



2018 Plan Updates

This document is intended for SHINE counselors, COA staff, providers and other senior advocates only, and is not CMS-approved. Do not duplicate or distribute.

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, 2018. The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan.

We're local!

We've been here in
Massachusetts for
over 20 years, and are
committed to providing
high quality health
coverage and services
to our members.


TUFTS MEDICARE PREFERRED (TMP) HMO PLANS

Overview

- We offer a range of plans with monthly premiums designed to meet different needs and budgets.
- Plans are offered in all Massachusetts counties except for Berkshire, Dukes, Franklin and Nantucket.
- Plans are available with and without Medicare drug coverage (Part D).
- Each plan offers competitive cost sharing with no medical deductibles.
- Additional services provided by Tufts Health Plan Medicare Preferred beyond what is covered by Original Medicare include:

	Original Medicare	Tufts Health Plan Medicare Preferred HMO Plans
Physician Office Visits	✓	✓
Inpatient Stay and Outpatient Surgery	✓	✓
Skilled Nursing Facility Stay	✓	✓
Worldwide Emergency Coverage		✓
Annual Physical Exam		✓
Routine Vision Exam		✓
Routine Hearing Exam		✓
Initial Chiropractic Evaluation		✓
Coverage of Bathroom Safety Equipment, Such as Tub Seats		✓
Routine Eyewear Up to \$150 reimbursement for routine eyewear from EyeMed Vision Care providers (up to \$90 for non-EyeMed Vision Care providers).		✓
Annual Wellness Allowance Reimbursement Annual \$150 (or more) 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.		✓

2018 PLAN UPDATES: TUFTS MEDICARE PREFERRED HMO PLANS

	Original Medicare	Tufts Health Plan Medicare Preferred HMO Plans
<p>Annual Weight Management Allowance</p> <p>Annual \$150 Weight Management Benefit to be reimbursed for program fees on weight loss programs like Weight Watchers, Jenny Craig and hospital-based programs.</p>		✓
<p>SilverSneakers Fitness</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 Worcester County ONLY. (Please note: it is not available with the Tufts Health Plan Medicare Preferred HMO Saver Rx plan.)</p>		✓ 
<p>Hearing Aid Discount</p> <p>Hearing aid discount program through Hearing Care Solutions.</p>		✓
<p>Hearing Aid Allowance</p> <p>Hearing aid allowance up to \$500 every 3 years for Tufts Health Plan Medicare Preferred HMO Value Rx, HMO Value No Rx, HMO Prime Rx, HMO Prime No Rx and HMO Prime Rx Plus members.</p>		✓
<p>Preferred Extras Discounts</p> <p>Discounts on programs and services designed to help our members lead healthy lifestyles.</p>		✓

Updates for 2018

- Premium increases: in general, premium increases average \$7 (with higher increases in Hampden and Hampshire Counties).
- Introduction of coinsurance for Part B drugs on Saver Rx only.
 - The coinsurance will apply to Part B drugs administered in an outpatient setting or if picked up at a pharmacy.
 - Exclusions include Part B vaccinations (such as flu shots), diabetic monitoring supplies (such as lancets and tests strips), and home infusion therapy.
- Introduction of copay for therapeutic radiology services on Saver Rx and Basic.
 - A copay will apply per day to therapeutic radiology services.
 - The copay will not apply when services are performed during an outpatient surgery, inpatient stay or ER visit.
- Cost share changes to existing benefits in both medical and prescription coverage; see charts on following pages for detail.
- The Tufts Health Plan Delta Dental® Option (an optional supplemental rider) will continue to be available for an additional \$54 a month. Members can still access excellent dental coverage including:
 - Reduced prices that can save members hundreds on dental costs inside the Delta Dental PPOSM 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 MA coverage in the past 60 days.

Members stay with us!

97% of members stay
with us year over year.

▶ HMO PLANS WITH RX BENEFITS

Plan Premium Changes

Plan Premium by County	2018					Changes From 2017				
	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	\$46	\$132	\$166	\$200	—	\$7	\$7	\$7	\$7
Essex & Suffolk	\$0	\$66	\$152	\$189	\$221	—	\$7	\$7	\$7	\$7
Hampden & Hampshire	N/A	\$24	\$70	\$100	\$132	N/A	\$15	\$15	\$15	\$13
Worcester	\$0	\$68	\$147	\$186	N/A	—	\$7	\$7	\$7	N/A

▶ HMO PLANS WITH RX BENEFITS

Medical Changes

		2017	2018
Plan	Benefit Changes		
HMO Saver Rx	OOP Maximum	\$3,900 per calendar year	\$4,500 per calendar year
	Emergency Services	\$75	\$80
	Urgent Care Services	\$20 for each Medicare-covered office visit with a primary care physician.	\$20 for each Medicare-covered office visit with a primary care physician.
		\$40 for each Medicare-covered office visit to other providers for urgently needed services.	\$45 for each Medicare-covered office visit to other providers for urgently needed services.
	Labs/Tests/X-Rays	Only the office visit copay applies if member receives these services from the same provider during an office visit.	In addition to the office visit copay, there is a \$10 copay for receiving a diagnostic test, X-ray and/or laboratory test. Blood draws or INR (anticoagulant) testing do not have a copay.
	Part B Drugs	\$0	20%
	Routine Hearing	\$40	\$45
	Routine Vision	\$40	\$45
	Specialist Visit	\$40	\$45 (\$40 Mental Health)
Therapeutic Radiology	\$0	\$60 per day	

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

▶ HMO PLANS WITH RX BENEFITS

Medical Changes, continued

		2017	2018
Plan	Benefit Changes		
HMO Basic Rx	Emergency Services	\$75	\$100
	Urgent Care Services	\$10 for each Medicare-covered office visit with a primary care physician.	\$10 for each Medicare-covered office visit with a primary care physician.
		\$30 for each Medicare-covered office visit to other providers for urgently needed services.	\$40 for each Medicare-covered office visit to other providers for urgently needed services.
	Labs/Tests/X-Rays	Only the office visit copay applies if member receives these services from the same provider during an office visit.	In addition to the office visit copay, there is a \$10 copay for receiving a diagnostic test, X-ray and/or laboratory test. Blood draws or INR (anticoagulant) testing do not have a copay.
	Routine Hearing	\$30	\$40
	Routine Vision	\$30	\$40
	Specialist Visit	\$30	\$40
	Therapeutic Radiology	\$0	\$60 per day

▶ HMO PLANS WITH RX BENEFITS

Medical Changes, continued

		2017	2018
Plan	Benefit Changes		
HMO Value Rx	Emergency Services	\$75	\$100
	Urgent Care Services	\$10 for each Medicare-covered office visit with a primary care physician.	\$10 for each Medicare-covered office visit with a primary care physician.
		\$20 for each Medicare-covered office visit to other providers for urgently needed services.	\$25 for each Medicare-covered office visit to other providers for urgently needed services.
	Labs/Tests/X-Rays	Only the office visit copay applies if member receives these services from the same provider during an office visit.	In addition to the office visit copay, there is a \$5 copay for receiving a diagnostic test, X-ray and/or laboratory test. Blood draws or INR (anticoagulant) testing do not have a copay.
	Routine Hearing	\$20	\$25
	Routine Vision	\$20	\$25
	Specialist Visit	\$20	\$25
HMO Prime Rx	Ambulance	\$110	\$125
	Emergency Services	\$75	\$100
	Outpatient Hospital/Surgery	\$75	\$100
HMO Prime Rx Plus	Emergency Services	\$75	\$100

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

► HMO PLANS WITH RX BENEFITS (All counties except Worcester)

Drug Plan Changes

	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018
Benefit Up to ICL	HMO Saver Rx		HMO Basic Rx		HMO Value Rx		HMO Prime Rx		HMO Prime Rx+	
Deductible	\$350 (T3, T4 & T5)	\$400 (T3, T4 & T5)	\$300 (T3, T4 & T5)	\$350 (T3, T4 & T5)	\$250 (T3, T4 & T5)	\$300 (T3, T4 & T5)	\$0	\$0	\$0	\$0
Retail (30-Day Supply)										
Tier 1	\$6	\$6	\$4	\$4	\$4	\$4	\$4	\$4	\$2	\$2
Tier 2	\$12	\$12	\$8	\$8	\$8	\$8	\$8	\$8	\$4	\$4
Tier 3	\$47	\$47	\$47	\$47	\$47	\$47	\$47	\$47	\$30	\$30
Tier 4	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$80	\$80
Tier 5	26%	25%	27%	26%	28%	27%	33%	33%	33%	33%
Coverage Gap	—	—	—	—	—	—	—	—	\$2/\$4	\$2/\$4
Mail Order (90-Day Supply)										
Tier 1	\$12	\$12	\$8	\$8	\$8	\$8	\$8	\$8	\$4	\$4
Tier 2	\$24	\$24	\$16	\$16	\$16	\$16	\$16	\$16	\$8	\$8
Tier 3	\$94	\$94	\$94	\$94	\$94	\$94	\$94	\$94	\$60	\$60
Tier 4	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$240	\$240
Tier 5	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

▶ HMO PLANS WITH RX BENEFITS (Worcester county)

Drug Plan Changes

	2017	2018	2017	2018	2017	2018	2017	2018
Benefit Up to ICL	HMO Saver Rx		HMO Basic Rx		HMO Value Rx		HMO Prime Rx	
Deductible	\$350 (T3, T4 & T5)	\$400 (T3, T4 & T5)	\$300 (T3, T4 & T5)	\$350 (T3, T4 & T5)	\$250 (T3, T4 & T5)	\$300 (T3, T4 & T5)	\$0	\$0
Retail (30-Day Supply)								
Tier 1	\$6	\$6	\$4	\$4	\$4	\$4	\$4	\$4
Tier 2	\$12	\$12	\$6	\$8	\$6	\$8	\$6	\$8
Tier 3	\$47	\$47	\$47	\$47	\$47	\$47	\$47	\$47
Tier 4	\$100	\$100	\$85	\$100	\$85	\$100	\$85	\$100
Tier 5	26%	25%	27%	26%	28%	27%	33%	33%
Mail Order (90-Day Supply)								
Tier 1	\$12	\$12	\$8	\$8	\$8	\$8	\$8	\$8
Tier 2	\$24	\$24	\$12	\$16	\$12	\$16	\$12	\$16
Tier 3	\$94	\$94	\$94	\$94	\$94	\$94	\$94	\$94
Tier 4	\$300	\$300	\$255	\$300	\$255	\$300	\$255	\$300
Tier 5	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

▶ HMO PLANS WITHOUT RX BENEFITS

Plan Premium Changes

Plan Premium by County	2018			Change From 2017		
	Basic No Rx	Value No Rx	Prime No Rx	Basic No Rx	Value No Rx	Prime No Rx
Barnstable, Bristol, Middlesex, Norfolk and Plymouth	N/A	\$103	\$133	N/A	\$6	\$2
Essex & Suffolk	\$38	\$123	\$156	\$4	\$6	\$2
Hampden & Hampshire	N/A	\$41	\$67	N/A	\$14	\$10
Worcester	\$40	\$112	\$152	\$7	\$3	\$4

▶ HMO PLANS WITHOUT RX BENEFITS

Medical Changes

		2017	2018
Plan	Benefit Changes		
HMO Basic No Rx	Ambulance	\$250	\$275
	Emergency Services	\$75	\$100
	Urgent Care Services	\$10 for each Medicare-covered office visit with a primary care physician.	\$10 for each Medicare-covered office visit with a primary care physician.
		\$30 for each Medicare-covered office visit to other providers for urgently needed services.	\$40 for each Medicare-covered office visit to other providers for urgently needed services.
	Labs/Tests/X-Rays	Only the office visit copay applies if member receives these services from the same provider during an office visit.	In addition to the office visit copay, there is a \$10 copay for receiving a diagnostic test, X-ray and/or laboratory test. Blood draws or INR (anticoagulant) testing do not have a copay.
	Routine Hearing	\$30	\$40
	Routine Vision	\$30	\$40
	Specialist Visit	\$30	\$40
Therapeutic Radiology	\$0	\$60 per day	

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

▶ HMO PLANS WITHOUT RX BENEFITS

Medical Changes, continued

		2017	2018
Plan	Benefit Changes		
HMO Value No Rx	Ambulance	\$200	\$225
	Emergency Services	\$75	\$100
	Urgent Care Services	\$10 for each Medicare-covered office visit with a primary care physician.	\$10 for each Medicare-covered office visit with a primary care physician.
		\$20 for each Medicare-covered office visit to other providers for urgently needed services.	\$25 for each Medicare-covered office visit to other providers for urgently needed services.
	Labs/Tests/X-Rays	Only the office visit copay applies if member receives these services from the same provider during an office visit.	In addition to the office visit copay, there is a \$5 copay for receiving a diagnostic test, X-ray and/or laboratory test. Blood draws or INR (anticoagulant) testing do not have a copay.
	Routine Hearing	\$20	\$25
	Routine Vision	\$20	\$25
	Specialist Visit	\$20	\$25
HMO Prime No Rx	Ambulance	\$100	\$125
	Emergency Services	\$75	\$100
	Outpatient Hospital/Surgery	\$75	\$100

**Rated one of the best
plans in the country!**

In 2018, we received
Medicare's highest rating—
5 stars for quality and
performance for a
third year in a row.

TUFTS HEALTH PLAN SENIOR CARE OPTIONS (SCO)

Overview

- Available to people 65+ who 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 copays. 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** include:
 - 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.
 - Coverage at no cost with a prescription for 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.

**We have a range
of plan options!**
So we are able to
meet different needs
and budgets.

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



New for 2018

- Increase in Instant Savings (Over the Counter—OTC) Allowance!**
 The Instant Savings quarterly allowance will be increased to \$72 to use toward the purchase of Medicare-approved OTC items.
- Additional Coverage for OTC Rx** Coenzyme—Q10 is now included!
- Enhanced Eyewear Allowance!** Members have the benefit of \$300 per calendar year for eyeglasses (frames and prescription lenses) and contact lenses applied at the time of service (\$180 if benefit used at non-participating provider).
- Richer Acupuncture Benefit!** \$0 for up to 20 acupuncture visits per year from a licensed acupuncturist for pain management services.

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 is age 65+.
- Additional services provided by Tufts Health Plan Medicare Preferred beyond what is covered by Original Medicare:
 - Coverage while you travel outside the United States (offered in both Tufts Medicare Supplement Core and One plans).
 - Annual \$150 Fitness and Nutrition Counseling reimbursement to use toward fitness center memberships, instructional exercise and nutritional counseling visits.
 - Hearing aid discount program through Hearing Care Solutions.
 - Additional benefits offered under the Tufts Medicare Supplement One plan:
 - Annual \$150 Weight Management Benefit reimbursed for program fees on weight loss programs like Weight Watchers, Jenny Craig and hospital-based programs.
 - Annual routine eye exam.
 - Annual eyewear allowance of \$100.

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

New for 2018

- The Tufts Health Plan Delta Dental® Option (an optional supplemental rider) was introduced in 2017 for Medicare Supplement members for an additional \$60 a month, and will continue to be offered in 2018 (2018 premiums are pending DOI approval).
 - Members can still access excellent dental coverage including:
 - Reduced prices that can save members hundreds on dental costs inside the Delta Dental PPOSM 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!

2018 Plan Premium Changes

Plan / Rate	2017	2018*
Medicare Supplement Core	\$110.00	TBD
First Year Discount	\$93.50	TBD
Second Year Discount	\$99.00	TBD
Third Year Discount	\$104.50	TBD
Medicare Supplement One	\$204.00	TBD
First Year Discount	\$173.40	TBD
Second Year Discount	\$183.60	TBD
Third Year Discount	\$193.80	TBD

*2018 premiums are pending DOI approval.



Dedicated customer service!

Members get the information they need right away because our knowledgeable staff only serves Medicare plan members.

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

Tufts Medicare Preferred

Sales: 1-877-218-4835
Customer Service: 1-800-701-9000

Tufts Health Plan Senior Care Options

Sales: 1-855-880-0056
Customer Service: 1-855-670-5934

