fillings, crowns, and implants. This coverage is in addition to the annual dental allowance available with some of our plans. For more information, visit www.thpmp.org/dental.

We're Local

Headquartered in Watertown, MA, Tufts Health Plan is a **local health plan with a national reputation for excellence**. Our local staff of customer relations and sales representatives understand Medicare and are always available to help find the plan that's right for you.

I liked the idea of working with a local organization. I know where Tufts Health Plan is located, and there's a lot to be said about dealing with a local organization."

Lawrence // Joined Tufts Health Plan in 2015

PLAN COMPARISON CHART

HMO Saver or Basic plans may be a good fit if you:

- Are relatively healthy or don't plan to visit the doctor often
- Want a \$0 or low monthly premium with capped out-of-pocket costs and more health benefits than Original Medicare
- · Want a plan that includes additional benefits like eyewear, preventive dental, and wellness reimbursement

Monthly Plan Premium by County	HMO Saver Rx	HMO Basic No Rx ¹	HMO Basic Rx
Barnstable, Bristol, Middlesex, Norfolk & Plymouth	\$0	Not Offered	\$40
Essex & Suffolk	\$0	\$28	\$55
Hampden & Hampshire	\$0	Not Offered	\$23
Worcester	\$0 \$20		\$42

Medical Coverage

Plan Medical Costs	HMO Saver Rx	HMO Basic No Rx ¹	HMO Basic Rx	
Medical Deductibles		No medical deductible		
Annual Out-of-Pocket Maximum ²	\$6,000	\$3,400	\$3,400	
Copays	HMO Saver Rx	HMO Basic No Rx ¹	HMO Basic Rx	
Doctor Office Visits Primary Care Physician (PCP)	\$10	Ç	\$10	
Specialist	\$45	\$	540	
Preventive Care Annual Physical	\$O		\$0	
Cancer Screening (Colorectal, Prostate, Breast)	\$0 per service	\$0 pe	r service	
Vision and Hearing Annual Routine Vision Exam	\$45	\$	540	
Annual Eyewear Benefit		O per year toward eyewear at an EyeMed Vision Care participal provider or \$90 per year at non-participating providers.		
Annual Routine Hearing Exam	\$45	\$	540	
Hearing Aid Benefit (2 hearing aids per year, 1 per ear)	\$250 Standard level \$475 Superior level \$650 Advanced level \$850 Advanced Plus level	*		
Outpatient and Lab Services Outpatient Services / Surgery	\$350 per day	\$250 per day		
Physical Therapy ³	\$40	\$	30	
Occupational Therapy ³	\$40	\$	530	
Speech Therapy	\$40	\$	530	
Mental Health and Substance Abuse Services	\$25	9	\$25	
Laboratory Services, X-rays, Diagnostic Procedures	\$20	\$10		
Diagnostic Radiology Services	\$325 per day	\$250 per day		
Emergency Services Emergency Room	\$90	\$110		
Urgent Care	\$10-\$45	\$10)-\$40	
Ambulance Services	\$325 per day	\$275	per day	

For more products, see next page ▶▶

Copays	HMO Saver Rx	HMO Basic No Rx1 HMO Basic Rx			
Inpatient Care Inpatient Hospital Coverage	Days 1-5: \$350 per day, \$0 per day after day 5	Days 1-5: \$275 per day, \$0 per day after day 5			
Additional Benefits Wellness Allowance	\$250 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			
Weight Management Programs	\$150 annual reimbursement toward program fees for weight loss programs such as Weight Watchers, Jenny Craig, or hospital-based weight loss programs				
Preventive Dental Allowance	\$150 per year toward preventive dental services such as cleanings and X-rays				

Prescription Drug (Rx) Coverage

Plan Drug (Rx) Costs	HMO S	aver Rx	HMO E	Basic Rx	
Deductible	\$0 for Tiers 1-2; \$400 for Tiers 3-5		\$0 for Tiers 1-2; \$350 for Tiers 3-5		
Conove	Retail Mail Order 30-day 90-day		Retail 30-day	Mail Order 90-day	
Copays	supply	supply	supply	supply	
Tier 1: Preferred Generic	\$4	\$8	\$4	\$8	
Tier 2: Generic	\$8	\$16	\$8	\$16	
Tier 3: Preferred Brand	\$45	\$90	\$45	\$90	
Tier 4: Non-Preferred Drug	\$100	\$300	\$100	\$300	
Tier 5: Specialty Tier	25%	N/A	26%	N/A	
Coverage Gap Stage: After your total prescription drug costs reach \$3,820, and until your payments reach \$5,100, you pay:	 37% for Part D generic drugs 25% of costs for Part D brand drugs plus a portion of the dispensing fee⁴ 				
Catastrophic Coverage Stage: After the coverage gap, when your payments for the year are greater than \$5,100, you pay the greater of:	5% per prescription or\$3.40 per prescription for Part D generic drugs\$8.50 per prescription for Part D brand drugs			_	

This is a quick reference guide. For complete benefit information, see the Summary of Benefits booklet located on our website at **www.thpmp.org/documents**.

¹Not available in all counties.

²Comprises all your medical copays/coinsurance—your out-of-pocket costs will never exceed this amount.

³You pay \$0 for a post-outpatient surgical procedure physical therapy or occupational therapy consultation of up to 15 minutes, prior to discharge.

⁴The amount discounted by the manufacturer in the Coverage Gap counts toward your out-of-pocket costs as if you had paid the total amount of the drug yourself. This helps you move through the gap. Please note: costs may differ if you receive your benefits from a current or former employer.

HMO Value and Prime plans may be a good fit if you:

- Visit your PCP or specialists more frequently and/or manage a condition like diabetes or high blood pressure
- Are looking for a low out-of-pocket maximum and lower copayments for services you use most often
- Are looking for prescription drug coverage with low copayments and affordable deductibles

Monthly Plan Premium by County	HMO Value No Rx ¹	HMO Value Rx	HMO Prime No Rx ¹	HMO Prime Rx	HMO Prime Rx Plus ¹
Barnstable, Bristol, Middlesex, Norfolk & Plymouth	\$103	\$131	\$133	\$165	\$199
Essex & Suffolk	\$123	\$151	\$156	\$188	\$220
Hampden & Hampshire	Not Offered	\$54	Not Offered	\$79	\$99
Worcester	\$112	\$146	\$152	\$185	Not Offered

Medical Coverage

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Plan Medical Costs	HMO Value No Rx ¹	HMO Value Rx	HMO Prime No Rx ¹	HMO Prime Rx	HMO Prime Rx Plus ¹
Medical Deductibles	No medical deductible				
Annual Out-of-Pocket Maximum ²	\$3,400				

Co-Pays	HMO Value	HMO Value	HMO Prime	HMO Prime	HMO Prime
D 1 0(1) 1/1 1/1	No Rx ¹	Rx	No Rx ¹	Rx	Rx Plus ¹
Doctor Office Visits	440				
Primary Care Physician (PCP)		10		\$10	
Specialist	\$2	25		\$15	
Preventive Care					
Annual Physical	\$	0		\$0	
Cancer Screening (Colorectal, Prostate, Breast)	\$0 per	service		\$0 per service	,
Vision and Hearing Annual Routine Vision Exam	\$2	25		\$15	
Annual Eyewear Benefit	, ,	-	vear at an EyeMed Vision Care participating year at non-participating providers.		
Annual Routine Hearing Exam	\$2	25		\$15	
Hearing Aid Benefit (2 hearing aids per year, 1 per ear)	\$475 Sup \$650 Adva	idard level erior level anced level ced Plus level	\$250 Standard level \$475 Superior level \$650 Advanced level \$850 Advanced Plus level		vel evel
Outpatient and Lab Services					
Outpatient Services / Surgery	\$150 p	er day	\$100 p	er day	\$75 per day
Physical Therapy ³	\$2	20		\$15	
Occupational Therapy ³	\$2	20	\$15		
Speech Therapy	\$2	20	\$15		
Mental Health and Substance Abuse Services	\$2	25	\$15		
Laboratory Services, X-rays, Diagnostic Procedures	\$	5	\$0		
Diagnostic Radiology Services	\$100 p	er day	20%	up to \$75 per	day

www.thpmp.org **⁴**◀◀

Copays	HMO Value No Rx ¹	HMO Value Rx	HMO Prime No Rx ¹	HMO Prime Rx	HMO Prime Rx Plus ¹
Emergency Services Emergency Room	\$110 \$110				
Urgent Care	\$10-	\$25		\$10-\$15	
Ambulance Services	\$225 p	er day	\$125 p	er day	\$90 per day
Inpatient Care Inpatient Hospital Coverage	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
Additional Benefits Wellness Allowance	\$150 per year toward fitness club membership, instructional fitness classes, nutritional counseling, acupuncture, or wellness programs such as memory fitness activities				
Weight Management Programs	\$150 annual reimbursement toward program fees for weight loss programs such as Weight Watchers, Jenny Craig, or hospital-based weight loss programs				

Prescription Drug (Rx) Coverage

Plan Drug (Rx) Costs	HMO Value Rx HMO Prime Rx			HMO Prime Rx Plus ¹			
Deductible		Tiers 1-2; r Tiers 3-5	No deductible				eductible
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 Generic	\$4	\$8	\$4	\$8	\$2	\$4	
Tier 2: Generic	\$8	\$16	\$8	\$16	\$4	\$8	
Tier 3: Preferred Brand	\$45	\$90	\$45	\$90	\$30	\$60	
Tier 4: Non-Preferred Drug	\$100	\$300	\$100	\$300	\$80	\$240	
Tier 5: Specialty Tier	27%	N/A	33%	N/A	33%	N/A	
Coverage Gap Stage: After your total prescription drug costs reach \$3,820, and until your payments reach \$5,100, you pay:	 37% for Part D generic drugs 25% of costs for Part D brand drugs plus a portion of the dispensing fee⁴ 				Tier 2 copa generic dru37% for all o25% of cos brand drug	ugs on Tier 1	
Catastrophic Coverage Stage: After the coverage gap, when your payments for the year are greater than \$5,100, you pay the greater of:					_		

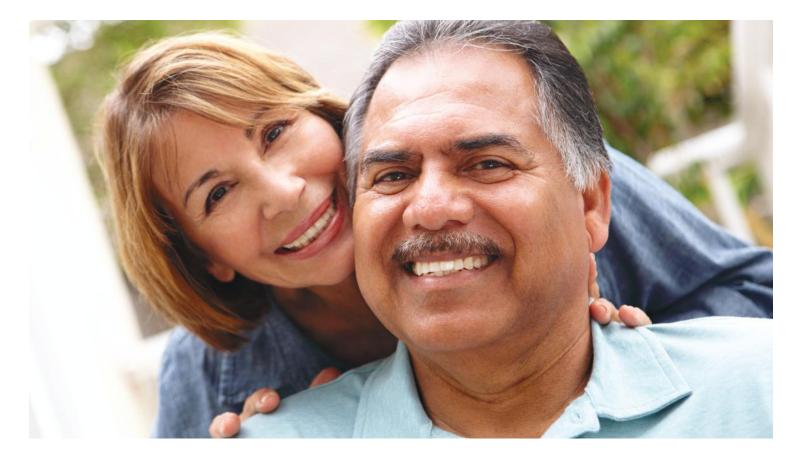
This is a quick reference guide. For complete benefit information, see the Summary of Benefits booklet located on our website at **www.thpmp.org/documents**.

¹Not available in all counties.

²Comprises all your medical copays/coinsurance—your out-of-pocket costs will never exceed this amount.

³You pay \$0 for a post-outpatient surgical procedure physical therapy or occupational therapy consultation of up to 15 minutes, prior to discharge.

⁴The amount discounted by the manufacturer in the Coverage Gap counts toward your out-of-pocket costs as if you had paid the total amount of the drug yourself. This helps you move through the gap. Please note: costs may differ if you receive your benefits from a current or former employer.



HOW TO CHOOSE THE RIGHT PLAN FOR YOU

Here are some helpful tips for choosing which Medicare Advantage (HMO) plan from Tufts Health Plan is right for you.

1 | Look at the monthly premium and copays

Think about how many times in a year you visit a doctor, specialist, or expect to get medical care.

• If you are relatively healthy, you may want to consider a \$0 or low premium plan with higher copays for doctor visits and other medical services.



• If you see your physician(s) more frequently, you may want to consider paying a higher monthly premium in exchange for lower PCP and specialist visit copays and lower additional medical costs.



2 | Do you need a prescription drug (Rx) plan or not?

"Rx" plans include drug coverage while plans with "No Rx" do not.

When to choose a "No Rx" plan:

If you have prescription benefits provided by a former employer or the armed forces, you should select one of our plans that does not include drug coverage.¹

When to choose an "Rx" plan:

If you do not have prescription benefits provided by a former employer or the armed forces, you should select one of our plans that does include drug coverage.² (Rx plans)

What if you don't need an "Rx" plan now?

You don't have to sign up for an Rx plan now, but if you do not have prescription drug coverage (which Medicare calls "Part D") then you may pay a penalty if you enroll in Part D at a later time. The penalty is applied to your Medicare Part D premium after your initial enrollment period has ended and you've gone 63 consecutive days without Medicare Part D coverage.

*Not available in all counties.

²You cannot be a member of a Medicare Advantage (HMO) plan offered by Tufts Health Plan and obtain prescription drug coverage through a Prescription Drug Plan (PDP) offered by another insurance company.

3 | What is the most you will pay for medical costs?

With Original Medicare there is no cap to the amount you'll pay for medical expenses during the year. With our plans there is an annual cap on the amount you will pay out of your own pocket. Our HMO plans have an annual out-of-pocket maximum of \$3,400 except for Saver Rx which has an annual cap of \$6,000.

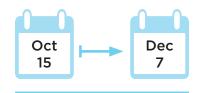
Most members don't reach the annual out-of-pocket maximum for medical costs but you can take comfort in knowing that your finances are protected by the annual limit.

I was on a non-Medicare plan with Tufts Health Plan for many years and was always very happy. When choosing a Medicare plan, I wanted to make sure that a very expensive drug that I take was covered. When I found out that Tufts Health Plan covers the drug, I was delighted! I thought 'Good—Now I get to stay with Tufts Health Plan!'"

Genevieve // Joined Tufts Health Plan in 2016

Did you know?

You have the option to change your plan every year during the **Annual Election Period (AEP) October 15 - December 7.**



www.thpmp.org

Medicare Advantage (HMO) plans offered by Tufts Health Plan

TOP 100 UTILIZED DRUGS

Below is a list of the top 100 utilized drugs covered under our Medicare Advantage (HMO) plans. **This is not a complete list of drugs covered by our plan**. For a complete list, visit **www.thpmp.org/drug-coverage**. Or contact us at 1-800-890-6600 (TTY: 711).

Drug Name	Tier; Requirements/ Limits
ADVAIR DISKUS	Tier-3; QL
albuterol nebulizer solution	Tier-2; B vs D; QL
alendronate tablets	Tier-1
allopurinol	Tier-1
alprazolam immediate-release tablets	Tier-1
amlodipine	Tier-1
amoxicillin capsules	Tier-1
amoxicillin/clavulanate tablets	Tier-2
atenolol	Tier-1
atorvastatin	Tier-1
azithromycin tablets	Tier-1
brimonidine eye drops	Tier-2
bupropion xl	Tier-2
carvedilol	Tier-1
cephalexin capsules	Tier-1
chlorhexidine mouth rinse	Tier-1
chlorthalidone	Tier-1
ciprofloxacin tablets	Tier-1
citalopram tablets	Tier-1
clindamycin capsules	Tier-1
clonazepam tablets	Tier-1
clopidogrel	Tier-1
diazepam tablets	Tier-2
diclofenac topical gel	Tier-3; QL
diltiazem extended-release capsules	Tier-2
donepezil tablets	Tier-1
dorzolamide/timolol eye drops	Tier-2
doxazosin	Tier-1
doxycycline hyclate 50 mg capsule	Tier-1

Tier 1 - Preferred Generic

Tier 2 - Generic

Tier 3 - Preferred Brand

Tier 4 - Non-preferred Brand

Tier 5 - Specialty Tier

lowercase italics = generic drug

CAPS = brand-name drugs

Please see the HMO Plan Comparison Chart (pages 4-7) for specific copays for each of the Medicare Advantage HMO plans in your area.

QL: Quantity Limit Applies. These drugs have dispensing limitations and the pharmacy will only dispense a certain quantity of a drug within a given time period.

PA: Prior Authorization Required. The Prior Authorization process encourages rational prescribing of drug products with significant safety and/or financial concerns. A provider can submit a request for coverage based on a member's medical need for a particular drug. If approved, the member pays the designated tier co-payment. An appeal process exists for denied requests.

B vs D: These drugs require prior authorization to determine appropriate coverage under Medicare Part B or Part D.

Drug Name	Tier; Requirements/ Limits
doxycycline hyclate immedicate- release tablets	Tier-2
doxycycline monohydrate capsules	Tier-1
duloxetine	Tier-3; QL
ELIQUIS	Tier-3
erythromycin eye ointment	Tier-2
escitalopram tablets	Tier-1
finasteride	Tier-1
fluoxetine capsules	Tier-1
fluticasone nasal spray	Tier-1; QL
furosemide tablets	Tier-1
gabapentin capsule	Tier-1
glimepiride	Tier-1
glipizide extended-release	Tier-1
glipizide immediate-release	Tier-1
hydrochlorothiazide	Tier-1
ibuprofen tablets	Tier-1
ipratropium/albuterol nebulizer solution	Tier-2; B vs D; QL
isosorbide mononitrate extended-release	Tier-2
jantoven	Tier-1
ketorolac eye drops	Tier-2
LANTUS SOLOSTAR	Tier-3
latanoprost eye drops	Tier-2
levofloxacin eye drops	Tier-2
levothyroxine	Tier-1
lisinopril	Tier-1
lisinopril/hydrochlorothiazide	Tier-1
lorazepam	Tier-1
losartan	Tier-1
losartan/hydrochlorothiazide	Tier-1
lovastatin	Tier-1
meclizine	Tier-2
metformin extended-release	Tier-1
metformin immediate-release	Tier-1
methylprednisolone dose pack	Tier-2
metoprolol succinate	Tier-2

Drug Name	Tier; Requirements/ Limits
metoprolol tartrate	Tier-1
mirtazapine	Tier-2
montelukast tablets	Tier-1
mupirocin ointment	Tier-2
naproxen immediate-release tablets	Tier-1
nitroglycerin sublingual tablets	Tier-2
ofloxacin eye drops	Tier-2
omeprazole	Tier-1
oseltamivir capsules	Tier-1
oxybutynin extended-release	Tier-2
pantoprazole	Tier-2
paroxetine immediate-release tablets	Tier-1
potassium chloride extended- release tablets	Tier-1
pravastatin	Tier-2
prednisolone sodium phosphate eye drops	Tier-2
prednisone tablets	Tier-1
PROAIR HFA	Tier-3; QL
ranitidine tablets	Tier-2
rosuvastatin	Tier-2
sertraline tablets	Tier-1
SHINGRIX	Tier-3
simvastatin	Tier-1
SPIRIVA HANDIHALER	Tier-3; QL
spironolactone	Tier-1
sulfamethoxazole/trimethoprim tablets	Tier-1
SYMBICORT	Tier-3; QL
SYNTHROID	Tier-4
tamsulosin	Tier-2
timolol eye drops (solution)	Tier-1
torsemide	Tier-2
tramadol immediate-release tablets	Tier-1; QL
trazodone	Tier-1
triamcinolone cream	Tier-2
warfarin	Tier-1
XARELTO	Tier-3
zolpidem immediate-release tablets	Tier-2; PA; QL

△ DELTA DENTAL®

LOOKING FOR A DENTAL PLAN THAT COVERS MORE?

Add Delta Dental® benefits to your Tufts Health Plan coverage!

As a member of a Medicare Advantage (HMO) plan offered by Tufts Health Plan, you can enroll in the Tufts Medicare Preferred Dental Option for just \$54 a month (in addition to your monthly premium).

- Reduced prices can save you hundreds on dental costs when you use a provider in the Delta Dental PPOSM network.
- \$0 cost share for cleanings and X-rays.
- Access to dental locations nationwide, and many locations in Massachusetts.
- Comprehensive coverage for dental services such as fillings, crowns, and implants.
- The great service and support you expect.

More benefit details are on the next page.

How it works

- With the Tufts Medicare Preferred Dental Option, you benefit from discounted rates that help you save on dental costs.
- Once you meet your \$50 annual deductible,
 Tufts Medicare Preferred Dental Option pays some or all of the cost for your dental care, up to your \$1,000 benefit maximum per year.
- Certain services have a 6-month waiting period (see chart on the next page).
- Once the \$1,000 is used up, you are responsible for the cost of other care you receive, but you can continue to get Tufts Medicare Preferred Dental Option discounted rates on dental costs.



Here is an example of what you may save on a porcelain crown:

"Retail" Fee Charged by Dentist	\$1,300
Our Lower, Negotiated Fee	\$977
What You Pay (after deductible)	\$488
You Save	\$812

Coverage details on the next page.

To sign up for the Tufts Medicare Preferred Dental Option, call our Medicare Experts:

1-877-409-3499 (TTY: 711)

If you have questions, please call us at the number listed above or visit deltadentalma.com/tuftsHP

www.thpmp.org

How to enroll

The Tufts Medicare Preferred Dental option is available to members enrolled in a Medicare Advantage (HMO) plan offered by Tufts Health Plan. It is in addition to your medical coverage with Tufts Health Plan Medicare Preferred. It is not automatically included.

• If you are a new member and just joined a Medicare Advantage (HMO) plan offered by Tufts Health Plan, you have 30 days after your coverage begins to enroll in the Tufts Medicare Preferred Dental Option.

If you had dental coverage with Delta Dental of Massachusetts in the last 60 days, we will waive all waiting periods so you can get coverage right away. If you did not have Delta Dental of Massachusetts in the last 60 days, a 6-month waiting period applies for some services.

To enroll, call our Medicare Experts at 1-877-409-3499 (TTY: 711).

2019 Coverage Summary for Tufts Medicare Preferred Dental Option

Individual Annual Deductible:

\$50 per individual (Deductible waived for Preventive and Diagnostic categories)

Calendar Year Maximum (The total amount the plan will pay for covered services in the calendar year): \$1,000 per person

Benefit (Covered Services)	Member Pays*
Preventive and diagnostic services such as oral exam, cleaning, and X-rays.	Covered in full.
Restorative (fillings), oral surgery (extractions), periodontics (scaling and root planing), endodontics (root canal), prosthetic maintenance services (denture repair).	20% coinsurance after deductible. A 6-month waiting period applies.
Prosthodontics (dentures and implants) and major restorative services (crowns).	50% coinsurance after deductible. A 6-month waiting period applies.

No prior authorization required under this plan.

The chart above is a summary. For complete coverage details, call Customer Relations or see your Evidence of Coverage (EOC) booklet.

May not be available to members who are enrolled in a Group plan through their current or former employer. Delta Dental of Massachusetts is an Independent Licensee of the Delta Dental Plans Association. ®Registered Marks of the Delta Dental Plans Association. SMService Mark of Delta Dental Plan Association. Tufts Medicare Preferred Dental Option is Powered by Delta Dental of Massachusetts.

Important: Your dental benefit and coverage plan is called the "Tufts Medicare Preferred Dental Option," which requires members to seek services from providers in the Delta Dental PPO network only. Your dental benefit under this plan does not cover dental services from Delta Dental providers who are outside of the PPO network or any out-of-network providers. For additional questions regarding this benefit or provider network, please contact customer service using the number listed on your card.

▶▶▶ www.thpmp.org

^{*}Plan pays up to calendar year maximum.

ENROLL TODAY

WAYS TO ENROLL



1 | Visit www.thpmp.org/enroll

Our website is safe and secure.



2 | Call 1-800-890-6600 // TTY 711

Representatives are available Monday-Friday, 8 a.m. - 8 p.m. (from October 1 to March 31, representatives are available 7 days a week, 8 a.m. - 8 p.m.) After hours and on holidays, please leave a message and a representative will return your call on the next business day.

3 | Fill out and mail (or fax) an enrollment form

You may have received one enrollment form and one postage paid envelope with this document that you can mail to us. Or, you can fax the enrollment form to 1-617-972-9475. If you did not receive one, give us a call, and we would be happy to send you one. To avoid delays in processing your paper enrollment form, be sure to use the Enrollment Form Checklist on the next page.

4 | Enroll with us through the Centers for Medicare and Medicaid Services (CMS)

You have the option to enroll by phone, 1-800-633-4227 (TTY: 1-877-486-2048) or online at www.Medicare.gov. Phone lines are open 24 hours a day, 7 days a week.

IMPORTANT INFORMATION TO HAVE READY BEFORE YOU ENROLL

- 🔇 The name of the plan you would like to enroll in
 - To select a plan, please refer to the Plan Comparison Chart on page 4 and Summary of Benefits

Plan Name		
Plan Name:	 	

- 💿 The name of the doctor you would like to select as your primary care physician
 - To find out if a doctor is accepting new patients, please visit www.thpmp.org/doctor or call us at 1-800-890-6600 (TTY: 711)

PCP Name:			

- Your Medicare card
 - Don't have a Medicare card? Call us and we can explain what you need to do
- Whether you want to purchase the Tufts Medicare Preferred Dental Option
- O How you want to pay your monthly premium

Options for paying your plan premium

There are three (3) options available for paying your plan premium.

- Receive a bill monthly from Tufts Health Plan and pay the plan directly by mail or with our secure member portal.
- Electronic Fund Transfer (EFT) from your bank account.
- Automatic deduction from your monthly Social Security check. (The deduction may take two or more months to begin. See the enrollment form for more information.)

Please check the appropriate box on the enrollment form for the payment option you would like to use.

11173	e to use.
Ø	Check these steps before submitting your enrollment form:
0	Check the appropriate box for the plan you wish to join.
0	Check "Dental" if you are choosing to add this benefit to your plan.
0	Fill in the name of the contracted primary care physician (who is accepting new patients) you have chosen.
0	Complete your Medicare insurance information or attach a photocopy of your Medicare card as proof that you have Medicare Parts A and B coverage.
0	Choose a premium payment option.
0	Answer all questions on page 3.
0	Sign and date the enrollment form.
0	Keep a copy of the enrollment form for yourself. This will verify your membership in your new plan until you receive your member ID card.
0	Return your completed enrollment form (all 5 pages) in the enclosed postage-paid reply envelope. You can also mail your completed enrollment form to Tufts Health Plan,

PO Box 9178, Watertown, MA 02471-9948, or fax your enrollment form to us at 1-617-972-9475.

▶▶▶ www.thpmp.org

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. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Tufts Health Plan:

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

If you need these services, contact Tufts Health Plan at 1-800-701-9000 (TTY: 711).

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

Tufts Health Plan, Attention:

Civil Rights Coordinator, Legal Dept.

705 Mount Auburn St. Watertown. MA 02472

Phone: 1-888-880-8699 ext. 48000 (TTY: 711)

Fax: 1-617-972-9048

Email: OCRCoordinator@tufts-health.com.

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

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

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019 (TDD: 1-800-537-7697)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

thpmp.org | 1-800-701-9000 (TTY: 711)

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-701-9000 (TTY: 711).

Arabic: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 9000-701-800 (رقم هاتف الصم والبكم: 711).

Chinese: 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-800-701-9000 (TTY: 711)。 : **توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. : Farsi برید با تماس بگیرید.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-701-9000 (TTY: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-701-9000 (TTY: 711).

Greek: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-701-9000 (TTY: 711).

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-701-9000 (TTY: 711).

Haitian Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-701-9000 (TTY: 711).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-701-9000 (TTY: 711).

Japanese: 注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。 1-800-701-9000 (TTY: 711) まで、お電話にてご連絡ください。

Khmer (Cambodian): ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-701-9000 (TTY: 711)

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-701-9000 (TTY: 711) 번으로 전화해 주십시오.

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-800-701-9000 (TTY: 711).

Navajo: Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, koji' hódíílnih 1-800-701-9000 (TTY: 711).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-701-9000 (TTY: 711).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-701-9000 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-701-9000 (ТТҮ: 711).

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-701-9000 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-701-9000 (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-701-9000 (TTY: 711).

▶▶▶ www.thpmp.org

QUESTIONS?

Call 1-800-890-6600 // TTY: 711

Representatives are available Monday - Friday, 8 a.m. - 8 p.m. (From October 1 - March 31, representatives are available 7 days a week, 8 a.m. - 8 p.m.) After hours and on holidays, please leave a message and a representative will return your call on the next business day.

VISIT: www.thpmp.org

Tufts Health Plan is an HMO plan with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal.

Medicare Advantage (HMO) plans offered by Tufts Health Plan are available in Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties.

This information is not a complete description of benefits. Call 1-800-488-0229 (TTY: 711) for more information.

Delta Dental of Massachusetts is an Independent Licensee of the Delta Dental Plans Association.

*Registered Marks of the Delta Dental Plans Association. *SMService Mark of Delta Dental Plan Association.

Tufts Medicare Preferred Dental Option is Powered by Delta Dental of Massachusetts.

Important: Your optional dental benefit and coverage plan is called the "Tufts Medicare Preferred Dental Option," which requires members to seek services from providers in the <u>Delta Dental PPO network only</u>. Your dental benefit under this plan does not cover dental services from Delta Dental providers who are outside of the PPO network or any out-of-network providers. For additional questions regarding this benefit or provider network, please contact customer service using the number listed on your card. H2256 2019 18 M

