



5 stars from Medicare for the fourth year in a row!



well!

For Tufts Health Plan Medicare
Preferred HMO Members

Fall 2018

What you need to know for **2019!**

- Easy-to-use **benefit chart**
- How your plan **helps you save** on prescription drugs, hearing aids, and more!
- Have your needs changed?
We have plan options!





▲
Our building in Watertown, MA



Have questions? Call us!

1-800-701-9000 (TTY: 711)

Mon.–Fri. 8 a.m.–8 p.m. (Oct. 1–Mar. 31, 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.

We're local!

We're located in Watertown, Massachusetts, and have been here for over 20 years. When you call us, you talk to representatives who understand your plan and are part of your community. You can expect to have your questions answered quickly with knowledge, honesty, and respect. If you have any questions about your plan, give us a call. We are committed to helping you get the most out of your plan.



Comparing the different health plans available, the 5-star rating really set Tufts Health Plan Medicare Preferred apart. I wanted to get the best health care I could, and I wanted the level of comfort that comes with picking a 5-star plan.



—Brenda, Tufts Health Plan Medicare Preferred Member since 2015



We take your privacy seriously

Tufts Health Plan Medicare Preferred is committed to protecting your personal health information in all settings. Our Notice of Privacy Practices provides detailed information about our privacy practices and your rights regarding your personal health information. It is available on our website at thpmp.org/privacy. If you would like a copy sent to you, just call Customer Relations.



5 stars from Medicare for fourth year in a row!

The only Massachusetts Medicare Advantage plan to receive 5 stars four years in a row!

Tufts Medicare Preferred HMO plans received 5 out of 5 stars for 2019 from Medicare. A 5-star rating reflects our ability to help you get the check-ups, screenings, and information you need to stay healthy. The Medicare Program uses a combination of member surveys, health plan data, and provider information to rate health plans each year for quality and performance. A plan receives a 5-star rating only if they provide exceptional service to their members in many different areas, including:

- Customer Service
- Member satisfaction
- Health care quality
- Getting appointments quickly

Tell your friends they can join one of the best plans in the country!

- 97% of our members stay year after year
- The largest Medicare Advantage (HMO) membership in Massachusetts
- Personalized support to keep you healthy

Don't keep it a secret. If you have a friend who is unhappy with their current plan, tell them to call Tufts Health Plan Medicare Preferred. We have a range of plans to meet different needs and budgets.* Call **1-800-255-7523 (TTY: 711)**!

*Enrollment in Medicare Parts A and B is required. Other restrictions may apply.

Every year, Medicare evaluates plans based on a 5-star rating system. Tufts Medicare Preferred HMO plans received 5 out of 5 stars for contract years 2016, 2017, 2018, and 2019.

8 Important Ways

YOUR PLAN PROVIDES EXCELLENT VALUE IN 2019



1

No premium increases

Whenever possible, we try to provide savings to you so you can use your plan to get the care you need. We're thrilled to be able to keep monthly premiums the same, or for some plans, lower in 2019! For details see page 10.

2

You're protected by a cost limit

Your plan has an out-of-pocket maximum that limits how much you would need to spend on medical costs in a year. Most members don't reach the maximum, but it is comforting to know there is a limit on costs you would need to pay in a year. Having an out of pocket maximum is one of the advantages of your HMO plan. For the out-of-pocket maximum amount of your plan, see page 10.

3

Save more with new hearing aid benefit

New for 2019, you're covered for up to 2 hearing aids per year, 1 hearing aid per ear. The best part? There are four technology levels to choose from and pricing is fixed, with copays ranging from \$250 to \$850 for each hearing aid.

You're also covered for a \$0 hearing aid evaluation once per year. For complete details, see your 2019 Evidence of Coverage (EOC), available online at www.thpmp.org/documents, or call Customer Relations.

Hearing aid evaluation must be with a Hearing Care Solutions provider.



4

Mail order can help you save up to \$180 on prescription drugs



You may be able to save up to \$45 by using mail order for a 90-day supply of prescription medications (depending on the plan you are in and the tier your drug is on). That's a potential savings of up to \$180 a year! With mail order, your medications are conveniently mailed directly to your home. Signing up for mail order is easy. There are no forms to fill out, just call FastStart toll-free at **1-866-788-5144**.

Please note: savings amount may be different depending on the plan you are in or if you receive your benefits from a current or former employer.



5

Get \$300 or more to stay fit

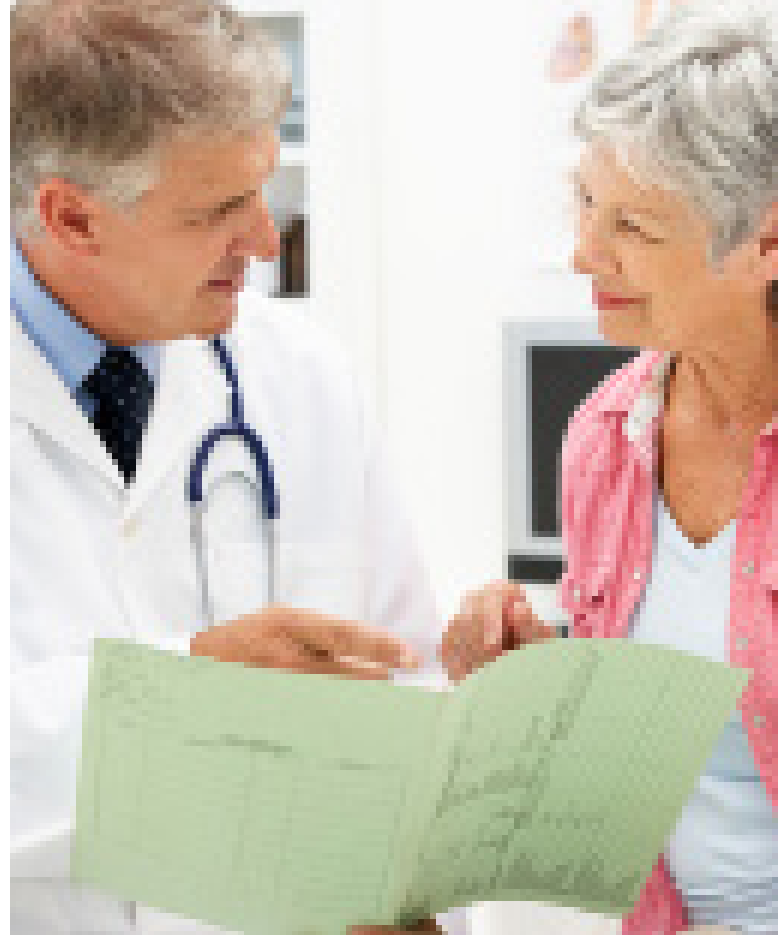
Our Wellness Allowance benefit helps you lead a healthy lifestyle. **And it pays you back:**

- **\$150 Wellness Allowance**—Depending on the plan you are in, you can get up to \$150 (or \$250 for members in our Saver Rx plan) each year for fees you pay for membership in a qualified health or fitness club, wellness programs, acupuncture, fitness classes such as yoga, Pilates, tai chi, and aerobics, and much more! For details, go to thpmp.org/wellness-allowance.
- **\$150 Weight Management reimbursement**—Reach your weight loss goals with up to \$150 for the program fees of Weight Watchers®, Jenny Craig®, or hospital-based weight loss programs! For details, see your Evidence of Coverage (EOC) booklet, available online at www.thpmp.org/documents.

6

It only costs \$10 to see your doctor

Many services that you see your primary care physician (PCP) for cost \$0, such as an annual physical. But seeing your PCP for a general appointment has a low \$10 copay. This helps make it easier for you to see your PCP if you need to. You'll notice that most of your benefits have set copay amounts. This makes it easier to know exactly what a service will cost you. For a list of copay amounts, see page 10.

**7**

You get extra discounts

With Preferred Extras, you can save on great programs and services such as hearing aids, weight loss programs, certain CVS products, massage therapy, acupuncture, and much more!

For a complete list of discounts, go to thpmp.org/preferred-extras.

Discounts and services included in the Preferred Extras program are not plan benefits and are not subject to the Medicare appeals process.

8

You can check your claims online

Create an account on our website that lets you:

- View your claims history
- View your current and past referrals
- View your monthly Explanation of Benefits (EOB) documents
- Pay your monthly premium
- Sign up to get documents electronically

Creating an account only takes a few minutes. Sign up at thpmp.org/registration and follow the step-by-step instructions.

It's Time for Your Annual Health Plan Checkup!

We want to make sure you're in the right plan

Most of our members stay in their plan each year. We hope you are happy with your current plan, but if your health or financial needs have changed, one of our other plans may be a better fit for you. We have a range of plans that may be able to help you:

- Lower your monthly premium
- Lower your copays
- Add prescription drug coverage

If you need to make a change

Every year from October 15 to December 7, Medicare Advantage plan members can change their plans. During the Annual Election Period, you can switch your plan, add or remove prescription drug coverage, or stay in the plan you are in now and not make any changes.

- **97%** of our members stay year after year
- We provide **personalized support** to keep you healthy and active
- We have the **largest Medicare Advantage (HMO) membership** in Massachusetts

***Please note:** If you receive your benefits from a current or former employer, please contact your benefits administrator regarding plan options and enrollment information.*



Several HMO plans to choose from

We offer a range of HMO plans at different costs and can help you find the one that fits you best.

Medicare Supplement plans too

A Medicare Supplement plan works differently than an HMO plan. Medicare Supplement plans cover “gaps” in Original Medicare coverage such as deductibles and coinsurance.

Our HMO Plans		Our Medicare Supplement Plans
Monthly premiums range from \$0-\$220	Premium	Two plans to choose from—call us for monthly premium amounts
Coverage for annual physical, routine hearing and eye exams	Coverage	Coverage for annual physical, routine hearing and eye exams varies by plan
You select a primary care physician (PCP) to oversee your care	Doctor	You can see any doctor or go to any hospital that accepts Original Medicare
Option to add comprehensive dental coverage	Dental	Option to add comprehensive dental coverage
Coverage anywhere in the world for emergency and urgent care	Travel	Coverage anywhere in the world for emergency and urgent care
Available with or without prescription drug coverage	Prescriptions	Does not include prescription drug coverage

Have questions about what plan is right for you?

 1-800-701-9000 (TTY: 711)



5 stars from Medicare for the fourth year in a row!

No other Massachusetts Medicare Advantage plan has received 5 stars four years in a row.

Representatives are available Mon.–Fri., 8 a.m.–8 p.m. (Oct. 1–Mar. 31, representatives are available 7 days a week, 8 a.m.–8 p.m.) After hours and on holidays, please leave a message and a representative will return your call on the next business day. Benefit coverage and amounts may be different if you receive your benefits from a current or former employer.

Your 2019 Benefits At a Glance

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

Medical Coverage

Plan Medical Costs	HMO Saver Rx	HMO Basic No Rx ¹	HMO Basic Rx
Medical Deductibles	No medical deductible		
Annual Out-of-Pocket Maximum ²	\$6,000	\$3,400	

Copays	HMO Saver Rx	HMO Basic No Rx ¹	HMO Basic Rx
Doctor Office Visits			
Primary Care Physician	\$10 per visit	\$10 per visit	
Specialist	\$45 per visit	\$40 per visit	

Preventive Care			
Annual Physical	\$0 per visit	\$0 per visit	
Cancer Screening (Colorectal, Prostate, Breast)	\$0 per service	\$0 per service	

	Vision and Hearing	
Annual Routine Vision Exam	\$45 per visit	\$40 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.	
Annual Routine Hearing Exam	\$45 per visit	\$40 per visit
Hearing Aids	\$250–\$850 per aid	\$250–\$850 per aid

Outpatient and Lab Services			
Outpatient Services/Surgery	\$350 per day	\$250 per day	
Physical Therapy ³	\$40 per visit	\$30 per visit	
Occupational Therapy ³	\$40 per visit	\$30 per visit	
Speech Therapy	\$40 per visit	\$30 per visit	
Laboratory Services, X-rays, Diagnostic Procedures	\$20 per service per provider per day	\$10 per service per provider per day	
Diagnostic Radiology Services	\$325 per day	\$250 per day	

¹Not available in all counties.

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

The charts on pages 10–13 are a quick reference guide to services and costs for our plans beginning January 1, 2019. Use this chart to compare plans. For comprehensive benefit information, see your Evidence of Coverage (EOC) booklet.

HMO Value No Rx ¹	HMO Value Rx	HMO Prime No Rx ¹	HMO Prime Rx	HMO Prime Rx Plus ¹
\$123	\$151	\$156	\$188	\$220
Not offered	\$54	Not offered	\$79	\$99
\$103	\$131	\$133	\$165	\$199
\$112	\$146	\$152	\$185	Not offered

HMO Value No Rx ¹	HMO Value Rx	HMO Prime No Rx ¹	HMO Prime Rx	HMO Prime Rx Plus ¹
No medical deductible				
\$3,400			\$3,400	

HMO Value No Rx ¹	HMO Value Rx	HMO Prime No Rx ¹	HMO Prime Rx	HMO Prime Rx Plus ¹
Doctor Office Visits				
\$10 per visit			\$10 per visit	
\$25 per visit			\$15 per visit	

Preventive Care				
\$0 per visit			\$0 per visit	
\$0 per service			\$0 per service	

Vision and Hearing				
\$25 per visit			\$15 per visit	
\$150 per year toward eyewear at an EyeMed Vision Care participating provider or \$90 per year at non-participating providers.				
\$25 per visit			\$15 per visit	
\$250–\$850 per aid			\$250–\$850 per aid	

Outpatient and Lab Services				
\$150 per day		\$100 per day		\$75 per day
\$20 per visit		\$15 per visit		
\$20 per visit		\$15 per visit		
\$20 per visit		\$15 per visit		
\$5 per service per day		\$0 per service per day		
\$100 per day		20% up to \$75 per day		

³You 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.

Copays	HMO Saver Rx	HMO Basic No Rx ¹	HMO Basic Rx
Emergency Services			
Emergency Room	\$90 per visit	\$110 per visit	
Urgently Needed Care	\$10–\$45 per visit	\$10–\$40 per visit	
Ambulance Services	\$325 per day	\$275 per day	
Inpatient Care			
Inpatient Hospital Coverage	Days 1–5: \$350 per day, \$0 per day after day 5	Days 1–5: \$275 per day, \$0 per day after day 5	
Additional Benefits			
Wellness Allowance	\$250 per year toward fitness club membership, instructional fitness classes, nutritional counseling, acupuncture, or wellness programs such as memory fitness activities	\$150 per year toward fitness club membership, instructional fitness classes, nutritional counseling, acupuncture, or wellness programs such as memory fitness activities	
Weight Management Programs	\$150 annual reimbursement toward program fees for weight loss programs such as Weight Watchers, Jenny Craig, or hospital-based weight loss programs		
Preventive Dental Allowance	\$150 per year towards the cost of preventive dental services including oral exams, cleanings, and X-rays.		

Prescription Drug (Rx) Coverage

Plan Drug (Rx) Costs	HMO Saver Rx		HMO Basic Rx	
Deductible	\$0 for Tiers 1–2; \$400 for Tiers 3–5		\$0 for Tiers 1–2; \$350 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	\$4	\$8	\$4	\$8
Tier 2: Generic	\$8	\$16	\$8	\$16
Tier 3: Preferred Brand	\$45	\$90	\$45	\$90
Tier 4: Non-Preferred Drug	\$100	\$300	\$100	\$300
Tier 5: Specialty Tier	25%	N/A	26%	N/A
Coverage Gap Stage: After your total prescription drug costs reach \$3,820, and until your payments reach \$5,100, you pay:	<ul style="list-style-type: none"> 37% for Part D generic drugs 25% of costs for Part D brand drugs plus a portion of the dispensing fee⁴ 			
Catastrophic Coverage Stage: After the coverage gap, when your payments for the year are greater than \$5,100, you pay the greater of:	<ul style="list-style-type: none"> 5% per prescription, or <ul style="list-style-type: none"> \$3.40 per prescription for Part D generic drugs \$8.50 per prescription for Part D brand drugs 			

Please note: costs may differ if you receive your benefits from a current or former employer. ²Not available in all counties.

HMO Value No Rx ¹	HMO Value Rx	HMO Prime No Rx ¹	HMO Prime Rx	HMO Prime Rx Plus ¹
Emergency Services				
\$110 per visit		\$110 per visit		
\$10–\$25 per visit		\$10–\$15 per visit		
\$225 per day		\$125 per day	\$90 per day	
Inpatient Care				
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/year	
Additional Benefits				

\$150 per year toward fitness club membership, instructional fitness classes, nutritional counseling, acupuncture, or wellness programs such as memory fitness activities

\$150 annual reimbursement toward program fees for weight loss programs such as Weight Watchers, Jenny Craig, or hospital-based weight loss programs				
N/A		N/A		

HMO Value Rx		HMO Prime Rx		HMO Prime Rx Plus ¹	
\$0 for Tiers 1-2; \$300 for Tiers 3-5		No deductible		No deductible	
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
\$4	\$8	\$4	\$8	\$2	\$4
\$8	\$16	\$8	\$16	\$4	\$8
\$45	\$90	\$45	\$90	\$30	\$60
\$100	\$300	\$100	\$300	\$80	\$240
27%	N/A	33%	N/A	33%	N/A
<ul style="list-style-type: none">37% for Part D generic drugs25% of costs for Part D brand drugs plus a portion of the dispensing fee⁴				<ul style="list-style-type: none">Tier 1 copays for generic drugs on Tier 1Tier 2 copays for generic drugs on Tier 237% for all other generic drugs25% of costs for Part D brand drugs plus a portion of the dispensing fee⁴	
				<ul style="list-style-type: none">5% per prescription, or<ul style="list-style-type: none">\$3.40 per prescription for Part D generic drugs\$8.50 per prescription for Part D brand drugs	

⁴The amount discounted by the manufacturer in the Coverage Gap counts toward your out-of-pocket costs as if you had paid the total amount of the drug yourself. This helps you move through the gap.



Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Tufts Health Plan:

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

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

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

Tufts Health Plan, Attention:

Civil Rights Coordinator, Legal Dept.
705 Mount Auburn St., Watertown, MA 02472
Phone: 1-888-880-8699 ext. 48000, (TTY: 711)
Fax: 1-617-972-9048
Email: OCRCoordinator@tufts-health.com

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

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

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
1-800-368-1019 (TDD: 1-800-537-7697)

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

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

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

Arabic: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 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. با تماس بگیرید. 1-800-701-9000 (TTY: 711) فراهم می باشد.

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'anída'áwoḍęę, táá jiik'eh, éí ná hóló, koji' hódílnih 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).



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Benefit information described in this issue is for Tufts Medicare Preferred HMO plan members.

Please note: not all plan benefit information in this booklet is the same for Employer Group plans. If you receive your benefits from a current or former employer, please contact your benefits administrator or Customer Relations with any questions regarding plan benefits.

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

This information is not a complete description of benefits.
Call 1-800-701-9000 (TTY: 711) for more information.

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Health and Wellness or Prevention Information

What you need to know for 2019!

For Tufts Health Plan Medicare
Preferred HMO Members
Fall 2018

Well!