



# 2017 Plan Updates

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This document provides an overview of the Senior Products plans offered by Tufts Health Plan and it includes a high level overview of the premium and benefit changes taking place effective January 1, 2017. The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan.



# TUFTS MEDICARE PREFERRED (TMP) HMO PLANS


## Overview

- We offer a variety of plans with monthly premiums that fit the member's budget
- The plans are offered in all Massachusetts counties except for Berkshire, Dukes, Franklin, and Nantucket
- Plan options are available with and without Medicare drug coverage (Part D)
- Competitive cost sharing with no medical deductibles
- Additional services provided by Tufts Health Plan Medicare Preferred beyond what is covered by Original Medicare includes:

	Original Medicare	Tufts Health Plan Medicare Preferred HMO Plans
<b>Physician Office Visits</b>	✓	✓
<b>Inpatient Stay and Outpatient Surgery</b>	✓	✓
<b>Skilled Nursing Facility Stay</b>	✓	✓
<b>Worldwide Emergency Coverage</b>		✓
<b>Annual Physical Exam</b>		✓
<b>Routine Vision Exam</b>		✓
<b>Routine Hearing Exam</b>		✓
<b>Coverage of Bathroom Safety Equipment, such as tub seats</b>		✓
<b>Routine Eyewear</b> Up to \$150 reimbursement for routine eyewear from EyeMed Vision Care providers (up to \$90 for non-EyeMed Vision Care providers).		✓
<b>Annual Wellness Allowance Reimbursement</b> Annual \$150 Wellness Allowance reimbursement to use toward fitness center memberships; nutritional counseling; acupuncture visits; memory fitness activities; and a variety of wellness programs, including the Arthritis Exercise Foundation, Healthy Eating for Successful Living, Fit For Your Life, AAA Senior Driving program		✓
<b>Annual Weight Management Allowance</b> Annual \$150 Weight Management Benefit to be reimbursed for program fees on weight loss programs like Weight Watchers, Jenny Craig, and hospital-based programs		✓

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan.

2017 PLAN UPDATES: TUFTS MEDICARE PREFERRED HMO PLANS

	Original Medicare	Tufts Health Plan Medicare Preferred HMO Plans
<p><b>SilverSneakers Fitness</b></p> <p>SilverSneakers, a fun, energizing program that encourages physical activity by offering access to classes, exercise equipment, pools, saunas and other amenities. It is available to Tufts Health Plan Medicare Preferred individual members who live in <b>Worcester County ONLY</b>. (Please note: it is not available with the Tufts Health Plan Medicare Preferred HMO Saver Rx plan.)</p>		<p>✓</p> 
<p><b>Hearing Aid discount</b></p> <p>Hearing aid discount program through Hearing Care Solutions</p>		<p>✓</p>
<p><b>Preferred Extras discounts</b></p> <p>Discounts on programs and services designed to help our members lead healthy lifestyles</p>		<p>✓</p>

## New for 2017

- Minimal premium changes: no increase is more than \$9.
- Cost share changes to existing benefits in both medical and prescription coverage; see charts below for detail.
- New hearing aid allowance for HMO Prime and HMO Value members! Members receive \$500 every three years toward the cost of hearing aids. Members can combine this benefit with the discounted rates offered through Hearing Care Solutions (up to 63% discount below retail).
- All HMO Prime, HMO Value, HMO Basic, and HMO Saver Rx members will receive coverage for the following benefit changes:
  - **New!** Coverage for an initial chiropractic evaluation. Covered once per year with referral. A \$15 office visit copay will apply.
  - Increased wig allowance! Members will receive coverage of up to **\$500** for wigs when they experience hair loss due to cancer treatment.
  - Bathroom Safety Equipment Coverage frequency increase! Members will be covered for the following items **every 5 years**:
    - Standard Raised Toilet Seat: 1 per member
    - Standard Bathroom Grab Bars: Up to 2 per member
    - Standard Tub Seat: 1 per member
- Diagnostic labs, tests, and x-rays will require a copay for HMO Saver Rx, HMO Basic, and HMO Value members:
  - A copay of \$10 or \$5 per service per day will apply with the following exceptions:
    - No copay will apply to preventive services, blood draws, pathology services, provider interpretation, or INR testing.
    - No additional copay if services rendered by same provider during an office visit (office visit copay will apply). If a separate provider renders these services, the copay will apply.
    - No additional copay applies if services are performed during an ER visit, Outpatient Surgery, Inpatient Stay, or SNF
- Physical Therapy Services provided in a home/community setting will require a copay for HMO Basic, HMO Value, and HMO Prime plans:
  - Copay will apply per day for physical therapy services performed in a home/community setting and will be the same copay amount for outpatient PT services (see below for specific copays per plan).
  - Occupational Therapy and Speech Therapy services will continue to apply no cost share.
- We have also expanded the programs that are eligible for reimbursement through the \$150 Weight Management program by adding DASH for Health. The DASH For Health program is an online program dedicated to helping members eat better, exercise better, and lose weight.

▶ HMO PLANS WITH RX BENEFITS

Plan Premium Changes

Plan Premium by County	2017					Changes from 2016				
	Saver Rx	Basic Rx	Value Rx	Prime Rx	Prime Rx+	Saver Rx	Basic Rx	Value Rx	Prime Rx	Prime Rx+
Barnstable, Bristol, Middlesex, Norfolk and Plymouth	\$0	\$39	\$125	\$159	\$193	\$0	\$3.10	\$4.70	\$4.60	\$4.80
Essex & Suffolk	\$0	\$59	\$145	\$182	\$214	\$0	\$3.10	\$3.70	\$3.60	\$1.80
Hampden & Hampshire	N/A	\$9	\$55	\$85	\$119	N/A	\$9	\$8.70	\$8.60	\$8.80
Worcester	\$0	\$61	\$140	\$179	N/A	\$0	(\$4.60)	(\$4.60)	(\$4.50)	N/A

Medical Changes

Plan	Benefit Changes	2016	2017
		<b>HMO Saver Rx</b>	OOP Maximum Ambulance Inpatient Psychiatric Hospital Skilled Nursing Facility Outpatient Day Surgery Diagnostic Radiology

## ▶ HMO PLANS WITH RX BENEFITS

## Medical Changes, continued

		2016	2017
Plan	Benefit Changes		
<b>HMO Basic Rx</b>	Ambulance	\$200 per day	\$275 per day
	Inpatient Hospital	\$225 per day, days 1-5	\$275 per day, days 1-5
	Inpatient Rehab Hospital	\$225 per day, days 1-5	\$275 per day, days 1-5
	Inpatient Psychiatric Hospital	\$225 per day, days 1-5	\$275 per day, days 1-5
	Skilled Nursing Facility	Days 1-20: \$40 per day Days 21-44: \$100 per day Days 45-100: \$0 per day	Days 1-20: \$20 per day Days 21-44: \$140 per day Days 45-100: \$0 per day
	Home Health Physical Therapy	\$0 per visit	\$30 per visit
	Outpatient Day Surgery	\$225 per day	\$250 per day
	Diagnostic Radiology	\$185 per day	\$250 per day
	Labs, tests, and x-rays	\$0 per service, per day	\$10 per service, per day
<b>HMO Value Rx</b>	Ambulance	\$150 per day	\$225 per day
	Inpatient Hospital	\$165 per day, days 1-5	\$200 per day, days 1-5
	Inpatient Rehab Hospital	\$165 per day, days 1-5	\$200 per day, days 1-5
	Inpatient Psychiatric Hospital	\$165 per day, days 1-5	\$200 per day, days 1-5
	Skilled Nursing Facility	Days 1-20: \$30 per day Days 21-44: \$60 per day Days 45-100: \$0 per day	Days 1-20: \$20 per day Days 21-44: \$100 per day Days 45-100: \$0 per day
	Home Health Physical Therapy	\$0 per visit	\$20 per visit
	Outpatient Day Surgery	\$125 per day	\$150 per day
	Diagnostic Radiology	\$75 per day	\$100 per day
	Labs, tests, and x-rays	\$0 per service, per day	\$5 per service, per day

▶ HMO PLANS WITH RX BENEFITS

Medical Changes, continued

		2016	2017
Plan	Benefit Changes		
<b>HMO Prime Rx</b>	Ambulance	\$75 per day	\$110 per day
	Inpatient Hospital	\$200 per admission up to \$400 year max	\$300 per admission up to \$900 year max
	Inpatient Rehab Hospital	\$200 per admission up to \$400 year max	\$300 per admission up to \$900 year max
	Inpatient Psychiatric Hospital	\$200 per admission up to \$400 year max	\$300 per admission up to \$900 year max
	Skilled Nursing Facility	Days 1-20: \$20 per day Days 21-100: \$0 per day	Days 1-20: \$20 per day Days 21-44: \$60 per day Days 45-100: \$0 per day
	Home Health Physical Therapy Services	\$0 per visit	\$15 per visit
<b>HMO Prime Rx Plus</b>	Ambulance	\$75 per day	\$90 per day



## ▶ HMO PLANS WITH RX BENEFITS (All counties except Worcester)

### Drug Plan Changes

	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017
<b>Benefit up to ICL</b>	<b>HMO Saver Rx</b>		<b>HMO Basic Rx</b>		<b>HMO Value Rx</b>		<b>HMO Prime Rx</b>		<b>HMO Prime Rx+</b>	
<b>Deductible</b>	\$300 (T3, T4 & T5)	\$350 (T3, T4 & T5)	\$250 (T3, T4 & T5)	\$300 (T3, T4 & T5)	\$200 (T3, T4 & T5)	\$250 (T3, T4 & T5)	\$0	\$0	\$0	\$0
<b>Retail (30-Day Supply)</b>										
<b>Tier 1</b>	\$6	\$6	\$4	\$4	\$4	\$4	\$4	\$4	\$2	\$2
<b>Tier 2</b>	\$12	\$12	\$8	\$8	\$8	\$8	\$8	\$8	\$4	\$4
<b>Tier 3</b>	\$47	\$47	\$47	\$47	\$47	\$47	\$47	\$47	\$30	\$30
<b>Tier 4</b>	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$80	\$80
<b>Tier 5</b>	26%	26%	27%	27%	28%	28%	33%	33%	33%	33%
<b>Coverage Gap</b>	—	—	—	—	—	—	—	—	\$2/\$4	\$2/\$4
<b>Mail Order (90-Day Supply)</b>										
<b>Tier 1</b>	\$15	\$12	\$10	\$8	\$10	\$8	\$10	\$8	\$5	\$4
<b>Tier 2</b>	\$30	\$24	\$21	\$16	\$21	\$16	\$21	\$16	\$10	\$8
<b>Tier 3</b>	\$141	\$94	\$141	\$94	\$141	\$94	\$141	\$94	\$90	\$60
<b>Tier 4</b>	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$240	\$240
<b>Tier 5</b>	26%	N/A	27%	N/A	28%	N/A	33%	N/A	33%	N/A

▶ **HMO PLANS WITH RX BENEFITS** (Worcester county)

**Drug Plan Changes**

	2016	2017	2016	2017	2016	2017	2016	2017
<b>Benefit up to ICL</b>	<b>HMO Saver Rx</b>		<b>HMO Basic Rx</b>		<b>HMO Value Rx</b>		<b>HMO Prime Rx</b>	
<b>Deductible</b>	\$300 (T3, T4 & T5)	\$350 (T3, T4 & T5)	\$250 (T3, T4 & T5)	\$300 (T3, T4 & T5)	\$200 (T3, T4 & T5)	\$250 (T3, T4 & T5)	\$0	\$0
<b>Retail (30-Day Supply)</b>								
<b>Tier 1</b>	\$6	\$6	\$4	\$4	\$4	\$4	\$4	\$4
<b>Tier 2</b>	\$12	\$12	\$6	\$6	\$6	\$6	\$6	\$6
<b>Tier 3</b>	\$47	\$47	\$47	\$47	\$47	\$47	\$47	\$47
<b>Tier 4</b>	\$100	\$100	\$75	\$85	\$75	\$85	\$75	\$85
<b>Tier 5</b>	26%	26%	27%	27%	28%	28%	33%	33%
<b>Mail Order (90-Day Supply)</b>								
<b>Tier 1</b>	\$15	\$12	\$10	\$8	\$10	\$8	\$10	\$8
<b>Tier 2</b>	\$30	\$24	\$15	\$12	\$15	\$12	\$15	\$12
<b>Tier 3</b>	\$141	\$94	\$141	\$94	\$141	\$94	\$141	\$94
<b>Tier 4</b>	\$300	\$300	\$225	\$255	\$225	\$255	\$225	\$255
<b>Tier 5</b>	26%	N/A	27%	N/A	28%	N/A	33%	N/A

## ▶ HMO PLANS WITHOUT RX BENEFITS

### Plan Premium Changes

Plan Premium by County	2017			Change from 2016		
	Basic Rx	Value Rx	Prime Rx	Basic Rx	Value Rx	Prime Rx
Barnstable, Bristol, Middlesex, Norfolk and Plymouth	N/A	\$97	\$131	N/A	\$1	\$1
Essex & Suffolk	\$34	\$117.00	\$154	\$0	\$0	\$0
Hampden & Hampshire	N/A	\$27	\$57	N/A	\$5	\$5
Worcester	\$33	\$109	\$148	\$0	\$0	\$0

### Medical Changes

Plan	Benefit Changes	2016	2017
		<b>HMO Basic No Rx</b>	Ambulance
	Inpatient Hospital	\$225 per day, days 1-5	\$275 per day, days 1-5
	Inpatient Rehab Hospital	\$225 per day, days 1-5	\$275 per day, days 1-5
	Inpatient Psychiatric Hospital	\$225 per day, days 1-5	\$275 per day, days 1-5
	Skilled Nursing Facility	Days 1-20: \$40 per day Days 21-44: \$100 per day Days 45-100: \$0 per day	Days 1-20: \$20 per day Days 21-44: \$140 per day Days 45-100: \$0 per day
	Home Health Physical Therapy	\$0 per visit	\$30 per visit
	Outpatient Day Surgery	\$200 per day	\$250 per day
	Diagnostic Radiology	\$150 per day	\$250 per day
	Labs, tests, and x-rays	\$0 per service, per day	\$10 per service, per day

▶ HMO PLANS WITHOUT RX BENEFITS

Medical Changes, continued

		2016	2017
Plan	Benefit Changes		
<b>HMO Value No Rx</b>	Ambulance	\$100 per day	\$200 per day
	Inpatient Hospital	\$165 per day, days 1-5	\$200 per day, days 1-5
	Inpatient Rehab Hospital	\$165 per day, days 1-5	\$200 per day, days 1-5
	Inpatient Psychiatric Hospital	\$165 per day, days 1-5	\$200 per day, days 1-5
	Skilled Nursing Facility	Days 1-20: \$30 per day Days 21-44: \$60 per day Days 45-100: \$0 per day	Days 1-20: \$20 per day Days 21-44: \$100 per day Days 45-100: \$0 per day
	Home Health Physical Therapy	\$0 per visit	\$20 per visit
	Outpatient Day Surgery	\$125 per day	\$150 per day
	Diagnostic Radiology	\$75 per day	\$100 per day
	Labs, tests, and x-rays	\$0 per service, per day	\$5 per service, per day
<b>HMO Prime No Rx</b>	Ambulance	\$50 per day	\$100 per day
	Inpatient Hospital	\$200 per admission up to \$400 year max	\$300 per admission up to \$900 year max
	Inpatient Rehab Hospital	\$200 per admission up to \$400 year max	\$300 per admission up to \$900 year max
	Inpatient Psychiatric Hospital	\$200 per admission up to \$400 year max	\$300 per admission up to \$900 year max
	Skilled Nursing Facility	Days 1-20: \$20 per day Days 21-100: \$0 per day	Days 1-20: \$20 per day Days 21-44: \$60 per day Days 45-100: \$0 per day
	Home Health Physical Therapy Services	\$0 per visit	\$15 per visit



▶ **DELTA DENTAL OPTION PLAN!**

- The Tufts Health Plan Delta Dental® Option (an optional supplemental rider) will continue to be available for \$54 a month, a \$1 premium increase from 2016. Members can still access excellent dental coverage including:
  - Reduced prices that can save members hundreds off dental costs inside the limited Delta Dental PPO<sup>SM</sup> network
  - \$0 cost share for cleanings and X-rays
  - Comprehensive coverage for dental services such as fillings, crowns, and implants
  - The great service and support members expect
  - No waiting periods if member had Delta Dental of Massachusetts coverage in the past 60 days
    - For existing members, the waiting period will not re-apply on January 1, 2017
  - Members must seek services from a dentist that participates in the limited Delta Dental PPO<sup>SM</sup> network

2017 Delta Dental Option	
<b>Individual Annual Deductible:</b> \$50 per individual (Deductible waived for Preventive and Diagnostic categories)	
<b>Calendar Year Maximum:</b> (The total amount the plan will pay for covered services in the calendar year.): \$1,000 per person	
Benefit (covered services)	Member Pays
Preventive and diagnostic services such as oral exam, cleaning, and x-rays	Covered in full
Restorative (fillings), oral surgery (extractions), periodontics (scaling and root planing), endodontics (root canal) and prosthetic maintenance services (denture repair)	20% coinsurance after deductible. A 6 month waiting period applies.
Prosthodontics (dentures and implants) and major restorative services (crowns)	50% coinsurance after deductible. A 6 month waiting period applies.

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# TUFTS HEALTH PLAN SENIOR CARE OPTIONS (SCO)

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## Overview

- Available to people 65+ that are eligible for MassHealth Standard, and who may also have Medicare
- Offered in all Massachusetts counties except for Berkshire, Dukes, Franklin and Nantucket
- There is no out-of-pocket cost to join, and no monthly fee. There are no deductibles or co-pays. Members pay nothing for prescriptions on our formulary.
- Members can sign up at any time.
- The plan includes a Primary Care Team whose primary goal is to improve the coordination of care the member receives.
- Please note that the Tufts Health Plan Medicare Preferred and the Tufts Health Plan Senior Care Options provider networks are different.
- Additional services provided by Tufts Health Plan **beyond what is covered by Original Medicare and MassHealth** includes:
  - Annual \$200 Wellness Allowance reimbursement to use toward fitness center memberships; nutritional counseling; memory fitness activities; and a variety of wellness programs, including the Arthritis Exercise Foundation, Healthy Eating for Successful Living, Fit For Your Life, AAA Senior Driving program
  - Annual \$200 Weight Management Benefit to be reimbursed for program fees on weight loss programs like Weight Watchers, Jenny Craig, and hospital-based programs
  - Reimbursement up to \$500 every calendar year for acupuncture visits with a licensed acupuncturist.
  - Coverage at no cost with a prescription of the following OTC medications: Methylsulfonylmethane (MSM), Glucosamine/Chondroitin/MSM, Glucosamine/MSM, Chondroitin/MSM, and Omega 3/Fish Oil
  - Discounts on programs and services designed to help our members lead healthy lifestyles

## Additional Benefits

Plan	Benefit	You Pay
Senior Care Options (SCO)	Covered prescription drugs and over-the-counter (OTC) medications	\$0
	Dental exams, teeth cleanings, dentures, fillings, gum disease treatments, and more	\$0
	Rides to and from your medical appointments*	\$0
	Durable medical equipment such as shower chairs and grab bars)	\$0
	Aids to daily living, such as protective underwear and pads	\$0
	Up to two (2) pairs of therapeutic custom molded shoes for members with diabetes	\$0
	Routine exams and hearing aids	\$0
	Primary care and specialist visits	\$0

\*Non-emergency. Exceptions may apply.

## New for 2017

- **Increase in Instant Savings (Over the Counter—OTC) Allowance!**  
The Instant Savings quarterly allowance will be increased to \$38.
- **Increase in Eyewear Allowance (Effective 6/1/16)!** Members are covered in full for lenses, and are covered up to \$150 toward eyewear frames from an EyeMed Vision Care provider (\$90 from a non-EyeMed Vision Care provider). Offers cannot be combined..
- Dental Coverage expanded to include coverage for Bone-Grafting Procedures
- We have also expanded the programs that are eligible for reimbursement through the \$200 Weight Management program by adding **DASH for Health**. The DASH For Health program is an online program dedicated to helping members eat better, exercise better and lose weight.



# TUFTS MEDICARE PREFERRED MEDICARE SUPPLEMENT PLANS

## Overview

- Members can see any provider nationwide that accepts Original Medicare
- No referrals are needed!
- Discounts on premiums if the member joins within six months of the Medicare Part B effective date and are age 65+
- Additional services provided by Tufts Health Plan Medicare Preferred beyond what is covered by Original Medicare:

	Tufts Medicare Preferred Supplement Core	Tufts Medicare Preferred Supplement One
Plan pays initial hospital deductible (Part A) each benefit period (Medicare pays for inpatient hospital days 1-60 after deductible is met)		✓
Plan pays copay for days 61-90 in a hospital	✓ (after Part A deductible is met)	✓
Plan pays copay for days 91-150 in a hospital (Lifetime Reserve)	✓ (after Part A deductible is met)	✓
Plan pays copay for days 21-100 in a skilled nursing facility (participating with Medicare)		✓
Plan pays annual Part B deductible		✓
Plan pays the 20% Part B coinsurance for physician services and supplies, including outpatient services/surgery, that Medicare doesn't cover	✓ (after Part A deductible is met)	✓
Plan pays for emergency care worldwide	✓	✓
Plan includes \$150 per year reimbursement toward health club membership, instructional fitness classes, and nutritional counseling	✓	✓



	Tufts Medicare Preferred Supplement Core	Tufts Medicare Preferred Supplement One
<b>Plan includes \$150 Weight Management Reimbursement Program</b> Annual \$150 Weight Management Benefit reimbursed for program fees on weight loss programs like Weight Watchers, Jenny Craig, and hospital-based programs.		✓
<b>Plan includes one routine eye exam every calendar year</b>		✓
<b>Plan includes \$100 reimbursement for eyewear or contact lenses every calendar year</b>		✓
<b>Hearing Aid discount</b> Hearing aid discount program through Hearing Care Solutions	✓	✓

## 2017 Plan Premium Changes

Plan / Rate	2016	2017*
<b>Medicare Supplement Core</b>	\$104.76	TBD
First Year Discount	\$89.04	TBD
Second Year Discount	\$94.28	TBD
Third Year Discount	\$99.52	TBD
<b>Medicare Supplement One</b>	\$194.00	TBD
First Year Discount	\$164.90	TBD
Second Year Discount	\$174.60	TBD
Third Year Discount	\$184.30	TBD

\*2017 premiums are pending DOI approval





**FOR ADDITIONAL INFORMATION, PLEASE CONTACT US AT:  
Tufts Medicare Preferred / Tufts Health Plan Resources**

**Tufts Medicare Preferred**

Sales: 1-877-218-4835

Customer Service: 1-800-701-9000

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**Tufts Health Plan Senior Care Options**

Sales: 1-855-880-0056

Customer Service: 1-855-670-5934

