

# HMO Basic No Rx (Medicare Advantage HMO) offered by Tufts Health Plan Medicare Preferred

## Annual Notice of Changes for 2018

You are currently enrolled as a member of Tufts Medicare Preferred HMO Basic No Rx. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
- 

### What to do now

#### 1. ASK: Which changes apply to you

- ☐ Check the changes to our benefits and costs to see if they affect you.
  - It's important to review your coverage now to make sure it will meet your needs next year.
  - Do the changes affect the services you use?
  - Look in Sections 1 and 2 for information about benefit and cost changes for our plan.
- ☐ Check to see if your doctors and other providers will be in our network next year.
  - Are your doctors in our network?
  - What about the hospitals or other providers you use?
  - Look in Section 1.3 for information about our Provider Directory.
- ☐ Think about your overall health care costs.
  - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
  - How much will you spend on your premium and deductibles?
  - How do your total plan costs compare to other Medicare coverage options?
- ☐ Think about whether you are happy with our plan.

#### 2. COMPARE: Learn about other plan choices

- ☐ Check coverage and costs of plans in your area.
  - Use the personalized search feature on the Medicare Plan Finder at <https://www.medicare.gov> website. Click "Find health & drug plans."

- Review the list in the back of your Medicare & You handbook.
- Look in Section 3.2 to learn more about your choices.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

**3. CHOOSE: Decide whether** you want to change your plan

- If you want to **keep** Tufts Medicare Preferred HMO Value No Rx you don't need to do anything. You will stay in Tufts Medicare Preferred HMO Value No Rx.
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

**4. ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2018**

- If you **don't join by December 7, 2018**, you will stay in Tufts Medicare Preferred HMO Value No Rx.
- If you join by December 7, 2018, your new coverage will start on January 1, 2018.

**Additional Resources**

- This document is available for free in Spanish.
- Please contact our Customer Relations number at 1-800-701-9000 for additional information. (TTY users should call 1-800-208-9562.) Hours are Monday – Friday, 8:00 a.m. – 8:00 p.m. (Representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m. from Oct. 1 – Feb. 14.)
- This information is available in different formats, including large print.
- **Coverage under this Plan qualifies as minimum essential coverage (MEC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families> for more information.

**About Tufts Medicare Preferred HMO Basic No Rx**

- Tufts Health Plan is an HMO plan with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal.
- When this booklet says “we,” “us,” or “our,” it means Tufts Health Plan Medicare Preferred. When it says “plan” or “our plan,” it means Tufts Medicare Preferred HMO Basic No Rx.

**Summary of Important Costs for 2018**

The table below compares the 2017 costs and 2018 costs for Tufts Medicare Preferred HMO Basic No Rx in several important areas. **Please note this is only a summary of changes. It is**

**important to read the rest of this *Annual Notice of Changes*** and review the enclosed *Evidence of Coverage* to see if other benefit or cost changes affect you.

| Cost                                                                                                                                                                                                                                                                                                                                  | 2017 (this year)                                                                                                                                                                      | 2018 (next year)                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Monthly plan premium</b><br>(See Section 1.1 for details.)                                                                                                                                                                                                                                                                         | \$34.00                                                                                                                                                                               | \$38.00                                                                                                                                                                               |
| <b>Maximum out-of-pocket amount</b><br>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services.<br>(See Section 1.2 for details.)                                                                                                                                                              | \$3,400                                                                                                                                                                               | \$3,400                                                                                                                                                                               |
| <b>Doctor office visits</b>                                                                                                                                                                                                                                                                                                           | Primary care visits: \$10 per visit<br><br>Specialist visits: \$30 per visit                                                                                                          | Primary care visits: \$10 per visit<br><br>Specialist visits: \$40 per visit                                                                                                          |
| <b>Inpatient hospital stays</b><br>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day. | You pay \$275 per day for days 1-5 and \$0 after day 5 for Medicare covered services received in a general acute care, psychiatric, rehabilitation, or long-term acute care hospital. | You pay \$275 per day for days 1-5 and \$0 after day 5 for Medicare covered services received in a general acute care, psychiatric, rehabilitation, or long-term acute care hospital. |

## ***Annual Notice of Changes for 2018***

### **Table of Contents**

|                                                                                     |           |
|-------------------------------------------------------------------------------------|-----------|
| <b>Summary of Important Costs for 2018 .....</b>                                    | <b>2</b>  |
| <b>SECTION 1      Changes to Benefits and Costs for Next Year .....</b>             | <b>5</b>  |
| Section 1.1 – Changes to the Monthly Premium .....                                  | 5         |
| Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount.....                     | 6         |
| Section 1.3 – Changes to the Provider Network .....                                 | 7         |
| Section 1.4 – Changes to Benefits and Costs for Medical Services .....              | 8         |
| <b>SECTION 2      Administrative Changes .....</b>                                  | <b>10</b> |
| <b>SECTION 3      Deciding Which Plan to Choose.....</b>                            | <b>10</b> |
| Section 3.1 – If you want to stay in Tufts Medicare Preferred HMO Basic No Rx ..... | 10        |
| Section 3.2 – If you want to change plans .....                                     | 11        |
| <b>SECTION 4      Deadline for Changing Plans.....</b>                              | <b>11</b> |
| <b>SECTION 5      Programs That Offer Free Counseling about Medicare .....</b>      | <b>12</b> |
| <b>SECTION 6      Programs That Help Pay for Prescription Drugs .....</b>           | <b>12</b> |
| <b>SECTION 7      Questions?.....</b>                                               | <b>13</b> |
| Section 7.1 – Getting Help from Tufts Medicare Preferred HMO Basic No Rx.....       | 13        |
| Section 7.2 – Getting Help from Medicare .....                                      | 14        |

**SECTION 1 Changes to Benefits and Costs for Next Year****Section 1.1 – Changes to the Monthly Premium**

| <b>Cost</b>                                                                             | <b>2017 (this year)</b> | <b>2018 (next year)</b> |
|-----------------------------------------------------------------------------------------|-------------------------|-------------------------|
| <b>Monthly premium</b><br>(You must also continue to pay your Medicare Part B premium.) | \$34.00                 | \$38.00                 |
| <b>Optional Supplemental Benefit: Delta Dental Option</b>                               | \$54                    | \$54                    |

## Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

| Cost                                                                                                                                                                                                                       | 2017 (this year) | 2018 (next year)                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Maximum out-of-pocket amount</b><br>Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount. | \$3,400          | \$3,400<br><br>Once you have paid \$3,400 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year. |

---

## Section 1.3 – Changes to the Provider Network

---

There are changes to our network of providers for next year. An updated Provider Directory is located on our website at [tuftsmedicarepreferred.org](http://tuftsmedicarepreferred.org). You may also call Customer Relations for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2018 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, Medicare requires that we furnish you with uninterrupted access to qualified doctors and specialists
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider and managing your care.

## Section 1.4 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2018 Evidence of Coverage*.

| Cost                                                                                                                                                 | 2017 (this year)                                                                                                  | 2018 (next year)                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>Ambulance services</b>                                                                                                                            | You pay \$250 for Medicare-covered ambulance services per day.                                                    | You pay \$275 for Medicare-covered ambulance services per day.                                                    |
| <b>Dental services (Medicare-covered)</b><br>Please refer to your 2018 Evidence of Coverage (EOC) for Delta Dental Option rider benefit information. | You pay \$30 for each Medicare-covered office visit.                                                              | You pay \$40 for each Medicare-covered office visit.                                                              |
| <b>Emergency care</b>                                                                                                                                | You pay \$75 for each Medicare-covered emergency room visit.                                                      | You pay \$100 for each Medicare-covered emergency room visit.                                                     |
| <b>Hearing services</b>                                                                                                                              | You pay \$30 for a Medicare-covered hearing exam.<br><br>You pay \$30 for an annual routine hearing exam.         | You pay \$40 for a Medicare-covered hearing exam.<br><br>You pay \$40 for an annual routine hearing exam.         |
| <b>Outpatient mental health care</b>                                                                                                                 | You pay \$30 for each individual or group therapy visit for Medicare-covered outpatient mental health services.   | You pay \$40 for each individual or group therapy visit for Medicare-covered outpatient mental health services.   |
| <b>Outpatient substance abuse services</b>                                                                                                           | You pay \$30 for each individual or group therapy visit for Medicare-covered outpatient substance abuse services. | You pay \$40 for each individual or group therapy visit for Medicare-covered outpatient substance abuse services. |

| Cost                                                                                               | 2017 (this year)                                                                                                                                                                                                                                     | 2018 (next year)                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Physician/<br/>Practitioner<br/>services, including<br/>doctor's office visits</b>              | <p>You pay \$10 for each covered visit or consultation in an outpatient location with your PCP or other primary care physician.</p> <p>You pay \$30 for each covered visit or consultation in an outpatient location with a specialist.</p>          | <p>You pay \$10 for each covered visit or consultation in an outpatient location with your PCP or other primary care physician.</p> <p>You pay \$40 for each covered visit or consultation in an outpatient location with a specialist.</p>          |
| <b>Podiatry services</b>                                                                           | You pay \$30 for each Medicare-covered visit.                                                                                                                                                                                                        | You pay \$40 for each Medicare-covered visit.                                                                                                                                                                                                        |
| <b>Therapeutic radiology</b>                                                                       | You pay \$0 for Medicare-covered radiation therapy and Chemotherapy visits.                                                                                                                                                                          | You pay \$60 for Medicare-covered radiation therapy and Chemotherapy visits.                                                                                                                                                                         |
| <b>Urgently needed services</b><br>Your plan includes worldwide coverage for urgently needed care. | <p>You pay \$10 for each Medicare-covered office visit with a primary care physician.</p> <p>You pay \$30 for each Medicare covered office visit to other providers for urgently needed services.</p>                                                | <p>You pay \$10 for each Medicare-covered office visit with a primary care physician.</p> <p>You pay \$40 for each Medicare covered office visit to other providers for urgently needed services.</p>                                                |
| <b>Vision care</b>                                                                                 | <p>You pay \$30 for each Medicare-covered outpatient visit for services to diagnose and/or treat a disease or condition of the eye.</p> <p>You pay \$30 for an annual diabetic retinopathy.</p> <p>You pay \$30 for one annual routine eye exam.</p> | <p>You pay \$40 for each Medicare-covered outpatient visit for services to diagnose and/or treat a disease or condition of the eye.</p> <p>You pay \$40 for an annual diabetic retinopathy.</p> <p>You pay \$40 for one annual routine eye exam.</p> |

## SECTION 2 Administrative Changes

| Cost                                                                                                              | 2017 (this year)                                                                                              | 2018 (next year)                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Non-emergency ambulance services                                                                                  | Prior authorization not required.                                                                             | Prior authorization may be required.                                                                                                                                                                                                                                               |
| Outpatient hospital services                                                                                      | Prior authorization not required.<br><br>A referral is required from your PCP.                                | Prior authorization may be required.<br><br>A referral is required from your PCP.                                                                                                                                                                                                  |
| Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers | Prior authorization not required.<br><br>A referral is required from your PCP.                                | Prior authorization may be required.<br><br>A referral is required from your PCP.                                                                                                                                                                                                  |
| Outpatient diagnostic tests, x-rays, and laboratory tests                                                         | If you receive services from the same provider during an office visit, only the office visit copay will apply | If you receive services from the same provider during an office visit, a diagnostic test, x-ray, and/or laboratory test copay will apply in addition to the office visit copay.<br><br>You will pay only one diagnostic test, x-ray, and/or laboratory copay per day per provider. |

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in Tufts Medicare Preferred HMO Basic No Rx

**To stay in our plan you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically stay enrolled as a member of our plan for 2018.

---

## Section 3.2 – If you want to change plans

---

We hope to keep you as a member next year but if you want to change for 2018 follow these steps:

### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2018*, call your State Health Insurance Assistance Program (SHIP) (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to <https://www.medicare.gov> and click “Review and Compare Your Coverage Options.” **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Tufts Health Plan Medicare Preferred offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

### Step 2: Change your coverage

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Tufts Medicare Preferred HMO Basic No Rx.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Tufts Medicare Preferred HMO Basic No Rx.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Relations if you need more information on how to do this (phone numbers are in Section 6.1 of this booklet).
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

---

## SECTION 4 Deadline for Changing Plans

---

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2018.

## Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage and those who move out of the service area are allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2018, and don’t like your plan choice, you can switch to Original Medicare between January 1 and February 14, 2018. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

## SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Massachusetts, the SHIP is called SHINE (Serving Health Insurance Needs of Everyone).

SHINE is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHINE counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHINE at 1-800-243-4636 (1-800-AGE-INFO) (TTY: 1-800-872-0166). You can learn more about SHINE by visiting their website ([www.mass.gov/elders/healthcare/shine/serving-the-health-information-needs-of-elders.html](http://www.mass.gov/elders/healthcare/shine/serving-the-health-information-needs-of-elders.html)).

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications).

- **Help from your state's pharmaceutical assistance program.** Massachusetts has a program called Prescription Advantage that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Section 5 of this booklet).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance Massachusetts HIV Drug Assistance Program (HDAP). Note: To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. Please call 1-800-228-2714.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-228-2714.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from Tufts Medicare Preferred HMO Basic No Rx

Questions? We're here to help. Please call Customer Relations at 1-800-701-9000. (TTY only, call 1-800-208-9562.) We are available for phone calls Monday – Friday, 8:00 a.m. – 8:00 p.m. (Representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m. from Oct. 1 – Feb. 14). Calls to these numbers are free.

#### **Read your 2018 *Evidence of Coverage* (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2018. For details, look in the 2018 *Evidence of Coverage* for Tufts Medicare Preferred HMO Basic No Rx. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is included in this envelope.

## Visit Our Website

You can also visit our website at [tuftsmedicarepreferred.org](http://tuftsmedicarepreferred.org). As a reminder, our website has the most up-to-date information about our provider network (Provider Directory).

---

## Section 7.2 – Getting Help from Medicare

---

To get information directly from Medicare:

### Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### Visit the Medicare Website

You can visit the Medicare website (<https://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <https://www.medicare.gov> and click on “Find health & drug plans”)

### Read *Medicare & You 2018*

You can read *Medicare & You 2018* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<https://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.