TUFTS Health Plan

2020 Plan Comparison Chart

Tufts Health Plan Medicare Advantage (HMO) Plans

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, dental, and wellness reimbursement

Monthly Premium $	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	$27
Worcester	$0	$20	$42

The Basics $	HMO Saver Rx	HMO Basic No Rx[1]	HMO Basic Rx
Medical Deductibles	No medical deductible		
Annual Out-of-Pocket Maximum[2]	$6,700	$3,400	$3,400

Copays	HMO Saver Rx	HMO Basic No Rx[1]	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[3]	$40	$30	
Occupational Therapy[3]	$40	$30	
Speech Therapy	$40	$30	

Copays	HMO Saver Rx	HMO Basic No Rx[1]	HMO Basic Rx
Mental Health and Substance Abuse Services	$25	$25	
Laboratory Services, X-rays, Diagnostic Procedures	$10	$10	
Diagnostic Radiology Services	$325 per day ($100 for ultrasound).	$250 per day ($100 for ultrasound).	
Emergency Services			
Emergency Room	$90 per visit	$110 per visit	
Urgent Care	$45 ($10 if performed by your PCP)	$40 ($10 if performed by your PCP)	
Ambulance Services	$350 per trip	$325 per trip	
Inpatient Care			
Inpatient Hospital Coverage	Days 1–5: $350/day, $0/day after day 5	Days 1–5: $275 per day, $0/day after day 5	
Additional Benefits			
Wellness Allowance	$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.	
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.		
Dental Benefit	$0 deductible with coverage for preventive, diagnostic, and restorative dental services up to a calendar year maximum of $1,000.[4]		
Optional Dental Coverage	$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.[4]		

Prescription Drug (Rx) Costs	HMO Saver Rx		HMO Basic Rx	
Deductible	$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**
Tier 1: Preferred Generic[5]	$0	$0	$0	$0
Tier 2: Generic[5]	$4	$8	$4	$8
Tier 3: Preferred Brand	$47	$94	$47	$94
Tier 4: Non-Preferred Drug	$100	$300	$100	$300
Tier 5: Specialty Tier	28%	N/A	29%	N/A
NEW **Tier 6: Vaccines**	$0	N/A	$0	N/A
Coverage Gap Stage: After your total prescription drug costs reach $4,020, and until your payments reach $6,350, you pay:	• 25% for Part D generic drugs • 25% of costs for Part D brand drugs plus a portion of the dispensing fee[6]			
Catastrophic Coverage Stage: After the coverage gap, when your payments for the year are greater than $6,350, you pay the greater of:	• 5% per prescription or • $3.60 per prescription for Part D generic drugs • $8.95 per prescription for Part D brand drugs			

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[1]	HMO Value Rx	HMO Prime No Rx[1]	HMO Prime Rx	HMO Prime Rx Plus[1]
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[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				

Medical Copays	HMO Value No Rx[1]	HMO Value Rx	HMO Prime No Rx[1]	HMO Prime Rx	HMO Prime Rx Plus[1]
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[3]	$20		$15		
Occupational Therapy[3]	$20		$15		
Speech Therapy	$20		$15		

Medical Copays	HMO Value No Rx[1]	HMO Value Rx	HMO Prime No Rx[1]	HMO Prime Rx	HMO Prime Rx Plus[1]
Mental Health and Substance Abuse Services	$25		$15		
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 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.				
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.[4]				

Prescription Drug (Rx) Costs	HMO Value Rx		HMO Prime Rx		HMO Prime Rx Plus[1]	
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
Coverage Gap Stage: After your total prescription drug costs reach $4,020, and until your payments reach $6,350, you pay:	• 25% for Part D generic drugs • 25% of costs for Part D brand drugs plus a portion of the dispensing fee[6] • **Prime Rx Plus:** Tier 1 and Tier 2 drugs remain at the normal copay					
Catastrophic Coverage Stage: After the coverage gap, when your payments for the year are greater than $6,350, you pay the greater of:	• 5% per prescription or • $3.60 per prescription for Part D generic drugs • $8.95 per prescription for Part D brand drugs					

TUFTS Health Plan

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.

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 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 yáníltí'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 (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).

Have questions? Call today!

1-844-226-5177 (TTY: 711)

Found the perfect plan?

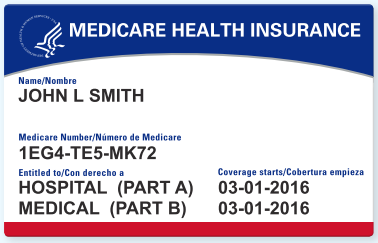
Select it here to refer to during the enrollment process!

Plan Name:

Monthly Premium:

PCP Name

You will also need your Medicare card to enroll.



Enroll today by calling **1-844-226-5177 (TTY: 711)**, or online at **thpmp.org/join**

Representatives are available 7 days a week, 8 a.m.–8 p.m.
(Apr. 1–Sep. 30: Mon.–Fri., 8 a.m.–8 p.m.)

[1]Not available in all counties. [2]Comprises all your medical copays/coinsurance—your out-of-pocket costs will never exceed this amount. [3]You pay $0 for a post-outpatient surgical procedure physical therapy or occupational therapy consultation of up to 15 minutes, prior to discharge. [4]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. [5]On tiers 1 and 2 pricing may vary by pharmacy. [6]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_221_M