

HMO GIC (Medicare Advantage HMO) offered by Tufts Health Plan Medicare Preferred

Annual Notice of Changes for July 1, 2020 – June 30, 2021

You are currently enrolled as a member of Tufts Medicare Preferred HMO GIC. **There will be some changes to the plan's costs and benefits that you should be aware of. Any changes will be highlighted in this booklet.**

This plan will be in effect from July 1, 2020 to June 30, 2021. If you wish to enroll in a different plan, you may do so during the GIC's Annual Enrollment period. The GIC will send you information regarding your options prior to the start of the GIC Annual Enrollment period, which runs from April 6, 2020 to May 1, 2020.

Your coverage through Tufts Health Plan Medicare Preferred is a medical-only HMO plan. As part of your GIC benefits, you also have a Part D Prescription Drug Plan through CVS SilverScript.

- Please note: The Group Insurance Commission (GIC) determines plans offered and when you can change plans. If you enroll in any other Medicare Advantage Plan or Part D Prescription drug plan outside of what is provided to you through the GIC, you will be disenrolled from your coverage provided by the GIC and Tufts Health Plan. Please contact the GIC with any questions.
- **If you decide to give up your Employer Group sponsored Tufts Medicare Preferred HMO GIC Plan**, you can change your coverage during the Medicare Annual Enrollment Period from October 15 through December 7. The *Annual Notice of Changes* tells you more about how to make a change in your coverage. To learn more about your options, you can visit <http://www.medicare.gov> or call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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.

- **The Group Insurance Commission (GIC) determines when you can change from the group plan.** You may change to another GIC-sponsored Medicare plan during the GIC Annual Enrollment period from April 6 to May 1, 2020. Please contact the GIC by calling 1-617-727-2310, or visit their website at <https://www.mass.gov/orgs/group-insurance-commission>.
- 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 Section 1 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 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 and terminate your Employer Group Coverage.

- If you want to **keep** Tufts Medicare Preferred HMO GIC, you don’t need to do anything. You will stay in Tufts Medicare Preferred HMO GIC.
- To change to a **different plan** that may better meet your needs outside of the GIC, you can switch plans between October 15 and December 7. Enrolling in a different plan outside the GIC will terminate your Employer Group Coverage.

4. ENROLL: To change Medicare plans outside of the GIC, join a plan between **October 15** and **December 7, 2020**.

- If you don't join another plan by **December 7, 2020**, you will stay in Tufts Medicare Preferred HMO GIC.
- If you join another plan outside of the GIC by **December 7, 2020**, your new coverage will start on **January 1, 2021**. Enrolling in a different plan outside the GIC will terminate your Employer Group Coverage.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Customer Relations number at 1-855-852-1016 for additional information. (TTY users should call 711.) Hours are 7 days a week, 8 a.m.–8 p.m. (Apr. 1–Sept. 30, Mon.–Fri., 8 a.m.–8 p.m.).
- 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 GIC

- 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 GIC.

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Summary of Important Costs for 2020-2021

The table below compares the 2019-2020 costs and 2020-2021 costs for Tufts Medicare Preferred HMO GIC 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 www.tuftshealthplan.com/gic. You can also review the *Evidence of Coverage* to see if other benefit or cost changes affect you. You may call Customer Relations to ask us to mail you an *Evidence of Coverage*.

Cost	07/01/2019 – 06/30/2020 (this year)	07/01/2020 – 06/30/2021 (next year)
<p>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services.</p> <p>Please note: This amount is calculated on a calendar year cycle (CY). (See Section 1.2 for details.)</p>	<p>\$3,400</p> <p>(CY 2020)</p>	<p>\$3,400</p> <p>(CY 2021)</p>
<p>Doctor office visits</p>	<p>Primary care visits: \$15 per visit</p> <p>Specialist visits: \$15 per visit</p>	<p>Primary care visits: \$15 per visit</p> <p>Specialist visits: \$15 per visit</p>
<p>Inpatient hospital stays</p> <p>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.</p>	<p>You pay \$0 per calendar year for covered services received in a general acute care, rehabilitation, mental health, or long-term acute care hospital.</p>	<p>You pay \$0 per calendar year for covered services received in a general acute care, rehabilitation, mental health, or long-term acute care hospital.</p>

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SECTION 1 Changes to Benefits and Costs for Next Year

To decide what's best for you, compare this information to the 2020-2021 benefits and costs of other plans that may be offered by your group, as well as the benefits and costs of Original Medicare.

Section 1.1 – Changes to the Monthly Premium

Effective 7/1/2020, upon the Group Insurance Commission's renewal with Tufts Medicare Preferred HMO GIC, the monthly plan premium you pay may change. You must also continue to pay your Medicare Part B premium. Please contact the GIC by calling 1-617-727-2310, or visit their website at <https://www.mass.gov/orgs/group-insurance-commission> for more information.

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	2020	2021
<p>Maximum out-of-pocket amount</p> <p>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.</p>	\$3,400	\$3,400
<p>Please note: This amount is calculated on a calendar year cycle.</p>		<p>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.</p>

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 www.tuftshealthplan.com/gic. 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 *2020-2021 Evidence of Coverage*.

Cost	CY 2019	CY 2020
<p>Opioid Treatment Program Services Opioid use disorder treatment services are covered under Part B of Original Medicare. Members of our plan receive coverage for these services through our plan. Covered services include:</p> <ul style="list-style-type: none"> • FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications, if applicable • Substance use counseling • Individual and group therapy • Toxicology testing 	<p>The Opioid Treatment Program was not covered in 2019. However, certain opioid treatment services were covered under outpatient substance abuse benefit.</p>	<p>You pay \$15 for each visit as part of a Medicare-covered opioid treatment program.</p> <p>A referral is required for this service.</p>

SECTION 2 Deciding Which Plan to Choose

Please check with the Group Insurance Commission by calling 1-617-727-2310, or visit their website at <https://www.mass.gov/orgs/group-insurance-commission>, regarding any of its own enrollment period requirements.

SECTION 3 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-AGE-INFO (1-800-243-4636) (TTY: 1-800-439-2370). You can learn more about SHINE by visiting their website (www.mass.gov/health-insurance-counseling).

SECTION 4 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 a.m. and 7 p.m., 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 3 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. 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 5 Questions?

Section 5.1 – Getting Help From Tufts Medicare Preferred HMO GIC

Questions? We're here to help. Please call Customer Relations at 1-855-852-1016. (TTY only, call 711.) We are available for phone calls 7 days a week, 8 a.m.–8 p.m. (Apr. 1–Sept. 30, Mon.–Fri., 8 a.m.–8 p.m.). Calls to these numbers are free.

Read your 2020-2021 *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 2020-2021 *Evidence of Coverage* for Tufts Medicare Preferred HMO GIC. The 2020-2021 *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 2020-2021 *Evidence of Coverage* is located on our website at www.tuftshealthplan.com/gic. You may also call Customer Relations to ask us to mail you a 2020-2021 *Evidence of Coverage*.

Visit Our Website

You can also visit our website at www.thpmp.org. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory).

Section 5.2 – 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 the *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.