



TUFTS MEDICARE PREFERRED HMO PLANS | 2018

# HMO Plans Buyer's Guide

Includes 2018 Plan  
Comparison Chart





## WHY CHOOSE A TUFTS MEDICARE PREFERRED HMO PLAN?

### Tufts Medicare Preferred 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
- Optional prescription drug coverage
- A limit on your annual out-of-pocket maximum costs

### 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 any of our HMO plans you have access to **hundreds of dollars in annual savings** including:

- **\$150 eyewear reimbursement** for eyeglasses or contact lenses
- **Up to \$250 wellness allowance** for gym memberships, nutritional counseling, wellness programs, and acupuncture services
- **\$150 weight management** reimbursement toward fees for Weight Watchers®, Jenny Craig®, iDiet® or hospital-based programs

## One-on-One Care Manager

We 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 Tufts Medicare Preferred HMO 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 the Tufts Medicare Preferred HMO provider network, visit **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 enrolling in an HMO plan. To find out if your prescription is covered under one of the Tufts Medicare Preferred HMO prescription drug (Rx) plans, visit: **thpmp.org/drug-coverage**.

## Dental Coverage

For an additional (monthly) cost, you can also add Tufts Medicare Preferred HMO-Delta 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. For more information visit **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 // Member since 2015**

## Service Area

**To join a Tufts Medicare Preferred HMO plan, you must live in one of the following counties:**

Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, or Worcester county.

## Questions?

Please call us at

**1-844-455-3301**

(TTY: 711)

or visit our website at

**www.thpmp.org**



# HMO PLAN COMPARISON CHART | 2018

This is a quick reference guide to some of the more commonly used services. For more complete plan benefit information, review our Summary of Benefits booklets located in the “Documents” section on our website, [thpmp.org/documents](http://thpmp.org/documents).

Monthly Plan Premium <sup>1</sup> by County	HMO Saver Rx <sup>2</sup>	HMO Basic No Rx <sup>2</sup>	HMO Basic Rx	HMO Value No Rx	HMO Value Rx	HMO Prime No Rx	HMO Prime Rx	HMO Prime Rx Plus <sup>2</sup>
Barnstable, Bristol, Middlesex, Norfolk & Plymouth	\$0	Not Offered	\$46	\$103	\$132	\$133	\$166	\$200
Essex & Suffolk	\$0	\$38	\$66	\$123	\$152	\$156	\$189	\$221
Hampden & Hampshire	Not Offered	Not Offered	\$24	\$41	\$70	\$67	\$100	\$132
Worcester	\$0	\$40	\$68	\$112	\$147	\$152	\$186	Not Offered

## Medical Coverage

Plan Medical Costs	HMO Saver Rx <sup>2</sup>	HMO Basic No Rx <sup>2</sup>	HMO Basic Rx	HMO Value No Rx	HMO Value Rx	HMO Prime No Rx	HMO Prime Rx	HMO Prime Rx Plus <sup>2</sup>
Medical Deductibles	No medical deductible			No medical deductible				
Annual Out-of-Pocket Maximum <sup>3</sup>	\$4,500	\$3,400	\$3,400	\$3,400	\$3,400	\$3,400	\$3,400	\$3,400

Co-Pays	HMO Saver Rx <sup>2</sup>	HMO Basic No Rx <sup>2</sup>	HMO Basic Rx	HMO Value No Rx	HMO Value Rx	HMO Prime No Rx	HMO Prime Rx	HMO Prime Rx Plus <sup>2</sup>
Doctor Office Visits								
Primary Care Physician (PCP)	\$20 per visit	\$10 per visit		\$10 per visit			\$10 per visit	
Specialist	\$45 per visit	\$40 per visit		\$25 per visit			\$15 per visit	
Preventive Care								
Annual Physical	\$0 per visit	\$0 per visit		\$0 per visit			\$0 per visit	
Cancer Screening (Colorectal, Prostate, Breast)	\$0 per visit	\$0 per visit		\$0 per visit			\$0 per visit	
Vision and Hearing								
Annual Routine Vision Exam	\$45 per visit	\$40 per visit		\$25 per visit			\$15 per visit	
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 per visit	\$40 per visit		\$25 per visit			\$15 per visit	
Hearing Aid Allowance	Not covered	Not covered		Hearing aids are covered up to an allowance of \$500 every 3 years			Hearing aids are covered up to an allowance of \$500 every 3 years	
Outpatient and Lab Services								
Outpatient Services / Surgery	\$350 per day	\$250 per day		\$150 per day		\$100 per day		\$75 per day
Physical Therapy <sup>4</sup>	\$40 per visit	\$30 per visit		\$20 per visit			\$15 per visit	
Occupational Therapy <sup>4</sup>	\$40 per visit	\$30 per visit		\$20 per visit			\$15 per visit	
Speech Therapy	\$40 per visit	\$30 per visit		\$20 per visit			\$15 per visit	
Laboratory Services, X-rays, Diagnostic Procedures	\$10 per service per day	\$10 per service per day		\$5 per service per day			\$0 per service per day	
Diagnostic Radiology Services	\$300 per day	\$250 per day		\$100 per day			20% up to \$75 per day	
Emergency Services								
Emergency Room	\$80 per visit	\$100 per visit		\$100 per visit			\$100 per visit	
Urgently Needed Care	\$20-\$45 per visit	\$10-\$40 per visit		\$10-\$25 per visit			\$10-\$15 per visit	
Ambulance Services	\$300 per day	\$275 per day		\$225 per day		\$125 per day		\$90 per day

<sup>1</sup>You must continue to pay your Medicare Part B premium.  
<sup>2</sup>Not available in all counties.  
<sup>3</sup>Comprised of all your medical copays/coinsurance—your out-of-pocket costs will never exceed this amount.

<sup>4</sup>You pay \$0 for a post-outpatient surgical procedure physical therapy or occupational therapy consultation of up to 15 minutes, prior to discharge.  
Please note: costs may differ if you receive your benefits from a current or former employer.

Medical Coverage cont.

Copays	HMO Saver Rx <sup>2</sup>	HMO Basic No Rx <sup>2</sup>	HMO Basic Rx	HMO Value No Rx	HMO Value Rx	HMO Prime No Rx	HMO Prime Rx	HMO Prime Rx Plus <sup>2</sup>
<b>Inpatient Care</b> <b>Inpatient Hospital Coverage</b>	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
<b>Additional Benefits</b> <b>Wellness Allowance</b>	\$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	
<b>Weight Management Programs</b>	\$150 annual reimbursement toward program fees for weight loss programs such as Weight Watchers, Jenny Craig, iDiet, or hospital-based weight loss programs			\$150 annual reimbursement toward program fees for weight loss programs such as Weight Watchers, Jenny Craig, iDiet, or hospital-based weight loss programs				

Prescription Drug (Rx) Coverage

Plan Drug (Rx) Costs	HMO Saver Rx <sup>2</sup>		HMO Basic Rx		HMO Value Rx		HMO Prime Rx		HMO Prime Rx Plus <sup>2</sup>		
Deductible	\$0 for Tiers 1-2; \$400 for Tiers 3-5		\$0 for Tiers 1-2; \$350 for Tiers 3-5		\$0 for Tiers 1-2; \$300 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	\$6	\$12	\$4	\$8	\$4	\$8	\$4	\$8	\$2	\$4
	Tier 2: Generic	\$12	\$24	\$8	\$16	\$8	\$16	\$8	\$16	\$4	\$8
	Tier 3: Preferred Brand	\$47	\$94	\$47	\$94	\$47	\$94	\$47	\$94	\$30	\$60
	Tier 4: Non-Preferred Drug	\$100	\$300	\$100	\$300	\$100	\$300	\$100	\$300	\$80	\$240
	Tier 5: Specialty Tier	25%	N/A	26%	N/A	27%	N/A	33%	N/A	33%	N/A
Coverage Gap Stage: After your total prescription drug costs reach \$3,750, and until your payments reach \$5,000, you pay:	• 44% for Part D generic drugs • 35% of costs for Part D brand drugs plus a portion of the dispensing fee <sup>5</sup>				• 44% for Part D generic drugs • 35% of costs for Part D brand drugs plus a portion of the dispensing fee <sup>5</sup>				• Tier 1 copayments for generic drugs on Tier 1 • Tier 2 copayments for generic drugs on Tier 2 • 44% for all other generic drugs • 35% of costs for Part D brand drugs plus a portion of the dispensing fee <sup>5</sup>		
Catastrophic Coverage Stage: After the coverage gap, when your payments for the year are greater than \$5,000, you pay the greater of:	• 5% per prescription or • \$3.35 per prescription for Part D generic drugs • \$8.35 per prescription for Part D brand drugs				• 5% per prescription or • \$3.35 per prescription for Part D generic drugs • \$8.35 per prescription for Part D brand drugs						

<sup>2</sup>Not available in all counties.

<sup>5</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.



## HOW TO CHOOSE THE RIGHT PLAN FOR YOU

Here are some helpful tips for choosing which Tufts Medicare Preferred HMO plan is right for you.

### 1 | Look at the monthly premium and the copay

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 lower 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.

### 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.\* (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.

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

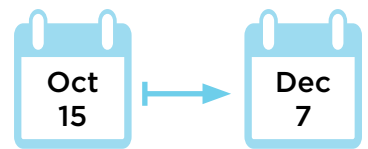
## 3 | What is the most you will pay for medical costs?

With Tufts Medicare Preferred HMO plans there is an annual cap on the amount you will pay out of your own pocket. With Original Medicare there is no cap. Our HMO plans have an annual out-of-pocket maximum of \$3,400 except for Saver Rx which has an annual cap of \$4,500.

Most members don’t reach the annual out-of-pocket maximum for medical costs but it’s comforting to know there is a limit to the amount you can pay.

### Did you know?

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



“ 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 Medicare Preferred HMO covers the drug, I was delighted! I thought ‘Good—Now I get to stay with Tufts Health Plan!’”

**Genevieve // Member since 2016**



# TOP 100 UTILIZED DRUGS

Below is a list of the top 100 utilized drugs covered under Tufts Medicare Preferred HMO plans. **This is not a complete list of drugs covered by our plan.** For a complete list, visit [www.thpmp.org/drug-coverage](http://www.thpmp.org/drug-coverage). Or contact us at 1-844-455-3301 (TTY: 711).

Drug Name	Tier; Requirements/ Limits
ADVAIR DISKUS	Tier-3; 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</i>	Tier-1
<i>amoxicillin-clavulanate</i>	Tier-2
<i>atenolol</i>	Tier-1
<i>atorvastatin</i>	Tier-1
<i>azithromycin tablets</i>	Tier-1
<i>brimonidine eye drops</i>	Tier-2
<i>bupropion sr</i>	Tier-2
<i>bupropion xl</i>	Tier-2
<i>carbidopa-levodopa</i>	Tier-2
<i>carvedilol</i>	Tier-1
<i>cephalexin capsules</i>	Tier-1
<i>chlorthalidone</i>	Tier-1
<i>ciprofloxacin tablets</i>	Tier-1
<i>citalopram</i>	Tier-1
<i>clonazepam tablets</i>	Tier-1
<i>clopidogrel</i>	Tier-1
<i>diazepam</i>	Tier-2
<i>digoxin</i>	Tier-1
<i>diltiazem extended-release</i>	Tier-2
<i>donepezil</i>	Tier-1
<i>dorzolamide-timolol eye drops</i>	Tier-2
<i>duloxetine</i>	Tier-3; QL
ELIQUIS	Tier-3
<i>escitalopram tablets</i>	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 Tufts Medicare Preferred 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.

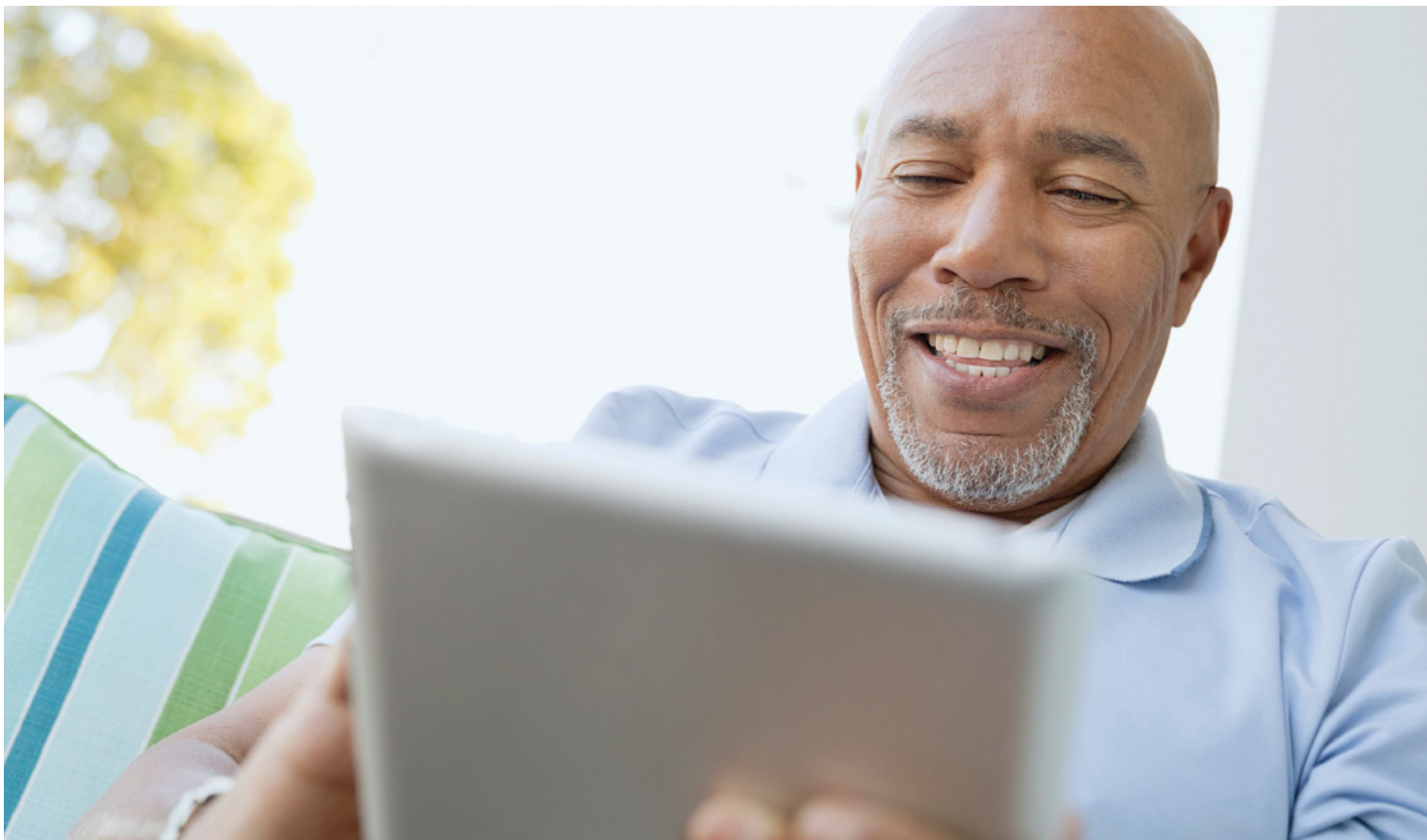
**STPA: Step Therapy Prior Authorization Applies.** Step Therapy is an automated form of Prior Authorization, which uses claims history for approval of a drug at the point of sale. Step Therapy Programs help encourage the clinically proven use of first-line therapies and are designed to ensure the utilization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

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



Drug Name	Tier; Requirements/ Limits
<i>finasteride</i>	Tier-1
FLOVENT HFA	Tier-3; QL
<i>fluoxetine oral capsule</i>	Tier-1
<i>fluticasone nasal spray</i>	Tier-1; QL
<i>furosemide</i>	Tier-2
<i>gabapentin capsule</i>	Tier-1
<i>glimepiride</i>	Tier-1
<i>glipizide</i>	Tier-1
<i>glipizide extended-release</i>	Tier-1
<i>hydralazine</i>	Tier-1
<i>hydrochlorothiazide</i>	Tier-1
<i>ibuprofen tablets</i>	Tier-1
<i>isosorbide mononitrate extended-release</i>	Tier-2
<i>jantoven</i>	Tier-1
JANUVIA	Tier-3
<i>klor-con m20</i>	Tier-1
<i>labetalol</i>	Tier-2
<i>lamotrigine immediate-release tablets</i>	Tier-1
LANTUS	Tier-3
LANTUS SOLOSTAR	Tier-3
<i>latanoprost eye drops</i>	Tier-2
<i>levetiracetam</i>	Tier-2
<i>levofloxacin tablets</i>	Tier-1
<i>levothyroxine tablets</i>	Tier-1
<i>lidocaine patches</i>	Tier-3; QL
<i>lisinopril-hydrochlorothiazide</i>	Tier-1
<i>lisinopril</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 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 extended-release</i>	Tier-2

Drug Name	Tier; Requirements/ Limits
<i>metoprolol tartrate tablets</i>	Tier-1
<i>mirtazapine</i>	Tier-2
<i>montelukast tablets</i>	Tier-1
<i>omeprazole</i>	Tier-1
<i>oxybutynin extended-release</i>	Tier-2
<i>pantoprazole</i>	Tier-2
<i>paroxetine</i>	Tier-1
<i>potassium chloride extended-release</i>	Tier-1
<i>pravastatin</i>	Tier-2
<i>prednisolone eye drops</i>	Tier-3
<i>prednisone oral tablets</i>	Tier-1
PROAIR HFA	Tier-3; QL
<i>quetiapine immediate-release tablets (QL applies to 25 &amp; 50 mg tablets only)</i>	Tier-2; STPA; QL
<i>ranitidine tablets</i>	Tier-2
<i>risperidone immediate-release tablets</i>	Tier-1
<i>rosuvastatin</i>	Tier-3
<i>sertraline tablets</i>	Tier-1
<i>simvastatin</i>	Tier-1
SPIRIVA HANDIHALER	Tier-3; QL
<i>spironolactone</i>	Tier-1
<i>sulfamethoxazole-trimethoprim tablets</i>	Tier-1
SYMBICORT	Tier-3; QL
SYNTHROID	Tier-4
<i>tamsulosin</i>	Tier-2
<i>terazosin</i>	Tier-1
<i>timolol eye drops</i>	Tier-2
<i>torsemide</i>	Tier-2
<i>tramadol immediate-release tablets</i>	Tier-1; QL
<i>trazodone</i>	Tier-1
<i>triamcinolone cream</i>	Tier-2
<i>triamterene-hydrochlorothiazide</i>	Tier-1
<i>valsartan</i>	Tier-2
<i>venlafaxine extended-release</i>	Tier-2
<i>warfarin</i>	Tier-1
XARELTO	Tier-3



## 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)

### Summary of Benefits and Other Plan Documents

▶▶▶ [thpmp.org/documents](https://thpmp.org/documents)

### Medicare Planning Tools

▶▶▶ [Startwithtufts.com](https://Startwithtufts.com)

**“** When I turned 65, I signed up for Tufts Health Plan Medicare Preferred, and I've been happy ever since. Tufts Health Plan Medicare Preferred is “top of the line” as far as I'm concerned!”

**Bruce // Member since 2008**

# ENROLL TODAY

## WAYS TO ENROLL



### 1 | Visit [thpmp.org/enroll](https://thpmp.org/enroll) (or click “Getting Started” on our home page)

Our website is safe and secure.



### 2 | Call 1-844-455-3301// TTY 711

Representatives are available Monday-Friday, 8 a.m. – 8 p.m. (from Oct. 1 to Feb. 14, 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 | 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](https://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 Tufts Health Plan Medicare Preferred HMO plan you would like to enroll in
  - To select a plan, please refer to the Plan Comparison Chart and Summary of Benefits

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 [thpmp.org/doctor](https://thpmp.org/doctor) or call us at **1-844-455-3301(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 Delta Dental® option
- ✓ How you want to pay your monthly premium

### Options for paying your plan premium

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

- Receive a bill monthly and pay Tufts Health Plan directly by mail or through the secure online member portal
- Electronic Fund Transfer (EFT) from your bank account
- Automatic deduction from your monthly Social Security check

Please check the appropriate box on the enrollment form for your preferred method of payment.

**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 number—711 or 1-800-439-2370. Español: 866-930-9252)

Fax: 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, 800-537-7697 (TDD)

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

[thpmp.org](http://thpmp.org) | 1-800-701-9000



**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 بگیرد.

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-701-9000 (ATS : 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:** સુચન: 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 ដោយមិនគិតល្អូល 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 yánílti'go Diné Bizaad, saad bee áká'ánída'áwoḍęę, t'áá jiik'eh, éí ná hóló, koji' hódílnih 1800-701-9000 (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 (телетайп: 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).

## QUESTIONS?

Call 1-844-455-3301// TTY 711

Representatives are available Monday – Friday, 8 a.m. – 8 p.m. (From October 1 – February 14, 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: [thpmp.org](http://thpmp.org)

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

Tufts Medicare Preferred HMO plans are available in Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties.

This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copayments, and restrictions may apply.

Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year.

The Formulary, pharmacy network, and/or provider network may change at any time.

You will receive notice when necessary.

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

®Registered Marks of the Delta Dental Plans Association. <sup>SM</sup>Service Mark of Delta Dental Plan Association.

**Important:** Your dental benefit and coverage plan is called the “Delta Dental Option,” which requires members to seek services from providers in the Delta Dental PPO<sup>SM</sup> 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.

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