



# 2020 Buyer's Guide

Tufts Health Plan Medicare Advantage (HMO) Plans

**NEW Plan  
Features  
Inside!**





**We proudly serve residents of the following counties:** Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester.

Tufts Health Plan is a nonprofit organization founded in 1979, and is nationally recognized for its commitment to providing innovative, high-quality health care coverage.

Call us: **1-844-226-5174 (TTY: 711)**

Visit us at: **[thpmp.org](https://thpmp.org)**

## **Quick Links:**

Compare HMO Plans

**[thpmp.org/compare](https://thpmp.org/compare)**

Doctor Search

**[thpmp.org/doctor](https://thpmp.org/doctor)**

Drug Search

**[thpmp.org/drug-coverage](https://thpmp.org/drug-coverage)**

Dental Coverage Option

**[thpmp.org/dental](https://thpmp.org/dental)**

Plan Documents

**[thpmp.org/documents](https://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 **1-844-226-5174 (TTY: 711)**. Our representatives are happy to help you with no obligation or sales pressure. Or for in-person assistance, attend a FREE meeting in your area.<sup>1</sup> For locations and dates, visit **[thpmp.org/meetings](https://thpmp.org/meetings)** and reserve your seat today.

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

## 2020 Highlights

**Thousands of local doctors** and specialists you know and trust.

**NEW**

**Built in prescription drug benefits**—with affordable copays PLUS \$0 vaccines.

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

**NEW**

**Up to \$1,600 in annual savings**—fitness, dental benefit, eyewear benefit, wellness programs, and more!

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

# Why choose a Medicare Advantage (HMO) plan from Tufts Health Plan?



## Our HMO Plans Offer:

- More comprehensive coverage than Original Medicare alone
- Affordable copays and no medical deductibles
- Savings on vision and hearing
- \$0 vaccines

## 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:

- \$1,000 dental benefit for services such as exams, cleanings, and X-rays<sup>2</sup>
- \$150 eyewear allowance for eyeglasses or contact lenses
- \$150 weight management reimbursement toward fees for Weight Watchers®, Jenny Craig® or hospital-based programs
- Up to \$300 Wellness Allowance for gym memberships, nutritional counseling, acupuncture, memory fitness activities, and wellness programs

## 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 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 [thpmp.org/doctor](https://thpmp.org/doctor).

## Prescription Drug Coverage

When 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. Visit [thpmp.org/drug-coverage](https://thpmp.org/drug-coverage) for a complete list of prescription drugs.

## Dental Coverage

For an additional (monthly) cost, you can also add the Tufts Health Plan Medicare Preferred Dental Option to any of our plans. This coverage helps pay for preventive care and comprehensive services such as fillings and crowns. For more information, visit [thpmp.org/dental](https://thpmp.org/dental).

## We're Neighbors

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

# How to choose the right plan for you



## 1 Look at the monthly premium and copays

**How many times a year do you visit a doctor, specialist, hospital or expect to get medical care?**

If you are relatively healthy, 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 choose a plan with 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.<sup>3</sup>

### 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.<sup>4</sup>

### 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.

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

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.

Unlike Original Medicare, our plans limit 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 \$6,700).



### Did you know?

You have the option to switch to a different Tufts Medicare Preferred HMO plan every year during the Annual Election Period **October 15—December 7**.







**NEW**

## Looking for a dental plan that covers more?

Save hundreds on your dental costs with the  
Tufts Health Plan Medicare Preferred Dental Option!

### **\$1,000 dental benefit for one low cost**

Tufts Health Plan makes it easy to get comprehensive dental coverage for the services you need now—and the ones you may need later! The Tufts Health Plan Medicare Preferred Dental Option offers discounted rates that can save you hundreds in a year.

#### **Premium**

**\$17/mo**

Basic/Saver plans

**\$30/mo**

Value/Prime plans

**\$0**

Deductible

No waiting  
period

**\$1,000**

Maximum benefit  
per year

### **Why is the premium different?**

The Saver and Basic plans both have an embedded dental benefit, so the premium for adding the Dental Option is lower. The Value and Prime plans don't include a dental benefit, so adding the Dental Option is higher.



## What's covered?

2020 Coverage Summary for Tufts Health Plan Medicare Preferred Dental Option	
Individual Annual Deductible	\$0
Calendar Year Maximum (total amount the plan will pay for covered services in the calendar year)	\$1,000 per individual
Benefit (covered services)	Member pays
Preventive and diagnostic services such as oral exam, cleaning, and X-rays	Covered in full
Restorative (fillings), oral surgery (simple extractions), and periodontics (scaling and root planing)	20% coinsurance
Prosthodontics (dentures and bridges), endodontics (root canal), prosthetic maintenance services (denture repair), and major restorative services (crowns)	50% coinsurance

The chart above is a summary. For complete coverage details go to [thpmp.org/dental](https://thpmp.org/dental).

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

"Retail" fee charged by dentist: **\$1,300**

Our lower, negotiated fee: **\$829**

What you pay **\$415**

You save: **\$885**

### Easy to add

It's easy to add the Tufts Health Plan Medicare Preferred Dental Option to your plan. Just call **1-844-226-5174 (TTY: 711)**. Our Medicare Experts can answer any questions you have and enroll you in the Dental Option in just a few minutes.

### Thousands of dentists

To search for your dentist, go to:

 [thpmp.org/dental-search](https://thpmp.org/dental-search)

The plan is administered by Dominion Dental Services, Inc., which operates under the trade name Dominion National. Cost share applies to non-preventive services. Services must be performed by providers in the Dominion PPO Network.


# 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 dental, eyewear, and wellness reimbursement

Monthly Premium	\$	HMO Saver Rx	HMO Basic No Rx <sup>3</sup>	HMO Basic Rx
Barnstable, Bristol, Middlesex, Norfolk, Plymouth		\$0	Not Offered	\$40
Essex, Suffolk		\$0	\$28	\$55
Hampden, Hampshire		\$0	Not Offered	\$27
Worcester		\$0	\$20	\$42

The Basics	\$	HMO Saver Rx	HMO Basic No Rx <sup>3</sup>	HMO Basic Rx
Medical Deductibles		No medical deductible		
Annual Out-of-Pocket Maximum <sup>5</sup>		\$6,700	\$3,400	\$3,400

Medical Copays		HMO Saver Rx	HMO Basic No Rx <sup>3</sup>	HMO Basic Rx
Doctor Office Visits				
Primary Care Provider (PCP)		\$10	\$10	
Specialist		\$45	\$40	
Preventive Care				
Annual Physical		\$0	\$0	
Cancer Screening (Colorectal, Prostate, Breast)		\$0 per service	\$0 per service	
Vision and Hearing				
Annual Routine Vision Exam		\$15	\$15	
Annual Eyewear Benefit		\$150 per year toward eyewear at an EyeMed Vision Care participating provider or \$90 per year at non-participating providers.		
Annual Routine Hearing Exam		\$45	\$40	
Hearing Aid Benefit		Up to 2 aids per year, 1 per ear. \$250 Standard level, \$475 Superior level, \$650 Advanced level, \$850 Advanced Plus level, \$1150 Premier level. Through Hearing Care Solutions.		
Outpatient and Lab Services				
Outpatient Services/Surgery		\$350/day	\$250/day	
Physical Therapy <sup>6</sup>		\$40	\$30	
Occupational Therapy <sup>6</sup>		\$40	\$30	
Speech Therapy		\$40	\$30	

Medical Copays 	HMO Saver Rx	HMO Basic No Rx <sup>3</sup>	HMO Basic Rx
<b>Mental Health and Substance Abuse Services</b>	\$25	\$25	
<b>Laboratory Services, X-rays, Diagnostic Procedures</b>	\$10	\$10	
<b>Diagnostic Radiology Services</b>	\$325 per day (\$100 for ultrasound).	\$250 per day (\$100 for ultrasound).	
<b>Emergency Services</b>			
<b>Emergency Room</b>	\$90 per visit	\$110 per visit	
<b>Urgent Care</b>	\$45 (\$10 if performed by your PCP)	\$40 (\$10 if performed by your PCP)	
<b>Ambulance Services</b>	\$350 per trip	\$325 per trip	
<b>Inpatient Care</b>			
<b>Inpatient Hospital Coverage</b>	Days 1-5: \$350/day, \$0/day after day 5	Days 1-5: \$275 per day, \$0/day after day 5	
<b>Additional Benefits</b>			
<b>Wellness Allowance</b>	\$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.	
<b>Weight Management Programs</b>	\$150 annual reimbursement toward program fees for weight loss programs such as Weight Watchers, Jenny Craig, or hospital-based weight loss programs.		
<b>Dental Benefit</b>	\$0 deductible with coverage for preventive, diagnostic, and restorative dental services up to a calendar year maximum of \$1,000. <sup>2</sup>		
<b>Optional Dental Coverage</b>	\$17 per month for additional dental coverage such as a 20% coinsurance for fillings and 50% coinsurance for services such as crowns, root canals, and dentures. <sup>2</sup>		

Prescription Drug (Rx) Costs 	HMO Saver Rx		HMO Basic Rx	
<b>Deductible</b>	\$0 for Tiers 1-2; \$250 for Tiers 3-5		\$0 for Tiers 1-2; \$225 for Tiers 3-5	
Copays	Retail 30-day supply	Mail Order 90-day supply	Retail 30-day supply	Mail Order 90-day supply
<b>Tier 1: Preferred Generic<sup>7</sup></b>	\$0	\$0	\$0	\$0
<b>Tier 2: Generic<sup>7</sup></b>	\$4	\$8	\$4	\$8
<b>Tier 3: Preferred Brand</b>	\$47	\$94	\$47	\$94
<b>Tier 4: Non-Preferred Drug</b>	\$100	\$300	\$100	\$300
<b>Tier 5: Specialty Tier</b>	28%	N/A	29%	N/A
 <b>Tier 6: Vaccines</b>	\$0	N/A	\$0	N/A
<b>Coverage Gap Stage:</b> After your total prescription drug costs reach \$4,020, and until your payments reach \$6,350, you pay:	<ul style="list-style-type: none"> <li>• 25% for Part D generic drugs</li> <li>• 25% of costs for Part D brand drugs plus a portion of the dispensing fee<sup>8</sup></li> </ul>			
<b>Catastrophic Coverage Stage:</b> After the coverage gap, when your payments for the year are greater than \$6,350, you pay the greater of:	<ul style="list-style-type: none"> <li>• 5% per prescription or</li> <li>• \$3.60 per prescription for Part D generic drugs</li> <li>• \$8.95 per prescription for Part D brand drugs</li> </ul>			





## 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 copays for services you use most often
- Are looking for prescription drug coverage with low copays and affordable deductibles

Monthly Premium	\$	HMO Value No Rx <sup>3</sup>	HMO Value Rx	HMO Prime No Rx <sup>3</sup>	HMO Prime Rx	HMO Prime Rx Plus <sup>3</sup>
Barnstable, Bristol, Middlesex, Norfolk, Plymouth		\$103	\$135	\$133	\$165	\$199
Essex, Suffolk		\$123	\$155	\$156	\$188	\$220
Hampden, Hampshire		Not Offered	\$58	Not Offered	\$83	\$103
Worcester		\$112	\$150	\$152	\$185	Not Offered

The Basics	\$	HMO Value No Rx <sup>3</sup>	HMO Value Rx	HMO Prime No Rx <sup>3</sup>	HMO Prime Rx	HMO Prime Rx Plus <sup>3</sup>
Medical Deductibles		No medical deductible				
Annual Out-of-Pocket Maximum <sup>5</sup>		\$3,400				

Medical Copays		HMO Value No Rx <sup>3</sup>	HMO Value Rx	HMO Prime No Rx <sup>3</sup>	HMO Prime Rx	HMO Prime Rx Plus <sup>3</sup>
Doctor Office Visits						
Primary Care Provider (PCP)		\$10		\$10		
Specialist		\$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		\$15		\$15		
Annual Eyewear Benefit		\$150 per year toward eyewear at an EyeMed Vision Care participating provider or \$90 per year at non-participating providers.				
Annual Routine Hearing Exam		\$25		\$15		
Hearing Aid Benefit		Through Hearing Care Solutions. Up to 2 aids per year, 1 per ear. \$250 Standard level, \$475 Superior level, \$650 Advanced level, \$850 Advanced Plus level, \$1150 Premier level				
Outpatient and Lab Services						
Outpatient Services/Surgery		\$150 per day		\$100 per day		\$75 per day
Physical Therapy <sup>6</sup>		\$20		\$15		
Occupational Therapy <sup>6</sup>		\$20		\$15		
Speech Therapy		\$20		\$15		
Mental Health and Substance Abuse Services		\$25		\$15		

Medical Copays		HMO Value No Rx <sup>3</sup>	HMO Value Rx	HMO Prime No Rx <sup>3</sup>	HMO Prime Rx	HMO Prime Rx Plus <sup>3</sup>
Laboratory Services, X-rays, Diagnostic Procedures		\$5		\$0		
Diagnostic Radiology Services		\$100 per day		20% up to \$75 per day		
Emergency Services						
Emergency Room		\$110 per visit		\$110 per visit		
Urgent Care		\$25 (\$10 if performed by your PCP)		\$15 (\$10 if performed by your PCP)		
Ambulance Services		\$225 per day		\$125 per day		\$90 per day
Inpatient Care						
Inpatient Hospital Coverage		Days 1-5: \$200/day, \$0/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/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.				
Optional Dental Coverage		\$30 per month for dental coverage such as a \$0 deductible, 20% coinsurance for fillings, and 50% coinsurance for services such as crowns, root canals, and dentures. <sup>2</sup>				

Prescription Drug (Rx) Costs 	HMO Value Rx		HMO Prime Rx		HMO Prime Rx Plus <sup>3</sup>	
Deductible	\$0 for Tiers 1-2; \$200 for Tiers 3-5		No Deductible		No Deductible	
Copays	Retail 30-day supply	Mail Order 90-day supply	Retail 30-day supply	Mail Order 90-day supply	Retail 30-day supply	Mail Order 90-day supply
Tier 1: Preferred 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	29%	N/A	33%	N/A	33%	N/A
 Tier 6: Vaccines	\$0	N/A	\$0	N/A	\$0	N/A
<b>Coverage Gap Stage:</b> After your total prescription drug costs reach \$4,020, and until your payments reach \$6,350, you pay:	<ul style="list-style-type: none"> <li>• 25% for Part D generic drugs</li> <li>• 25% of costs for Part D brand drugs plus a portion of the dispensing fee<sup>8</sup></li> <li>• <b>Prime Rx Plus:</b> Tier 1 and Tier 2 drugs remain at the normal copay</li> </ul>					
<b>Catastrophic Coverage Stage:</b> After the coverage gap, when your payments for the year are greater than \$6,350, you pay the greater of:	<ul style="list-style-type: none"> <li>• 5% per prescription or</li> <li>• \$3.60 per prescription for Part D generic drugs</li> <li>• \$8.95 per prescription for Part D brand drugs</li> </ul>					

# Top 100 Most 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 [thpmp.org/drug-coverage](http://thpmp.org/drug-coverage).

**Tier 1:** Preferred Generic

**Tier 2:** Generic

**Tier 3:** Preferred Brand

**Tier 4:** Non-Preferred Brand

**Tier 5:** Specialty Tier

**Tier 6:** Vaccines

***lowercase italics:*** generic drug

**CAPS:** brand-name drugs

**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.

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

**STPA:** Step Therapy Prior Authorization Applies. Step Therapy is an automated form of Prior Authorization, which uses claims history for approval of a drug at the point of sale. Step Therapy Programs help encourage the clinically proven use of first-line therapies and are designed to ensure the utilization of the most therapeutically appropriate and cost-effective agents first, before other treatments may be covered.

Drug Name	Tier/Limits
<i>albuterol nebulizer solution</i>	Tier-2; B vs D; QL
<i>albuterol sulfate hfa inhaler</i>	Tier-1; QL
<i>alendronate tablets</i>	Tier-1
<i>allopurinol</i>	Tier-1
<i>alprazolam immediate-release tablets</i>	Tier-1
<i>amlodipine</i>	Tier-1
<i>amoxicillin capsules</i>	Tier-1
<i>amoxicillin/clavulanate tablets</i>	Tier-2
<i>atenolol</i>	Tier-1
<i>atorvastatin</i>	Tier-1
<i>azithromycin tablets</i>	Tier-1
<i>brimonidine tartrate eye drops (solution)</i>	Tier-2
<i>bupropion sr</i>	Tier-2
<i>bupropion xl</i>	Tier-2
<i>carbidopa/levodopa immediate-release</i>	Tier-2
<i>carvedilol immediate-release</i>	Tier-1
<i>cephalexin capsules</i>	Tier-1
<i>chlorthalidone</i>	Tier-1
<i>ciprofloxacin tablets</i>	Tier-1
<i>citalopram tablets</i>	Tier-1
<i>clonazepam tablets</i>	Tier-1
<i>clopidogrel</i>	Tier-1
<i>diazepam tablets</i>	Tier-2
<i>diclofenac topical gel</i>	Tier-3; QL
<i>diltiazem extended-release capsules</i>	Tier-2
<i>donepezil tablets</i>	Tier-1
<i>dorzolamide/timolol eye drops (solution)</i>	Tier-2
<i>doxazosin</i>	Tier-1
<i>doxycycline hyclate 100mg capsules</i>	Tier-3
<i>duloxetine</i>	Tier-3; QL
<b>ELIQUIS</b>	Tier-3
<i>escitalopram tablets</i>	Tier-1
<i>ezetimibe</i>	Tier-3



Drug Name	Tier/Limits
<i>finasteride</i>	Tier-1
<i>fluoxetine capsules</i>	Tier-1
<i>fluticasone propionate nasal spray</i>	Tier-1; QL
<i>fluticasone-salmeterol diskus inhaler</i>	Tier-3; QL
<i>furosemide tablets</i>	Tier-1
<i>gabapentin capsules</i>	Tier-1
<i>glipizide extended-release tablets</i>	Tier-1
<i>glipizide immediate-release</i>	Tier-1
<i>hydrochlorothiazide</i>	Tier-1
<i>ibuprofen tablets</i>	Tier-1
<i>ipratropium/albuterol nebulizer solution</i>	Tier-2; B vs D; QL
<i>isosorbide mononitrate extended-release</i>	Tier-2
<i>jantoven</i>	Tier-1
<b>JANUVIA</b>	Tier-3
<i>lamotrigine immediate-release tablets</i>	Tier-1
<b>LANTUS SOLOSTAR</b>	Tier-3
<i>latanoprost eye drops (solution)</i>	Tier-2
<i>levetiracetam immediate-release tablets</i>	Tier-2
<i>levothyroxine</i>	Tier-1
<i>lisinopril</i>	Tier-1
<i>lisinopril/hydrochlorothiazide</i>	Tier-1
<i>lorazepam tablets</i>	Tier-1
<i>losartan</i>	Tier-1
<i>losartan/hydrochlorothiazide</i>	Tier-1
<i>lovastatin</i>	Tier-1
<i>memantine immediate-release tablets</i>	Tier-2
<i>metformin extended-release</i>	Tier-1
<i>metformin immediate-release</i>	Tier-1
<i>methotrexate tablets</i>	Tier-2; B vs D
<i>metoprolol succinate</i>	Tier-2
<i>metoprolol tartrate</i>	Tier-1
<i>mirtazapine tablets</i>	Tier-2
<i>montelukast tablets</i>	Tier-1
<i>naproxen tablets</i>	Tier-1
<i>nitrofurantoin monohydrate capsules</i>	Tier-2

Drug Name	Tier/Limits
<i>ofloxacin eye drops (solution)</i>	Tier-3
<i>omeprazole capsules</i>	Tier-1
<i>oxybutynin chloride extended-release</i>	Tier-1
<i>pantoprazole</i>	Tier-2
<i>potassium chloride extended-release tablets</i>	Tier-1
<i>pravastatin</i>	Tier-2
<i>prednisolone acetate eye drops (suspension)</i>	Tier-3
<i>prednisone tablets</i>	Tier-1
<i>quetiapine fumarate immediate-release</i>	Tier-2; STPA (25mg & 50mg have QL)
<b>QVAR REDIHALER</b>	Tier-3; QL
<i>ranitidine tablets</i>	Tier-2
<i>risperidone tablets</i>	Tier-1
<i>rosuvastatin</i>	Tier-2
<i>sertraline tablets</i>	Tier-1
<b>SHINGRIX</b>	Tier-6
<i>simvastatin</i>	Tier-1
<b>SPIRIVA HANDIHALER</b>	Tier-3; QL
<i>spironolactone</i>	Tier-1
<i>sulfamethoxazole/trimethoprim tablets</i>	Tier-1
<b>SYMBICORT</b>	Tier-3; QL
<b>SYNTHROID</b>	Tier-4
<i>tamsulosin</i>	Tier-2
<i>timolol eye drops (solution)</i>	Tier-1
<i>torseamide</i>	Tier-2
<i>tramadol immediate-release tablets</i>	Tier-2; QL
<i>trazodone</i>	Tier-1
<i>triamcinolone cream</i>	Tier-2
<b>TRULICITY</b>	Tier-3
<i>venlafaxine hcl extended-release capsules</i>	Tier-2
<i>warfarin</i>	Tier-1
<b>XARELTO</b>	Tier-3
<i>zolpidem immediate-release tablets</i>	Tier-2

# Enroll Today

## Ways to Enroll



### 1: Call 1-844-226-5174 (TTY: 711)

Representatives are available 7 days a week, 8 a.m.–8 p.m. (April 1–September 30: Monday through Friday, 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.



### 2: Visit [thpmp.org/enroll](https://thpmp.org/enroll)

Our website is safe and secure.



### 3: Enroll by mail

Find the paper enrollment form online at [thpmp.org/2020-enrollment-form](https://thpmp.org/2020-enrollment-form).

#### Return form to:

Tufts Health Plan

PO Box 9178

Watertown, MA 02471-9948

**Or fax form to: 1-617-972-9475**



### 4: Find an Enrollment Meeting

Join us at one of our Medicare Meetings to learn how one of our many plan options may help meet your healthcare needs and budget. At our meetings, you will meet with one of our local Medicare Experts in a relaxed group setting. Find a meeting near you at [thpmp.org/meetings](https://thpmp.org/meetings).<sup>1</sup>



## 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 10.

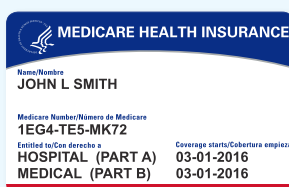
**Plan Name:**

**The name of the doctor you would like to select as your primary care physician.**

**PCP Name**

### Your Medicare card.

Don't have a Medicare card?  
Call us and we can explain  
what you need to do.







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](mailto: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](http://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 1-800-701-9000 (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)。

**Farsi:** توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. 1-800-701-9000 (TTY: 711) فراهم می باشد. 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 નિઃશુલ્ક 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 ដោយមិនគិតល្បួល 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, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-701-9000 (TTY: 711).

**Navajo:** Díí baa akó nínízin: Díí saad bee yánílt'igo Diné Bizaad, saad bee áká'ánída'áwoḍęę, 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 (TTY: 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).



Find out why  
97% of our  
members stay  
year after year!

## Questions?

Our Local Medicare Experts are ready to answer. Why wait any longer? **Call today!**



**1-844-226-5174 (TTY: 711)**

### Quick Links:

Compare HMO Plans  
[thmp.org/compare](https://thmp.org/compare)

Plan Documents  
[thmp.org/documents](https://thmp.org/documents)

Dental Coverage Option  
[thmp.org/dental](https://thmp.org/dental)

Doctor Search  
[thmp.org/doctor](https://thmp.org/doctor)

Drug Search  
[thmp.org/drug-coverage](https://thmp.org/drug-coverage)

Dental Search  
[thmp.org/dentist-search](https://thmp.org/dentist-search)

Representatives are available 7 days a week, 8 a.m.–8 p.m. (April 1–September 30: Monday through Friday, 8 a.m.–8 p.m.) <sup>1</sup>For accommodations of persons with special needs at meetings, call 1-844-267-2321. <sup>2</sup>The plan is administered by Dominion Dental Services, Inc., which operates under the trade name Dominion National. Cost share applies to non-preventive services. Services must be performed by providers in the Dominion PPO Network. <sup>3</sup>Not available in all counties. <sup>4</sup>You 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. <sup>5</sup>Comprises all your medical copays/coinsurance—your out-of-pocket costs will never exceed this amount. <sup>6</sup>You pay \$0 for a post-outpatient surgical procedure physical therapy or occupational therapy consultation of up to 15 minutes, prior to discharge. <sup>7</sup>On tiers 1 and 2, pricing may vary by pharmacy. <sup>8</sup>The 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. Tufts Health Plan is an HMO plan with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal. H2256\_2020\_217\_M