



Member Guide

2021 Tufts Medicare Preferred HMO Plans

A photograph of a smiling woman with short, grey hair, wearing a white button-down shirt. She is resting her chin on her hand. In the background is a wooden bookshelf filled with books.

**How to Get
the Most Out
of Your Plan**



Thank you for choosing us!

Whether you have recently joined or have been a member for years, you made a great choice. Nationally recognized for excellence, Tufts Medicare Preferred HMO plans make it easier to get the benefits and services you need to stay healthy. Our commitment is to provide you with the best health care coverage possible.

Because nothing is more important than your health.

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Your 2021 Benefits

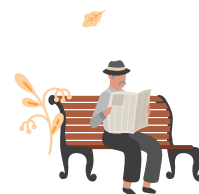
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Get the answers you need.

Call Customer Relations at **1-800-701-9000 (TTY: 711)**
or get the answers you need on our website:

thpmp.org





The Basics

You're protected by an out-of-pocket maximum

Your plan has an out-of-pocket maximum that limits how much you spend on medical costs in a year. Having an out-of-pocket maximum is one of the many advantages of your HMO plan.

Out-of-pocket maximum amounts:

HMO Basic, Value, and Prime	\$3,450
HMO Saver	\$7,550

Getting care

Your plan is a Health Maintenance Organization (HMO) plan. In an HMO plan, there is a network made up of doctors, specialists, hospitals, and pharmacies. Your plan offers coverage for services you get within the network. In most cases, if you get care from a doctor or facility out of our network, you will not be covered. (This does not apply to emergency or urgent care. You are covered for emergency and urgent care anywhere in the world.)

Your doctor coordinates your care

In an HMO plan, you choose a doctor to be your primary care physician (PCP). Your PCP provides routine checkups, preventive care, and treatment for common illnesses. Your PCP is responsible for coordinating all the care you receive. This includes referring you to a specialist for services your doctor can't provide. Only your PCP can refer you to a specialist. This way your PCP knows all the care you are getting and can make sure you get the care that is right for you. By coordinating your care, your PCP can also help you avoid unnecessary expenses, such as duplicate tests, and identify safety concerns, such as harmful drug interactions.

You share the cost of your benefits

In most cases, when you use a medical service (such as seeing your doctor or a hospital stay) or fill a prescription, you pay a copay or coinsurance. A copay is a set amount that covers a portion of the service or drug cost. For example, you might pay \$10 for a doctor visit or prescription drug. Coinsurance is a percentage of the cost you pay when you receive certain services. For a list of your copay and coinsurance amounts, see the easy-to-use chart on page 18.



You need a referral to see a specialist

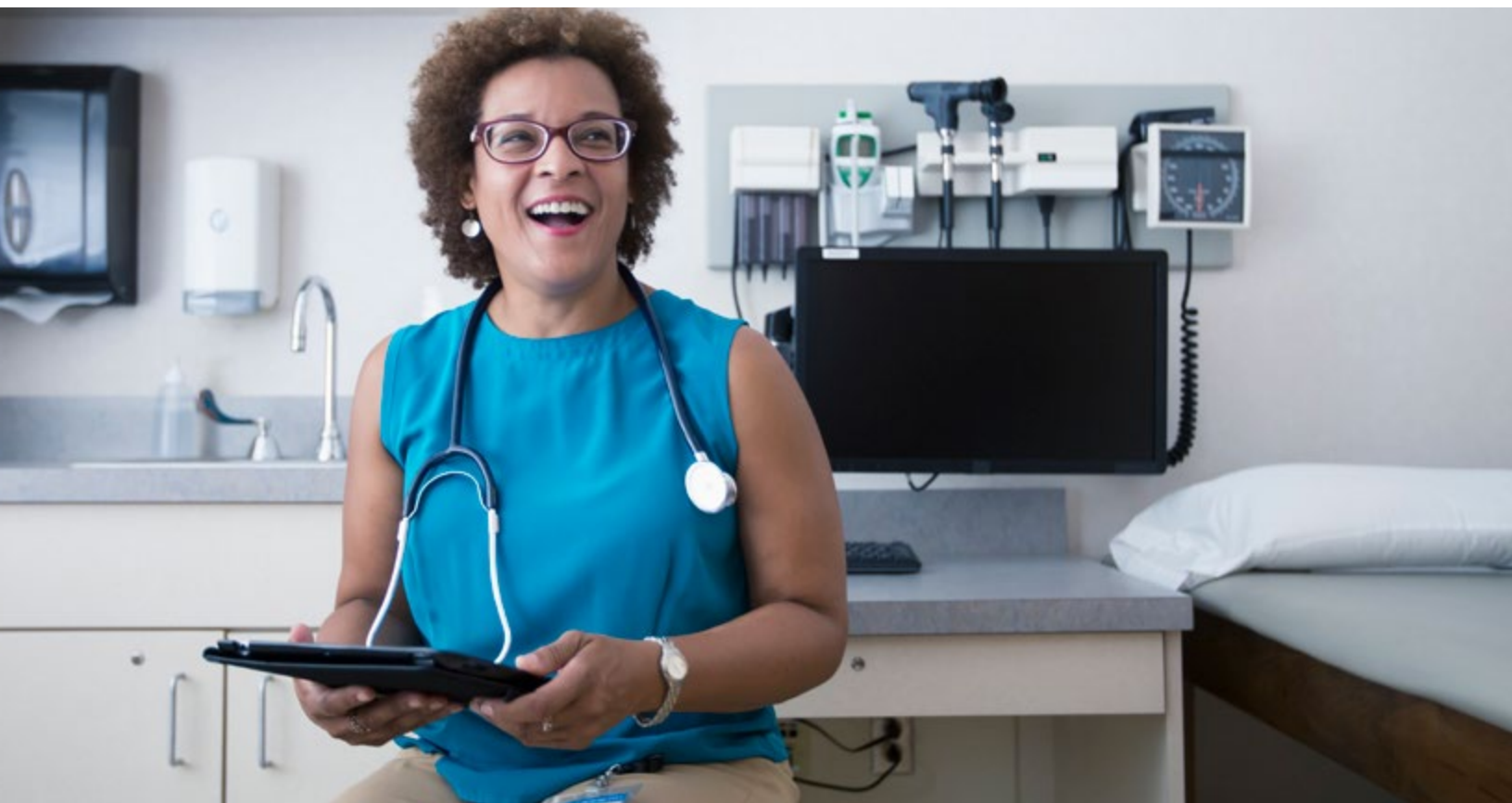
In an HMO plan, you need a referral from your PCP in order for the specialist visit to be covered. If a specialist refers you to another specialist, you would need to check with your PCP first. Only your PCP can refer you to a specialist. By issuing all your referrals, your PCP is able to make sure you get the care that is right for you.

Your PCP has a referral circle

A referral circle is the team of specialists your PCP works with and trusts. Your PCP will refer you to specialists within your PCP's referral circle. If you are referred to a specialist, your PCP will make sure everyone involved with your care, including the specialist, imaging centers, hospitals, and labs are working together to provide you the best care possible. Not all Tufts Health Plan Medicare Preferred physicians are included in your PCP's referral circle.

Which specialists are in your PCP's referral circle?

The Provider Directory lists PCPs by medical group. The medical group section in the Provider Directory tells you which specialists and facilities are in your PCP's referral circle. The Provider Directory is available on our website at thmp.org/hmo-providers.



How to Get Care

During regular office hours

Your PCP oversees your care and is responsible for providing your routine or basic care. Call your PCP to schedule a checkup, get a referral to a specialist, or ask general questions about your health.

After regular office hours

For non-emergency situations when your PCP's office is closed, call your PCP and a physician on call will help you.

In an emergency

- **If you believe your health is in serious danger**, call 911 or go to the nearest emergency room or hospital. You do not need to get approval or a referral from your PCP if you have a medical emergency.
- **If your health is not in serious danger but you need medical care right away**, call your PCP. If you are unable to see your PCP, you are covered for urgent care provided by another doctor in our network or a doctor outside our network. You do not need a referral from your PCP for urgent care but, whenever possible, you should see your PCP for urgent care.

When traveling

You are covered anywhere in the world for emergency or urgent care. You can be outside our service area for up to six consecutive months and still be covered for emergency or urgent care. You do not need a referral from your PCP before getting emergency or urgent care. Routine care, such as a physical, is not covered outside our service area, so remember to schedule routine care before or after your travel plans.

Our service area is the state of Massachusetts except for Berkshire, Dukes, Franklin, and Nantucket Counties. Our plan cannot cover a prescription drug purchased outside of the United States and its territories. If you receive emergency or urgent care when traveling, you may need to pay out of pocket. Simply save your receipts, and call Customer Relations at **1-800-701-9000 (TTY: 711)** for reimbursement details.¹



Using Your Plan

How to check your claims and referrals online

Signing up for your secure account on our website is the easiest, most convenient way to view your claims or referrals, pay your premium, check your benefit information, and choose to get documents electronically.

Creating your secure online account only takes a few minutes. To sign up, go to thpmp.org/registration.

How to go paperless with eDelivery

When you sign up for a secure account on our website, you can choose to get plan documents electronically with eDelivery. With eDelivery, you'll have all your important documents in one place. The online versions are the same as the printed versions and you can always request a paper copy if you need one.

How to change your doctor

You can change your PCP for any reason, at any time in your secure online account, or by calling Customer Relations. PCP changes will begin the first of the month following your change request.

To find a new PCP, use the Doctor Search tool available on our website or see the Provider Directory at thpmp.org/hmo-providers.

What happens if your PCP retires?

If your PCP retires or leaves the plan, we send a letter to let you know. The letter includes a PCP change form and a return envelope so you can select a new PCP. This letter is generally sent at least 30 days before your PCP leaves the plan.

How to get a new ID card

Your member ID card is needed each time you see your doctor or fill a prescription. If you lose your card and need a replacement, you can request one in your secure online account or by calling Customer Relations. You will receive your new card in the mail in 7–10 business days.



How to make paying your premium easier

Pay your premium online

Sign up for a secure online account, and pay your premium online. Sign up at thpmp.org/registration.

Pay your premium automatically—set it and forget it

You can have your monthly premium automatically deducted from your checking or savings account each month by signing up for Electronic Funds Transfer (EFT). There is no charge to use EFT. To sign up, fill out the EFT form available on our website at thpmp.org/eft-form.

Pay your premium from your Social Security check

If you would like to have your monthly premium taken out of your Social Security check, call Customer Relations at **1-800-701-9000 (TTY: 711)** and we'll be happy to set it up for you.

Premium payment features may not apply if you receive your benefits from a current or former employer.

How to switch your plan

Because our plans have a 5-Star rating from Medicare, you can switch to another one of our HMO plans once during the year before November 30, 2021. If your health or financial needs change, we have a range of HMO plans that may better fit your needs. You can compare our plans by using the chart on page 18 or by going to thpmp.org/compare.

Please note: May not apply if you receive your benefits from a current or former employer.

How to give permission to someone to discuss your benefits

Did you know if your spouse or family member calls us we can't answer questions about your coverage because of HIPAA (Health Insurance Portability and Accountability Act)? But you can give someone the ability to talk to Tufts Health Plan about your benefits by calling Customer Relations or filling out an *Appointment of Personal Representative (AOR)* form at thpmp.org/tmp-aor-form.

The AOR form gives someone permission to call on your behalf AND make decisions related to your coverage. Once we have this form on file, the person you identify can discuss your benefit information and make decisions about your plan if necessary. The authorization is good for one year unless you specify an earlier expiration date.



How to work with a Care Manager

A Tufts Health Plan Care Manager can help you if you get sick, have an injury, or are looking for ways to stay healthy. Care Managers are nurses, social workers, or other health care professionals who work closely with your PCP to help guide you through the health care system and improve your health and well-being. Care Managers are available to all Tufts Health Plan members at no cost. From helping you understand your medications to planning a recovery process before a surgery, your Care Manager is there to support you. They can also help you prevent return trips to the hospital, and answer any questions or concerns you might have. For more information about working with a Care Manager, visit thpmp.org/care-management.



Don't Forget to Take Advantage of These Great Benefits!

Save on programs that help you stay healthy

Your Wellness Allowance benefit and Weight Management reimbursement help you lead a healthy lifestyle and save:

- **Wellness Allowance**—Depending on the plan you are in, you can get reimbursed up to \$250 each year toward fees you pay for membership at qualified health or fitness clubs, wellness programs, acupuncture visits, fitness classes such as yoga, Pilates, tai chi, aerobics, and much more!² For details, visit thpmp.org/wellness-allowance.
- **\$150 Weight Management reimbursement**—Reach your weight loss goals with up to \$150 toward the program fees of Weight Watchers®, Jenny Craig®, or hospital-based weight loss programs!³ For details, see your Evidence of Coverage (EOC) booklet, available at thpmp.org/documents.

Get \$150 back for eyewear

You can get up to \$150 toward the full retail price (not sale price) for one pair of prescription eyeglasses (prescription lenses, frames, or a combination of lenses and frames) or contact lenses from a provider in the EyeMed Vision Care Network. EyeMed Vision Care is the network we use to provide your eyewear benefit, and includes thousands of eye care providers including national chains such as LensCrafters®, Pearle Vision®, and Target Optical®. For details, go to thpmp.org/eyewear-benefit.

Or, get up to \$90 toward the price for one pair of eyeglasses or contact lenses from a store not in the EyeMed network. (Discounts cannot be combined.)

You pay \$0 for health screenings

Getting regular screenings is one of the best ways to stay healthy. Screenings help find illness or disease before you feel sick. You pay a \$0 copay for many screenings such as a physical exam, breast cancer screening, cholesterol screening, glaucoma screening, prostate cancer screening, and many more.



Hearing aid benefit can save you thousands

With your hearing aid benefit you can now choose from 5 levels of hearing aids—from Standard level to Premier—with copays ranging from \$250 to \$1,150 for each hearing aid. You're covered for up to 2 hearing aids per year, 1 hearing aid per ear. You're also covered for a \$0 hearing aid evaluation once per year. Hearing aids and hearing aid evaluation must be with a Hearing Care Solutions (HCS) provider. Schedule your evaluation by calling an HCS representative at **1-866-344-7756**. For more details, visit hearingcaresolutions.com/tuftshealthplan.

How to get extra discounts and savings

As a Tufts Health Plan Medicare Preferred member you get exclusive discounts on a variety of programs and services. With Preferred Extras you can save on programs that help you lead a healthy lifestyle!

- **Save with CVS Caremark Extra Care® Health card**
Save 20% on certain CVS Pharmacy brand, non-prescription health-related items.
- **Nutrition and weight loss discounts**
Save on DASH for Health® and more!
- **Health and wellness discounts**
Save on brain exercise programs, stress reduction programs, massage therapy, acupuncture, and more!
- **Save on programs to help you at home**
Great discounts on home-delivered meals, personal emergency response systems, and home modification services.
- **Plus many more!**

For complete details, visit thpmp.org/preferred-extras. Please note, restrictions may apply to the discounts listed above.

Discounts and services included in the Preferred Extras program are not plan benefits and are not subject to the Medicare appeals process.

Save \$200 on over-the-counter (OTC) health items each year (Saver Rx only)

With your new Over-the-Counter Bonus benefit, you get \$200 every calendar year (\$50 every calendar quarter) to spend on health-related items such as toothbrushes, aspirin, allergy relief items, adhesive bandages, sunscreen, and more! This benefit can only be used to purchase items from the catalog supplied by NationsOTC.

There are three convenient ways to order items:

- **Online**—Once your coverage begins, go to NationsOTC.com/thpmp, log in using the number listed on your OTC card, and select the items you want to purchase. You can also access NationsOTC through your secure online account at thpmp.org/login.
- **By phone**—Call **1-877-230-2034** Mon–Fri, 8 a.m.–8 p.m. and a NationsOTC representative will take your order.
- **By mail**—Fill out the mail order form included with the NationsOTC catalog.



Using Your Prescription Drug Plan

Look up your drugs

It's a good idea to look up your prescription drugs to make sure your drug is covered, find out what tier your drug is on, and see if your drug has any special requirements. The Formulary (drug list) lists all the drugs we cover alphabetically and by medical condition so they're easy to find. You can find the Formulary on our website at thpmp.org/drug-coverage.

What if your drug isn't listed?

If your drug is not listed on the Formulary, you may be able to get a temporary supply in certain circumstances. This gives you time to talk to your doctor and see if another prescription would meet your needs. Temporary supplies for new members are generally a 30-day supply, and available one time only during the first 90 days of your membership. For details on receiving a temporary supply, see Chapter 5 of your Evidence of Coverage (EOC) booklet available at thpmp.org/documents or call Customer Relations at **1-800-701-9000 (TTY: 711)**.

What is a tier?

Every drug in the Formulary (drug list) has a tier number. The tier number determines the cost of the drug. In general, the lower the tier, the lower your cost for the drug. Plus, if the retail amount for a drug is lower than your copays, you pay the lower amount.

Generic drugs can help you save money

A generic drug has the same active-ingredient formula as a brand name drug and can help save you money on prescription drug costs. Generic drugs are rated by the Food and Drug Administration (FDA) to be as safe and effective as brand name drugs. If you take a brand name drug, ask your doctor if there is a generic version that is right for you.

Saver and Basic plans can save with preferred pharmacies

Tufts Medicare Preferred HMO Saver and Basic members pay \$0 for Tier 1 drugs and \$4 for Tier 2 drugs by using a preferred pharmacy. The chart on page 20 provides more details on copay information. There are approximately 600 preferred pharmacies in our network, including national chains such as CVS Pharmacy® and Price Chopper®.⁴ To find preferred pharmacies near you, use our pharmacy search tool at thpmp.org/find-a-pharmacy.

If you need to transfer a current prescription to a preferred pharmacy, simply call the preferred pharmacy of your choice and ask them to transfer your prescription.



Does your drug have a special requirement?

The Formulary (drug list) will tell you if a drug has special requirements, such as:

- **Prior Authorization (PA)**—Some drugs require you or your doctor to request special permission from us before you fill your prescription.
- **Step Therapy (STPA)**—Some drugs require you to try a less expensive drug first. Medications with step therapy have at least one comparable medication that you must try first.
- **Quantity Limit (QL)**—For quality and safety reasons, certain drugs have a limit on the amount you can get at one time. For example, a medication may have a limit of 30 pills in 30 days.

Find a complete list of special requirements on page 7 of your Formulary, available at thpmp.org/2021-hmo-formulary. If your drug has a special requirement, you or your provider may need to take extra steps in order for your drug to be covered. Call Customer Relations at **1-800-701-9000 (TTY: 711)** for details on what you can do to get coverage for the drug. You can also ask Tufts Health Plan Medicare Preferred to remove a special requirement by requesting an exception. Your EOC includes information on how to request an exception. Special requirements are not able to be removed in all cases, but each exception request is considered.

How to save money with mail order

Mail order service allows you to have medications that you refill each month delivered right to your home. Depending on your plan, you may be able to save up to \$49 by using mail order for a 90-day supply of a Tier 2 medication. That's a potential savings of up to \$196 a year!

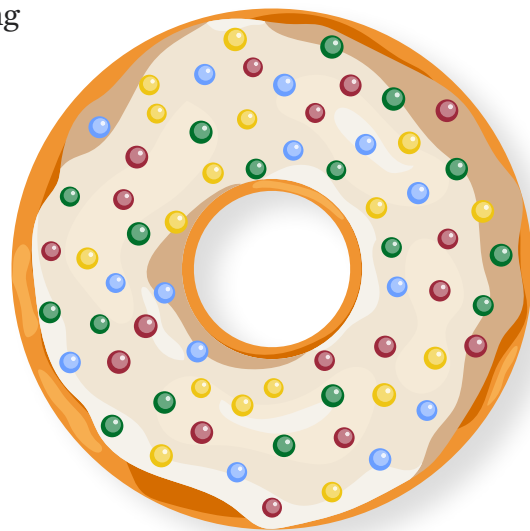
To sign up for mail order, just fill out and return the CVS Caremark® mail order form at thpmp.org/cvs-hmo-mail-form or call **1-866-788-5144**.

For more complete information, see your Evidence of Coverage (EOC) booklet available at thpmp.org/documents.

Prescription drug information may be different if you receive your benefits from a current or former employer.

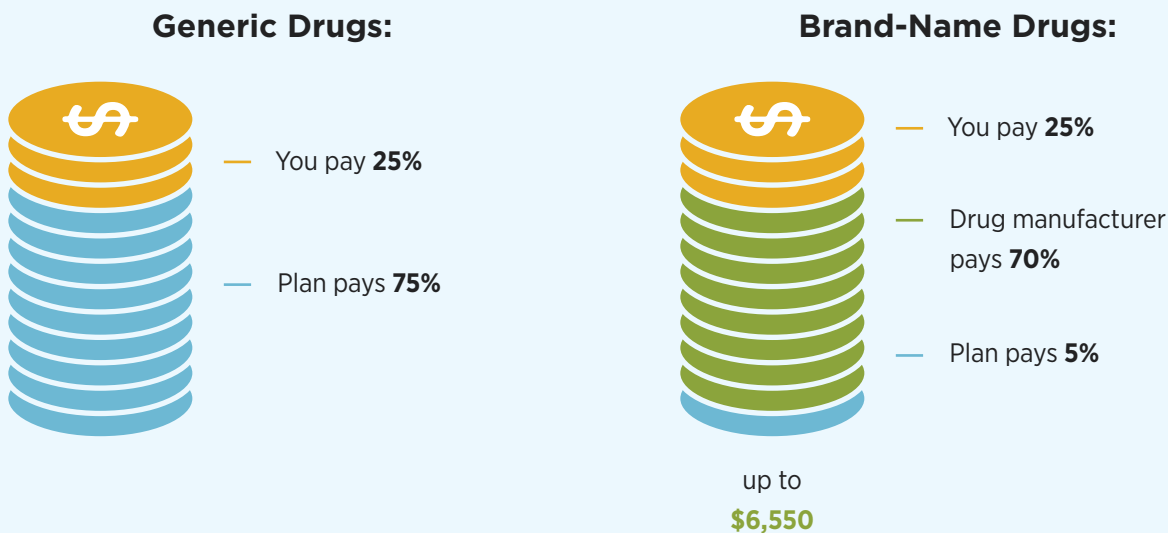
What is the Donut Hole?

“Donut Hole” is a term used to describe the gap in Part D prescription drug coverage. It happens when drug costs reach a certain amount during the year. All Medicare Part D plans have a Donut Hole (also known as the Coverage Gap). Most members don’t reach the Donut Hole, but it’s good to understand how it works. If the total cost of your prescription drugs reaches \$4,130 during 2021 you will enter the Donut Hole. In the Donut Hole, you may have to pay a higher price for your medications until January 1 of the upcoming year unless you move into Catastrophic Coverage. Find more details at thpmp.org/donut-hole. To know how close you are to reaching the Donut Hole, check your Prescription Drug Explanation of Benefits (EOB) that is mailed to prescription drug plan members each month.⁵



Donut Hole information applies to members who have prescription drug coverage with their plan. May not apply if you receive your benefits from a current or former employer.

If you reach the Donut Hole, you pay a percentage of the cost of your drugs:



Your 2021 Benefits

Monthly Premium	HMO Saver Rx	HMO Basic No Rx ⁶	HMO Basic Rx
Essex, Suffolk	\$0	\$28	\$61
Hampden, Hampshire	\$0	Not Offered	\$35
Middlesex, Norfolk, Plymouth, Barnstable, Bristol	\$0	Not Offered	\$46
Worcester	\$0	\$20	\$43

The Basics	HMO Saver Rx	HMO Basic No Rx ⁶	HMO Basic Rx
Medical Deductibles	No medical deductible	No medical deductible	
Annual Out-of-Pocket Maximum ⁷	\$7,550	\$3,450	

Medical Copays	HMO Saver Rx	HMO Basic No Rx ⁶	HMO Basic Rx
Doctor Office Visits			
Primary Care Physician	\$10 per visit	\$10 per visit	
Specialist	\$45 per visit	\$40 per visit	
Telehealth	Medicare-covered services plus additional telehealth services. ⁸		

Preventive Care			
Annual Physical	\$0 per visit	\$0 per visit	
Cancer Screening (Colorectal, Prostate, Breast)	\$0 per service	\$0 per service	

Vision and Hearing		
Annual Routine Vision Exam	\$15 per visit	\$15 per visit
Annual Eyewear Benefit	\$150 per year toward eyewear at an EyeMed Vision Care participating provider or \$90 per year at non-participating providers.	
Annual Routine Hearing Exam	\$45 per visit	\$40 per visit
Hearing Aids	Up to 2 aids per year, 1 per ear. \$250 Standard level, \$475 Superior level, \$650 Advanced level, \$850 Advanced Plus level, \$1,150 Premier level. Through Hearing Care Solutions.	

Outpatient and Lab Services			
Outpatient Services/Surgery	Colonoscopies: \$0; Others: \$350 per day	Colonoscopies: \$0; Others: \$250 per day	
Rehabilitation Therapy ⁹	\$40 per visit	\$30 per visit	
Mental Health and Substance Abuse Services	\$25 per visit	\$25 per visit	
Laboratory Services, X-rays, Diagnostic Procedures	FIT tests: \$0; Others: \$10 per day (\$0 if billed with an office visit)	FIT tests: \$0; Others: \$10 per day (\$0 if billed with an office visit)	
Diagnostic Radiology Services	\$325 per day (\$100 for ultrasound)	\$250 per day (\$100 for ultrasound)	

Emergency Services			
Emergency Room	\$90 per visit	\$110 per visit	
Urgent Care	\$45 (\$10 if performed by your PCP)	\$40 (\$10 if performed by your PCP)	
Ambulance Services	\$350 per trip	\$325 per trip	



Inpatient Care			
Inpatient Hospital Coverage	Days 1-5: \$350 per day, \$0 per day after day 5	Days 1-5: \$275 per day, \$0 per day after day 5	

This is a quick reference guide to some of the more commonly used services. For more complete plan benefit information, see your Evidence of Coverage (EOC), available at thpmp.org/documents. Please note: costs may differ if you receive your benefits from a current or former employer.

HMO Value No Rx ⁶	HMO Value Rx	HMO Prime No Rx ⁶	HMO Prime Rx	HMO Prime Rx Plus ⁶
\$123	\$170	\$156	\$203	\$235
Not Offered	\$73	Not Offered	\$98	\$118
\$103	\$150	\$133	\$180	\$214
\$112	\$160	\$152	\$195	Not Offered

HMO Value No Rx ⁶	HMO Value Rx	HMO Prime No Rx ⁶	HMO Prime Rx	HMO Prime Rx Plus ⁶
No medical deductible		No medical deductible		
\$3,450		\$3,450		

HMO Value No Rx ⁶	HMO Value Rx	HMO Prime No Rx ⁶	HMO Prime Rx	HMO Prime Rx Plus ⁶
Doctor Office Visits				
\$10 per visit		\$10 per visit		
\$25 per visit		\$15 per visit		
Medicare-covered services plus additional telehealth services. ⁸				
Preventive Care				
\$0 per visit		\$0 per visit		
\$0 per service		\$0 per service		
Vision and Hearing				
\$15 per visit		\$15 per visit		
\$150 per year toward eyewear at an EyeMed Vision Care participating provider or \$90 per year at non-participating providers.				
\$25 per visit		\$15 per visit		
Up to 2 aids per year, 1 per ear. \$250 Standard level, \$475 Superior level, \$650 Advanced level, \$850 Advanced Plus level, \$1,150 Premier level. Through Hearing Care Solutions.				
Outpatient and Lab Services				
Colonoscopies: \$0; Others: \$150 per day		Colonoscopies: \$0; Others: \$100 per day		Colonoscopies: \$0; Others: \$75 per day
\$20 per visit		\$15 per visit		
\$20 per visit		\$10 per visit		
FIT tests: \$0; Others: \$5 per day (\$0 if billed with an office visit)		\$0		
\$100 per day		20% up to \$75 per day		
Emergency Services				
\$110 per visit		\$110 per visit		
\$25 (\$10 if performed by your PCP)		\$15 (\$10 if performed by your PCP)		
\$225 per day		\$125 per day		\$90 per day
Inpatient Care				
Days 1-5: \$200 per day, \$0 per day after day 5		\$300 per stay; you will not pay more than \$900 per year		\$200 per stay; you will not pay more than \$400 per year

Additional Benefits	HMO Saver Rx	HMO Basic No Rx ⁶	HMO Basic Rx	
Wellness Allowance	\$250 per year toward fitness club membership, instructional fitness classes, nutritional counseling, acupuncture, or wellness programs such as memory fitness activities.		\$150 per year toward fitness club membership, instructional fitness classes, nutritional counseling, acupuncture, or wellness programs such as memory fitness activities.	
Weight Management Programs	\$150 annual reimbursement toward program fees for weight loss programs such as Weight Watchers®, Jenny Craig®, or hospital-based weight loss programs.			
Embedded Dental Benefit	\$0 deductible, \$0 for preventive and diagnostic, 50% for restorative dental services such as fillings and simple extractions, up to a calendar year maximum of \$1,000. ¹⁰			
Tufts Health Plan Medicare Preferred Dental Option	\$17 per month for additional dental coverage with a 20% coinsurance for restorative dental services and 50% coinsurance for major services such as crowns, root canals, and dentures. ¹¹			
 Over-the-Counter (OTC) Benefit	\$50/quarter to spend on Medicare approved health-related items.	N/A		
 Acupuncture ¹²	\$10 per visit	\$10 per visit		
Rx Drug Coverage	HMO Saver Rx		HMO Basic Rx	
Deductible	\$0 for Tiers 1–2 and 6; \$250 for Tiers 3–5		\$0 for Tiers 1–2 and 6; \$225 for Tiers 3–5	
Copays	Retail 30-day supply	Mail order 90-day supply	Retail 30-day supply	Mail order 90-day supply
Tier 1: Preferred Generic ¹³	\$0	\$0	\$0	\$0
Tier 2: Generic ¹³	\$4	\$8	\$4	\$8
Tier 3: Preferred Brand	\$47	\$94	\$47	\$94
Tier 4: Non-Preferred Drug	\$100	\$300	\$100	\$300
Tier 5: Specialty Tier	28%	N/A	29%	N/A
Tier 6: Vaccines	\$0	N/A	\$0	N/A
Coverage Gap Stage After your total prescription drug costs reach \$4,130, and until your payments reach \$6,550, you pay: ¹⁴	<ul style="list-style-type: none">• 25% for Part D generic drugs• 25% of costs for Part D brand drugs plus a portion of the dispensing fee			
Catastrophic Coverage Stage After the coverage gap, when your payments for the year are greater than \$6,550, you pay the greater of:	<ul style="list-style-type: none">• 5% per prescription or• \$3.70 per prescription for Part D generic drugs• \$9.20 per prescription for Part D brand drugs			

HMO Value No Rx ⁶		HMO Value Rx		HMO Prime No Rx ⁶		HMO Prime Rx		HMO Prime Rx Plus ⁶	
<p>\$150 per year toward fitness club membership, instructional fitness classes, nutritional counseling, acupuncture, or wellness programs such as memory fitness activities.</p>									
<p>\$150 annual reimbursement toward program fees for weight loss programs such as Weight Watchers®, Jenny Craig,® or hospital-based weight loss programs.</p>									
N/A				N/A					
<p>\$30 per month for dental coverage such as a \$0 deductible, \$0 preventive and diagnostic services, 20% coinsurance for restorative dental services such as fillings and simple extractions, and 50% coinsurance for major services such as crowns, root canals, and dentures up to a calendar year maximum of \$1,000.¹⁰</p>									
N/A				N/A					
\$10 per visit				\$10 per visit					
HMO Value Rx			HMO Prime Rx				HMO Prime Rx Plus ⁶		
\$0 for Tiers 1–2 and 6; \$200 for Tiers 3–5			No Deductible				No Deductible		
Retail 30-day supply	Mail order 90-day supply		Retail 30-day supply	Mail order 90-day supply		Retail 30-day supply	Mail order 90-day supply		
\$4	\$8		\$4	\$8		\$2	\$4		
\$8	\$16		\$8	\$16		\$4	\$8		
\$45	\$90		\$45	\$90		\$30	\$60		
\$100	\$300		\$100	\$300		\$80	\$240		
29%	N/A		33%	N/A		33%	N/A		
\$0	N/A		\$0	N/A		\$0	N/A		
<ul style="list-style-type: none">• 25% for Part D generic drugs• 25% of costs for Part D brand drugs plus a portion of the dispensing fee• Prime Rx Plus: Tier 1 and Tier 2 drugs remain at the normal copay• 5% per prescription or• \$3.70 per prescription for Part D generic drugs• \$9.20 per prescription for Part D brand drugs									



You have one of the best plans in the country!

Now, more than ever, it's important to have coverage you can depend on. Tufts Medicare Preferred HMO plans received Medicare's highest rating for quality—**5 out of 5 Stars for the sixth year in a row!** Your plan is the only one in the state to **ever** receive 5 Stars six years in a row.

Earned.

Medicare's 5-Star rating can't be bought in any way—unlike paid endorsements from AARP or U.S. News & World Report.

Exclusive.

Only 21 Medicare Advantage plans, out of 400 nationwide, earned 5 out of 5 Stars from Medicare in 2021—and we are the only plan in Massachusetts to ever receive a 5-Star rating for 6 years in a row!

Quality.

Our 5-Star rating reflects how easy it is for you to get the checkups, screenings, and information you need. A plan receives a 5-Star rating only if it provides exceptional service to its members in many different areas, including customer service, member satisfaction, health care quality, and getting appointments quickly.

Flexible.

Because of our 5-Star rating, you're not locked into your plan. You can switch to one of our other HMO plans once during the year.



Show your friends you care

If you know someone thinking about their health or financial well-being, show them you care by telling them why you chose a Tufts Health Plan Medicare Preferred HMO plan. Tell your friends to call today to learn more about joining a 5-Star plan. Monthly premiums start as low as \$0 with prescription drug coverage included. Tell them to call **1-800-255-7523 (TTY: 711)**.



Thank you

for being a member!

¹Reimbursement applies to emergency and urgent care situations only. You may be responsible for any copays that apply.

²\$150 (or \$250 for members of our Saver Rx plan) is the total reimbursement amount each year (Jan. 1–Dec. 31) whether used for health clubs, fitness classes, nutritional counseling, or wellness programs.

³\$150 is the total reimbursement amount each year (Jan. 1–Dec. 31). This benefit does not cover costs for pre-packaged meals/foods, books, videos, scales, or other items or supplies.

⁴Not all locations may participate.

⁵EOB is received for each month you fill a prescription.

⁶Not available in all counties.

⁷Comprises all your medical copays/coinsurance—your out-of-pocket costs will never exceed this amount.

⁸Additional telehealth services include but are not limited to: primary care physician services, specialist services, individual sessions for mental health and psychiatric services, opioid treatment program services, observation services, and individual sessions for outpatient substance abuse. Cost-sharing and referral requirements are the same as for in-person services.

⁹Rehabilitation therapy includes physical therapy, occupational therapy, and speech therapy. You pay \$0 for in-network post-outpatient surgical procedure, physical therapy, or occupational therapy consultation of up to 15 minutes, prior to discharge.

¹⁰Benefit and network limits may apply. The plan is administered by Dominion Dental Services, Inc., which operates under the trade name Dominion National. Services must be performed by providers in the Dominion PPO Network. To check to see if your dentist is in network or to find a dentist, go to thpmp.org/dentist. The embedded dental benefit and the Tufts Health Plan Medicare Preferred Dental Option are not available if you receive your benefits from a current or former employer.

¹¹If purchased, the Tufts Health Plan Medicare Preferred Dental Option replaces the embedded dental benefit. Benefit amount remains at \$1,000 annual maximum, but coinsurance on restorative services is reduced to 20%, and major services such as dentures, bridges and crowns are covered with 50% co-insurance. The embedded dental benefit and the Tufts Health Plan Medicare Preferred Dental Option are not available if you receive your benefits from a current or former employer.

¹²Medicare covers up to 12 visits in 90 days for members with chronic low back pain. 8 additional visits covered for those demonstrating an improvement. No more than 20 visits administered annually. Additional acupuncture coverage included as part of Wellness Allowance.

¹³For Saver Rx and Basic Rx plans: on Tier 1 and Tier 2, retail copays apply to network pharmacies with preferred cost sharing. Copays may be higher at other network pharmacies. For a complete list of network pharmacies that offer preferred cost sharing, please check the pharmacy directory at thpmp.org/documents.

¹⁴The amount discounted by the manufacturer in the Coverage Gap counts toward your out-of-pocket costs as if you had paid the total amount of the drug yourself. This helps you move through the gap.

Please note: costs may differ if you receive your benefits from a current or former employer. Benefit information described in this guide is for Tufts Medicare Preferred HMO plan members and is not a complete description of benefits. For complete benefit details, see your Evidence of Coverage (EOC) available at thpmp.org/documents. Please note: not all plan benefit information in this booklet is the same for Employer Group plans. If you receive your benefits from a current or former employer, please contact your benefits administrator or Customer Relations with any questions regarding plan benefits.

Every year, Medicare evaluates plans based on a 5-Star rating system. Tufts Medicare Preferred HMO plans received 5 out of 5 Stars for contract years 2016, 2017, 2018, 2019, 2020, and 2021. For more information on plan ratings, go to www.medicare.gov. Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-701-9000 (TTY: 711). H2256_2021_309_C



Part of your community!

Tufts Health Plan is located in Watertown, Massachusetts, and has been here for over 20 years. When you call us you talk to representatives who understand your plan and are part of your community. You can expect to have your questions answered quickly with accuracy, honesty, and respect. We are committed to helping you get the most out of your plan.

Where to find complete benefit information

- **Evidence of Coverage (EOC)**

Find complete benefit, out-of-pocket costs, and plan information in the EOC available on our website at thmp.org/documents.

- **Formulary**

The list of all the drugs we cover. You can find the Formulary on our website at thmp.org/2021-hmo-formulary, or give us a call and we will send you a printed copy.

- **Doctor search**

Search the most up-to-date list of doctors in our network at thmp.org/tufts-health-plan-doctor-search.

- **Drug search**

Search the list of drugs we cover at thmp.org/drug-coverage.

- **Video library**

Watch short videos that explain how to use your plan at thmp.org/video-library.

- **Article library**

Browse our extensive list of articles that explain how your plan works at thmp.org/members/how-our-plans-work.