

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

Annual Notice of Changes for 2020

You are currently enrolled as a member of Tufts Medicare Preferred HMO Value 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.**
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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, including specialists you see regularly, 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, 2019**

- If you don’t join another plan by **December 7, 2019**, you will stay in Tufts Medicare Preferred HMO Value No Rx.
- If you join another plan by **December 7, 2019**, your new coverage will start on **January 1, 2020**.

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 711.) 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 – Mar. 31.)
- This information is available in different formats, including large print.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** 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 Value 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 Value No Rx.

Summary of Important Costs for 2020

The table below compares the 2019 costs and 2020 costs for Tufts Medicare Preferred HMO Value No Rx in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at thpmp.org. You may also call Customer Relations to ask us to mail you an *Evidence of Coverage*.

Cost	2019 (this year)	2020 (next year)
Monthly plan premium (See Section 1.1 for details.)	\$112	\$112
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)	\$3,400	\$3,400
Doctor office visits	Primary care visits: \$10 per visit Specialist visits: \$25 per visit	Primary care visits: \$10 per visit Specialist visits: \$25 per visit
Inpatient hospital stays 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 \$200 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 \$200 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.

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

Cost	2019 (this year)	2020 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$112	\$112
Optional Supplemental Benefit: Tufts Medicare Preferred Dental Option	\$54	\$30

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	2019 (this year)	2020 (next year)
Maximum out-of-pocket amount 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 There is no change to your Maximum Out-of-Pocket Amount for 2020. 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 thpmp.org. You may also call Customer Relations for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2020 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, we must 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 2020 *Evidence of Coverage*.

Cost	2019 (this year)	2020 (next year)
Non-ambulance transportation	Non-ambulance transportation is not covered.	You pay \$40 per ride for non-ambulance transportation (e.g., taxi, rideshare, van, or medical transport) from a hospital to a skilled nursing facility.
Tufts Medicare Preferred Dental Option	Six-month waiting period applies to new enrollees in the Tufts Medicare Preferred Dental Option.	There is no waiting period.
	A \$50 annual deductible applies to non-preventive and non-diagnostic services. Once the \$50 annual deductible has been met, you pay the applicable coinsurance up to your plan benefit maximum of \$1,000.	There is no annual deductible. Services are covered at the applicable coinsurance up to your plan benefit maximum of \$1,000.
	You pay \$0 for preventive and diagnostic services.	You pay \$0 for preventive and diagnostic services.
	You pay 20% coinsurance for restorative services.	You pay 20% coinsurance for basic dental services.
	You pay 50-100% coinsurance for periodontics.	You pay 50% coinsurance for major dental services.
	You pay 100% coinsurance for endodontics, prosthetic maintenance, prosthodontics, and major	Services are covered with providers in the Dominion PPO Network only. For more information,

Cost	2019 (this year)	2020 (next year)
	restorative services.	please refer to your Evidence of Coverage.
Diagnostic procedures and tests See X-ray section for cost-sharing information for Medicare-covered X-rays	You pay \$5 copay per day for Medicare-covered diagnostic procedures and tests.	You pay \$5 copay per day for Medicare-covered diagnostic procedures and tests. There is no copay if diagnostic procedures and tests are performed as part of an office visit.
Hearing aids	<p>You are covered for up to 2 hearing aids per year, 1 hearing aid per ear through Hearing Care Solutions.</p> <p>You pay a copayment for each hearing aid, and the copayment amount depends on the type of hearing aid purchased. Covered hearing aids include:</p> <p>\$250 copay for Standard level hearing aid</p> <p>\$475 copay for Superior level hearing aid</p> <p>\$650 copay for Advanced level hearing aid up</p> <p>\$850 copay for Advanced Plus level hearing aid</p>	<p>You are covered for up to 2 hearing aids per year, 1 hearing aid per ear through Hearing Care Solutions.</p> <p>You pay a copayment for each hearing aid, and the copayment amount depends on the type of hearing aid purchased. Covered hearing aids include:</p> <p>\$250 copay for Standard level hearing aid</p> <p>\$475 copay for Superior level hearing aid</p> <p>\$650 copay for Advanced level hearing aid up</p> <p>\$850 copay for Advanced Plus level hearing aid</p> <p>\$1150 copay for Premier level hearing aid</p>
Lab services	You pay \$5 copay per day for Medicare-covered lab	You pay \$5 copay per day for Medicare-covered lab

Cost	2019 (this year)	2020 (next year)
	services.	services. There is no copay if lab services are performed as part of an office visit.
Opioid treatment program Covered services include medication and support services, which may include counseling, toxicology screening and lab services, case management, primary care, and mental health services.	Opioid treatment program is not covered.	You pay \$25 for each visit as part of a Medicare-covered opioid treatment program. A referral is required for this service.
Routine eye exam	\$25 copay per visit.	\$15 copay per visit.
Services to treat kidney disease Covered services include: <ul style="list-style-type: none"> • Kidney disease education services to teach kidney care and help members make informed decisions about their care. For members with stage IV chronic kidney disease when referred by their doctor, we cover up to six sessions of kidney disease education services per lifetime • Outpatient dialysis treatments (including dialysis treatments when temporarily out of the service area, as explained in Chapter 3 in your <i>Evidence of Coverage</i>.) • Inpatient dialysis treatments (if you are admitted as an inpatient to a hospital for special care) • Self-dialysis training (includes training for you and anyone helping you with your home 	You pay \$0 for Medicare-covered dialysis services within the service area when ordered by your PCP. No referral is required for dialysis services.	You pay 20% coinsurance for Medicare-covered dialysis services within the service area when ordered by your PCP. Coinsurance does not apply to kidney disease educational services. No referral is required for dialysis services.

Cost	2019 (this year)	2020 (next year)
<p>dialysis treatments)</p> <ul style="list-style-type: none"> • Home dialysis equipment and supplies • Certain home support services (such as, when necessary, visits by trained dialysis workers to check on your home dialysis, to help in emergencies, and check your dialysis equipment and water supply) <p>Certain drugs for dialysis are covered under your Medicare Part B drug benefit. For information about coverage for Part B Drugs, please go to the section, “Medicare Part B prescription drugs.”</p>		
<p>MyHome Care</p>	<p>MyHome Care is not covered.</p>	<p>You pay \$600 per episode of care. This benefit provides members the option to recuperate from specific medical conditions, when clinically appropriate, with medically necessary services and supports provided in their residence.</p> <p>Before you participate in this program, you must first obtain a referral from your PCP.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>X-rays</p>	<p>You pay \$5 copay per day for Medicare-covered X-rays.</p>	<p>You pay \$5 copay per day for Medicare-covered X-rays. There is no copay if</p>

Cost	2019 (this year)	2020 (next year)
		lab services are performed as part of an office visit.

SECTION 2 Administrative Changes

Cost	2019 (this year)	2020 (next year)
Supplemental dental coverage provider	Supplemental dental coverage administrated by Tufts Health Plan through Delta Dental.	Supplemental dental coverage administrated by Tufts Health Plan through Dominion National.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Tufts Medicare Preferred HMO Value 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 2020.

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 2020 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,

- -- *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. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2020*, 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 *AND* Medicare prescription drug 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 Value 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 Value 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 7.1 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, 2020.

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 may be 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, 2020, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2020. 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 Information 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) (You can learn more about SHINE by visiting their website <https://www.mass.gov/health-insurance-counseling>).

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 through the 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 the Massachusetts HIV Drug Assistance Program (HDAP) at 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 Value No Rx

Questions? We're here to help. Please call Customer Relations at 1-800-701-9000. (TTY only, call 711.) Hours are 8:00 a.m. – 8:00 p.m., Monday-Friday. (Representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m. from Oct. 1 – Mar. 31.) Calls to these numbers are free.

Read your 2020 *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 2020. For details, look in the 2020 *Evidence of Coverage* for Tufts Medicare Preferred HMO Value. 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 located on our website at thmp.org. You may also call Customer Relations to ask us to mail you an *Evidence of Coverage*.

Visit Our Website

You can also visit our website at thmp.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 2020

You can read *Medicare & You 2020* 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.