

Tufts Medicare Preferred HMO

Highlights	
PCP required	✓
Referral required	✓
Copayments/coinsurance	✓
Out-of-network coverage	X
Deductible	X
Tiered plan	X
Authorized benefits	✓
Unauthorized benefits ¹	X

¹Unauthorized care is limited to emergency services only.

Note: This information is intended to provide an overview of the plan. Providers are reminded to check the member's ID card to verify the plan in which the member is enrolled. Services and subsequent payment are pursuant to the member's benefit plan document. Prior to initiating services, member eligibility and benefits should be verified by logging on to the secure Provider website.

Overview

Tufts Medicare Preferred HMO is a Medicare Advantage Plan (also known as Medicare Part C) offered under the CMS Medicare Advantage program. Enrollees must meet certain eligibility requirements, including enrollment in Medicare Parts A and B, and must reside in the service area (Massachusetts counties: Barnstable, Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk or Worcester).

All members must choose a PCP participating in the Tufts Medicare Preferred HMO network. Tufts Medicare Preferred HMO provides standard Medicare coverage of Parts A and B as well as additional benefits, including prescription drug (Part D) coverage and wellness benefits.

Members are responsible for paying office visit copayments as applicable.

Tufts Medicare Preferred HMO offers the following options:

- **Tufts Medicare Preferred HMO Prime:** higher monthly plan premiums, lower out-of-pocket costs
- **Tufts Medicare Preferred HMO Value:** lower monthly plan premiums, higher out-of-pocket costs
- **Tufts Medicare Preferred HMO Basic:** minimal or no costs in monthly plan premiums, but has higher out-of-pocket costs
- **Tufts Medicare Preferred HMO Saver:** no monthly plan premium, but the highest out-of-pocket costs