



2021 Buyer's Guide

Tufts Health Plan Medicare Advantage (HMO) Plans

**NEW Plan
Features
Inside!**





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**



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

Quick Links:

Compare HMO Plans
thpmp.org/compare

Doctor Search
thpmp.org/doctor

Drug Search
thpmp.org/drug-coverage

Dental Coverage Option
thpmp.org/dental

Plan Documents
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.

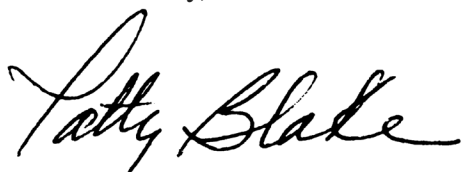
We understand that choosing a Medicare plan is an important decision. The enclosed materials are designed to help you better understand Medicare and identify the plan that best fits your lifestyle.

Tufts Health Plan offers a wide range of Medicare Advantage (HMO) plans to meet your needs and budget—with comprehensive medical benefits and some with 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 attend a FREE online Medicare meeting from the comfort of your home, hosted by a local Medicare expert.¹ For dates, visit **thpmp.org/meetings** and reserve your spot 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



2021 Highlights

Thousands of local doctors and specialists you know and trust.

Built in prescription drug benefits—with affordable copays PLUS \$0 Tier 6 vaccines.

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

Up to \$1,550 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.



Up to \$50 per quarter to spend on health-related items with our Saver Rx plan.

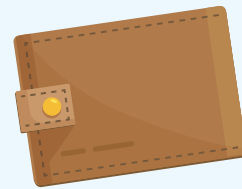
Why choose a Medicare Advantage (HMO) plan from Tufts Health Plan?



Our HMO plans offer:



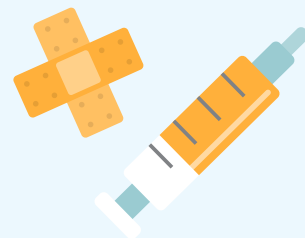
More comprehensive coverage than Original Medicare alone



Affordable copays and no medical deductibles



Savings on vision and hearing



\$0 Tier 6 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 embedded dental benefit on **Saver** and **Basic** plans for preventive services such as cleaning and exams. Plus, restorative services such as fillings and simple extractions.²
- Up to \$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 \$250 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 thmp.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 thmp.org/drug-coverage for a complete list of prescription drugs.

Dental Coverage²

For a low monthly premium, you can also add the Tufts Health Plan Medicare Preferred Dental Option to any of our plans. This plan provides additional coverage beyond the embedded dental benefit on **Saver** and **Basic** plans, and helps pay for preventive care and comprehensive services such as fillings and crowns on all plans. For more information, visit thmp.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.

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.

<p>Premium</p> <p>\$17/mo Basic/Saver plans</p> <p>\$30/mo Value/Prime plans</p>	<p>\$0</p> <p>Deductible</p>	<p>No waiting period</p>	<p>\$1,000</p> <p>Maximum benefit per calendar year</p>
---	-------------------------------------	------------------------------	--

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.³ The **Value** and **Prime** plans don't include a dental benefit, so adding the Dental Option is higher.

What's covered?



2021 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
Benefit (covered services)	Member pays
Preventive and diagnostic services such as oral exam, cleaning, and X-rays	Covered in full
Restorative services such as fillings, simple extractions, scaling and root planing	20% coinsurance
Major services such as dentures, bridges, crowns, root canal, and denture repairs	50% coinsurance

The chart above is a summary. For complete coverage details, go to thmp.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:



thmp.org/dentist-search

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.

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 (like the HMO **Basic** or **Saver** plans) 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 (like the HMO **Value** and **Prime** plans) 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.⁴

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.⁵

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 \$3,450 (except for **Saver Rx**, which has an annual cap of \$7,550).



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 through December 7.**





Plan Comparison Chart




This is a quick reference guide to some of the more commonly used services. For more complete plan benefit information, including referrals and other requirements, see the Evidence of Coverage (EOC), available at thpmp.org/documents.


Monthly Premium	\$	HMO Saver Rx	HMO Basic No Rx ⁴	HMO Basic Rx	HMO Value No Rx ⁴	HMO Value Rx	HMO Prime No Rx ⁴	HMO Prime Rx	HMO Prime Rx Plus ⁴
Essex, Suffolk		\$0	\$28	\$61	\$123	\$170	\$156	\$203	\$235
Hampden, Hampshire		\$0	Not Offered	\$35	Not Offered	\$73	Not Offered	\$98	\$118
Middlesex, Norfolk, Plymouth, Barnstable, Bristol		\$0	Not Offered	\$46	\$103	\$150	\$133	\$180	\$214
Worcester		\$0	\$20	\$43	\$112	\$160	\$152	\$195	Not Offered

The Basics	\$	HMO Saver Rx	HMO Basic No Rx ⁴	HMO Basic Rx	HMO Value No Rx ⁴	HMO Value Rx	HMO Prime No Rx ⁴	HMO Prime Rx	HMO Prime Rx Plus ⁴
Medical Deductibles		No medical deductible	No medical deductible		No medical deductible		No medical deductible	No medical deductible	No medical deductible
Annual Out-of-Pocket Maximum ⁶		\$7,550	\$3,450	\$3,450	\$3,450	\$3,450	\$3,450	\$3,450	\$3,450

Medical Copays		HMO Saver Rx	HMO Basic No Rx ⁴	HMO Basic Rx	HMO Value No Rx ⁴	HMO Value Rx	HMO Prime No Rx ⁴	HMO Prime Rx	HMO Prime Rx Plus ⁴
Doctor Office Visits					Doctor Office Visits				
Primary Care Physician		\$10 per visit	\$10 per visit		\$10 per visit		\$10 per visit	\$10 per visit	\$10 per visit
Specialist		\$45 per visit	\$40 per visit		\$25 per visit		\$15 per visit	\$15 per visit	\$15 per visit
Telehealth		Medicare-covered services plus additional telehealth services. ⁷			Medicare-covered services plus additional telehealth services. ⁷				
Preventive Care					Preventive Care				
Annual Physical		\$0 per visit	\$0 per visit		\$0 per visit		\$0 per visit		
Cancer Screening (Colorectal, Prostate, Breast)		\$0 per service	\$0 per service		\$0 per service		\$0 per service		
Vision and Hearing					Vision and Hearing				
Annual Routine Vision Exam		\$15	\$15		\$15		\$15	\$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.			\$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		\$25		\$15	\$15	\$15
Hearing Aids		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 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, \$1,150 Premier level. Through Hearing Care Solutions.				
Outpatient and Lab Services					Outpatient and Lab Services				
Outpatient Services/Surgery		Colonoscopies: \$0; Others: \$350 per day	Colonoscopies: \$0; Others: \$250 per day		Colonoscopies: \$0; Others: \$150 per day		Colonoscopies: \$0; Others: \$100 per day		Colonoscopies: \$0; Others: \$75 per day
Rehabilitation Therapy ⁸		\$40 per visit	\$30 per visit		\$20 per visit		\$15 per visit		
Mental Health and Substance Abuse Services		\$25 per visit	\$25 per visit		\$20 per visit		\$10 per visit		
Laboratory Services, X-rays, Diagnostic Procedures		FIT Tests: \$0; Others: \$10 per day (\$0 if billed with an office visit)	FIT Tests: \$0; Others: \$10 per day (\$0 if billed with an office visit)		FIT Tests: \$0; Others: \$5 per day (\$0 if billed with an office visit)		\$0		
Diagnostic Radiology Services		\$325 per day (\$100 for ultrasound)	\$250 per day (\$100 for ultrasound)		\$100 per day		20% up to \$75 per day		

Medical Copays		HMO Saver Rx	HMO Basic No Rx ⁴	HMO Basic Rx	HMO Value No Rx ⁴	HMO Value Rx	HMO Prime No Rx ⁴	HMO Prime Rx	HMO Prime Rx Plus ⁴
Emergency Services					Emergency Services				
Emergency Room		\$90 per visit	\$110 per visit		\$110 per visit		\$110 per visit		
Urgent Care		\$45 (\$10 if performed by your PCP)	\$40 (\$10 if performed by your PCP)		\$25 (\$10 if performed by your PCP)		\$15 (\$10 if performed by your PCP)		
Ambulance Services		\$350 per trip	\$325 per trip		\$225 per day		\$125 per day		\$90 per day
Inpatient Care					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		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		HMO Saver Rx	HMO Basic No Rx ⁴	HMO Basic Rx	HMO Value No Rx ⁴	HMO Value Rx	HMO Prime No Rx ⁴	HMO Prime Rx	HMO Prime Rx Plus ⁴
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.		\$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.			\$150 annual reimbursement toward program fees for weight loss programs such as Weight Watchers, Jenny Craig, or hospital-based weight loss programs.				
Embedded Dental Benefit		\$0 deductible, \$0 for preventive and diagnostic, 50% for restorative dental services such as fillings and simple extractions, up to a calendar year maximum of \$1,000. ²			N/A		N/A		
Tufts Health Plan Medicare Preferred Dental Option ⁹		\$17 per month for additional dental coverage with a 20% coinsurance for restorative dental services and 50% coinsurance for major services such as crowns, root canals, and dentures. ²			\$30 per month for dental coverage such as a \$0 deductible, \$0 preventive and diagnostic services, 20% coinsurance for restorative dental services such as fillings and simple extractions, and 50% coinsurance for major services such as crowns, root canals, and dentures. ²				
 Over-the-Counter (OTC) Benefit		\$50/quarter to spend on Medicare approved health-related items.	N/A		N/A		N/A		
 Acupuncture ¹⁰		\$10 per visit	\$10 per visit		\$10 per visit		\$10 per visit		

Rx Drug Coverage		HMO Saver Rx		HMO Basic Rx		HMO Value Rx		HMO Prime Rx		HMO Prime Rx Plus ⁴	
Deductible		\$0 for Tiers 1–2 and 6; \$250 for Tiers 3–5		\$0 for Tiers 1–2 and 6; \$225 for Tiers 3–5		\$0 for Tiers 1–2 and 6; \$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	Retail 30-day supply	Mail Order 90-day supply	Retail 30-day supply	Mail Order 90-day supply
Tier 1: Preferred Generic ¹¹		\$0	\$0	\$0	\$0	\$4	\$8	\$4	\$8	\$2	\$4
Tier 2: Generic ⁹		\$4	\$8	\$4	\$8	\$8	\$16	\$8	\$16	\$4	\$8
Tier 3: Preferred Brand		\$47	\$94	\$47	\$94	\$45	\$90	\$45	\$90	\$30	\$60
Tier 4: Non-Preferred Drug		\$100	\$300	\$100	\$300	\$100	\$300	\$100	\$300	\$80	\$240
Tier 5: Specialty Tier		28%	N/A	29%	N/A	29%	N/A	33%	N/A	33%	N/A
Tier 6: Vaccines		\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A
Coverage Gap Stage: After your total prescription drug costs reach \$4,130, and until your payments reach \$6,550, you pay:		<ul style="list-style-type: none">25% for Part D generic drugs25% of costs for Part D brand drugs plus a portion of the dispensing fee¹²				<ul style="list-style-type: none">25% for Part D generic drugs25% of costs for Part D brand drugs plus a portion of the dispensing fee¹²Prime 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 \$6,550, you pay the greater of:		<ul style="list-style-type: none">5% per prescription or\$3.70 per prescription for Part D generic drugs\$9.20 per prescription for Part D brand drugs				<ul style="list-style-type: none">5% per prescription or\$3.70 per prescription for Part D generic drugs\$9.20 per prescription for Part D brand drugs					

Top 100 Most Utilized Drugs

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>acetaminophen-codeine #3 tablets</i>	Tier-2; QL
<i>albuterol nebulizer solution</i>	Tier-2; B vs D
<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 immediate-release</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>cefepodoxime tablets</i>	Tier-2
<i>cephalexin capsules</i>	Tier-1
<i>chlorhexidine gluconate mouth/throat solution</i>	Tier-1
<i>chlorthalidone</i>	Tier-1
<i>ciprofloxacin tablets</i>	Tier-1
<i>citalopram tablets</i>	Tier-1
<i>clindamycin capsules</i>	Tier-1
<i>clonazepam tablets</i>	Tier-1
<i>clopidogrel</i>	Tier-1
<i>clotrimazole-betamethasone cream</i>	Tier-3
<i>colchicine tablets</i>	Tier-2
<i>cyclobenzaprine</i>	Tier-3; PA
<i>diclofenac topical gel</i>	Tier-3; QL
<i>donepezil tablets</i>	Tier-1
<i>dorzolamide/timolol eye drops (solution)</i>	Tier-2
<i>doxycycline hyclate 100mg capsules</i>	Tier-3
<i>doxycycline monohydrate capsules 100mg</i>	Tier-1
ELIQUIS	Tier-3
<i>erythromycin ophthalmic ointment</i>	Tier-2
<i>escitalopram tablets</i>	Tier-1
<i>ezetimibe</i>	Tier-3
<i>famotidine tablets</i>	Tier-1

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 thmp.org/drug-coverage.

Drug Name	Tier/Limits
<i>finasteride</i>	Tier-1
<i>fluconazole tablets</i>	Tier-2
<i>fluorouracil cream</i>	Tier-2
<i>fluoxetine capsules</i>	Tier-1
<i>fluticasone propionate nasal spray</i>	Tier-1; QL
<i>furosemide tablets</i>	Tier-1
<i>gabapentin capsules</i>	Tier-1
<i>gavilyte solution reconstituted</i>	Tier-2
<i>glipizide immediate-release</i>	Tier-1
HUMALOG KWIK PEN	Tier-3
<i>hydrochlorothiazide tablets</i>	Tier-1
<i>hydrocodone-acetaminophen tablets</i>	Tier-2; QL
<i>ibuprofen tablets</i>	Tier-1
<i>ipratropium/albuterol nebulizer solution</i>	Tier-2; B vs D
<i>isosorbide mononitrate extended-release</i>	Tier-2
<i>ketoconazole cream</i>	Tier-3; QL
<i>ketorolac eye drops (solution)</i>	Tier-2
<i>klor-con m20 tablets</i>	Tier-1
LANTUS SOLOSTAR	Tier-3
<i>latanoprost eye drops (solution)</i>	Tier-2
<i>levofloxacin tablets</i>	Tier-1
<i>levothyroxine</i>	Tier-1
<i>lidocaine patch</i>	Tier-3; PA; QL
<i>lisinopril</i>	Tier-1
<i>lorazepam tablets</i>	Tier-1
<i>losartan</i>	Tier-1
<i>meclizine tablets</i>	Tier-2
<i>metformin extended-release</i>	Tier-1
<i>metformin immediate-release</i>	Tier-1
<i>methylprednisolone tablets therapy pack</i>	Tier-2
<i>metoprolol succinate</i>	Tier-2
<i>metoprolol tartrate</i>	Tier-1
<i>metronidazole tablets</i>	Tier-2
<i>mirtazapine tablets</i>	Tier-2
<i>montelukast tablets</i>	Tier-1
<i>mupirocin ointment</i>	Tier-2; QL
<i>naproxen tablets</i>	Tier-1

Drug Name	Tier/Limits
<i>nitrofurantoin monohydrate capsules</i>	Tier-2
<i>nitroglycerin sublingual tablets</i>	Tier-2
<i>ofloxacin eye drops (solution)</i>	Tier-2
<i>omeprazole capsules</i>	Tier-1
<i>oseltamivir capsules</i>	Tier-1
<i>oxycodone tablets</i>	Tier-2; QL
<i>oxycodone-acetaminophen tablets</i>	Tier-2; QL
<i>pantoprazole</i>	Tier-2
<i>pravastatin</i>	Tier-2
<i>prednisolone acetate eye drops (suspension)</i>	Tier-3
<i>prednisone tablets</i>	Tier-1
QVAR REDHALER	Tier-3; QL
<i>rosuvastatin</i>	Tier-2
<i>sertraline tablets</i>	Tier-1
SHINGRIX	Tier-6
<i>simvastatin</i>	Tier-1
SPIRIVA HANDHALER	Tier-3; QL
<i>spironolactone</i>	Tier-1
<i>sulfamethoxazole/trimethoprim tablets</i>	Tier-1
<i>tamsulosin</i>	Tier-2
<i>timolol eye drops (solution)</i>	Tier-1
<i>toremide</i>	Tier-2
<i>tramadol 50mg immediate-release tablets</i>	Tier-1; QL
<i>trazodone</i>	Tier-1
<i>triamcinolone cream</i>	Tier-2
<i>valacyclovir</i>	Tier-3
<i>warfarin</i>	Tier-1
XARELTO	Tier-3



Enroll Today!

Ways to Enroll



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.



Visit thpmp.org/enroll

Our website is safe and secure.



Enroll by mail

Find the paper enrollment form online at thpmp.org/2021-enrollment-form.

Return form to:

Tufts Health Plan

PO Box 9178

Watertown, MA 02471-9948

Or fax form to: [1-617-972-9475](tel:1-617-972-9475)



Find an Online Enrollment Meeting

From the safety of your home, attend an online meeting with a Medicare Expert. Learn more about how one of our many plan options may help meet your health care needs and budget. Find an online meeting that fits your schedule at thpmp.org/meetings.¹





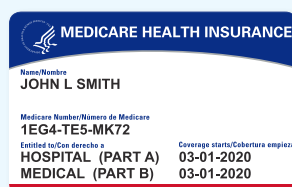
Important information to have ready before you enroll:

- 1 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.
- 2 The name of the doctor you would like to select as your primary care physician.**

Plan Name:

PCP Name

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





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
thpmp.org/compare

Doctor Search
thpmp.org/doctor

Plan Documents
thpmp.org/documents

Drug Search
thpmp.org/drug-coverage

Dental Coverage Option
thpmp.org/dental

Dentist Search
thpmp.org/dentist-search



¹For accommodations of persons with special needs at meetings, call 1-844-267-2321.

²The 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.

³For Saver and Basic plans, the Dental Option enhances the embedded dental benefit by reducing coinsurance on restorative services from 50% to 20%, and adding coverage for major services at 50% coinsurance.

⁴Not available in all counties.

⁵You 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.

⁶Comprises all your medical copays/coinsurance. Your out-of-pocket costs for covered in-network services will never exceed this amount.

⁷Additional telehealth services include but are not limited to: Primary Care Physician Services, Specialist Services, Individual Sessions for Mental Health and Psychiatric Services, Opioid Treatment Program Services, Observation Services, and Individual Sessions for Outpatient Substance Abuse. Cost-sharing and referral requirements are the same as for in-person services.

⁸Rehabilitation Therapy includes Physical Therapy, Occupation Therapy, and Speech Therapy. You pay \$0 for a post-outpatient surgical procedure, physical therapy or occupational therapy consultation of up to 15 minutes, prior to discharge.

⁹If purchased, this plan replaces the embedded dental benefit. Benefit amount remains at \$1,000 annual maximum, but coinsurance on restorative services is reduced to 20%, and major services such as dentures, bridges and crowns are covered with 50% coinsurance.

¹⁰Medicare 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. Additional Acupuncture coverage included as part of Wellness allowance.

¹¹On Tier 1 and Tier 2, retail copay applies to network pharmacies with preferred cost-sharing. 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 thmp.org/documents.

¹²The 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 complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-701-9000 (TTY: 711). ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-701-9000 (TTY: 711). Tufts Health Plan is an HMO plan with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal. H2256_2021_25_M