How to Get the Most Out of Your Plan
Get the answers you need.

Whether you're looking for information about medical benefits, drug coverage, choosing a doctor, or finding the right form or document, get the answers you need on our website:

www.thpmp.org

Or, call Customer Relations at 1-800-701-9000 (TTY: 711).

Representatives are available Monday–Friday, 8 a.m.–8 p.m. (October 1–March 31, representatives are available 7 days a week, 8 a.m.–8 p.m.)
1: The Basics of How Your Plan Works
You’re protected by an out-of-pocket maximum . . . . . . . . 4
Getting care .......................................................... 4
Your doctor coordinates your care ............................. 4
You share the cost of your benefits ............................ 4
You need a referral to see a specialist ......................... 5
Your PCP has a referral circle .................................. 5
Which specialists are in your PCP’s referral circle? . . . 5

2: How to Get Care
During regular office hours .................................... 6
After regular office hours ........................................ 6
In an emergency .................................................... 6
When traveling ....................................................... 6

3: Using Your Plan
How to check your claims and referrals online ............ 8
How to change your doctor ...................................... 8
How to get a new ID card ........................................ 9
How to make paying your premium easier .................. 9
How to switch your plan .......................................... 10
How to give permission to someone to discuss your benefits . . . 10
How to work with a Care Manager .......................... 10
How to get extra discounts and savings ..................... 11
Don’t forget to take advantage of these great benefits! ........................................... 12

4: Using Your Prescription Drug Plan
Look up your drugs ............................................... 14
What if your drug isn’t listed? .................................. 14
What is a tier? ....................................................... 14
Generic drugs can help you save money .................... 14
Does your drug have a special requirement? .............. 15
How to save money with mail order .......................... 15
What is the donut hole? ......................................... 16

5: Plan Costs
Medical Coverage Chart ........................................ 17

Don’t keep it a secret!
Tell your friends they can join the only 5-Star plan in Massachusetts! Tell them to call 1-800-255-7523 (TTY: 711).
• Thousands of doctors and specialists
• Plans start at $0 a month
• Up to $400 in wellness reimbursements
• $150 eyeglasses reimbursement
• Prescription drug coverage
• Preventive dental coverage
• And more!
The Basics of How Your Plan Works

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 advantages of your HMO plan.

Out-of-pocket maximum amounts:

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Maximum Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMO Basic, Value, and Prime</td>
<td>$3,400</td>
</tr>
<tr>
<td>HMO Saver</td>
<td>$6,000</td>
</tr>
</tbody>
</table>

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 17.

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.)
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 his/her referral circle. If you are referred to a specialist, your doctor 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 www.thpmp.org/hmo-providers.
How to Get Care

During regular office hours
Your primary care physician (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. 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 for reimbursement details.¹ (Our service area is the state of Massachusetts except for Berkshire, Franklin, Dukes, and Nantucket Counties.)
The only 5-Star plan in Massachusetts—and the only Massachusetts plan ever to receive 5 out of 5 Stars from Medicare four years in a row!

Earned.
Medicare’s 5-Star Rating System is the only rating you can trust for quality. A Star Rating from Medicare can’t be bought in any way, unlike plans that have to rely on paid endorsements from AARP or US News and World Report.

Exclusive.
Only 14 plans out of 376 nationwide earned a 5-Star Rating in 2019!

Quality.
Our 5-Star Rating reflects our ability to help you stay healthy.

Flexible.
Because of our 5-Star Rating, you’re not locked into your plan. You can switch to one of our other plans once during the year.
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: www.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 www.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.
Using Your 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 www.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 www.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.
Using Your Plan

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, 2019. 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 17 or by going to www.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 www.thpmp.org/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 Care Manager can help you if you get sick, have an injury, or are looking for ways to stay healthy. Care Managers are nurses who work closely with your doctor and help guide you through the health care system to ensure you receive the services and resources that are right for you. 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 get to your doctor’s office, help 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 www.thpmp.org/care-management.
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.

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! For all the details including a complete list of discounts, visit our website at www.thpmp.org/preferred-extras.

- **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 Jenny Craig®, 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!**
Don’t forget to take advantage of these great benefits!

Get up to $250 for fitness classes
With your Wellness Allowance benefit, you can get up to $250 each year for fees you pay for membership in a qualified health or fitness club; wellness programs; acupuncture; fitness classes such as yoga, Pilates, tai chi, and aerobics; and much more! For details, go to www.thpmp.org/wellness-allowance.

Get $150 for weight management
Use our weight management benefit to reach your weight loss goals! You can get up to $150 toward the program fees of Weight Watchers®, Jenny Craig®, or hospital-based weight loss programs! For details, see your Evidence of Coverage (EOC) booklet on our website at www.thpmp.org/documents.
Using Your Plan

Get $150 back for eyeglasses

- You can get up to $150 toward the full retail price (not sale price) for one complete pair of prescription eyeglasses 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 more than 26,000 eye care providers including national chains such as LensCrafters, Sears Optical, Target Optical, and JCPenney Optical. For details, go to [www.thpmp.org/eyewear-benefit](http://www.thpmp.org/eyewear-benefit).

- Or, get up to $90 toward the price for one complete 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

You are covered for up to 2 hearing aids per year, 1 hearing aid per ear. There are four levels to choose from and pricing is fixed!

- Standard level: You pay a $250 copay for each hearing aid
- Superior level: You pay a $475 copay for each hearing aid
- Advanced level: You pay a $650 copay for each hearing aid
- Advanced Plus level: You pay a $850 copay for each hearing aid

You’re also covered for a $0 hearing aid evaluation once per year with a Hearing Care Solutions provider to ensure you have the hearing aid that is right for you. For details, call Customer Relations.
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 www.thpmp.org/hmo-formulary.

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.

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.
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 (ST)**—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.

If your drug has a special requirement, you or your doctor may need to take extra steps in order for your drug to be covered. Call Customer Relations or check your Evidence of Coverage (EOC) at [www.thpmp.org/documents](http://www.thpmp.org/documents) for details on what you can do to get coverage for the drug. You can also request an “exception” to have a special requirement removed. Your EOC includes information on how to request an exception. We are not able to remove special requirements in all cases, but each exception request is considered.

**How to save money with mail order**

Mail order service delivers medications that you refill each month right to your home. Depending on the plan you are in and the tier your drug is on, you may be able to save up to $45 by using mail order for a 90-day supply of prescription medications. That’s a potential savings of up to $180 a year!

To sign up for mail order, just fill out the CVS® Caremark Mail Order form available on our website at [www.thpmp.org/forms](http://www.thpmp.org/forms) or call 1-866-788-5144.

*Prescription drug information may be different if you receive your benefits from a current or former employer.*
What is the donut hole?

The “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. 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 reach $3,820 during 2019 you will enter the donut hole (also known as the coverage gap stage). 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.

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:

**Generic Drugs:**
- You pay 37%
- Plan pays 63%

**Brand-Name Drugs:**
- You pay 25%
- Drug manufacturer pays 70%
- Plan pays 5%

up to $5,100
## Plan Costs

### Medical Coverage Chart

This is a quick reference guide to your covered services and costs. For complete benefit information, see your Evidence of Coverage (EOC) booklet online at [www.thpmp.org/documents](http://www.thpmp.org/documents).

Our Rx plans include Prescription Drug Coverage (see page 21).

*Costs may differ if you receive your benefits from a current or former employer. Some services may require prior authorization.*

<table>
<thead>
<tr>
<th>Monthly Plan Premium by County</th>
<th>HMO Saver Rx</th>
<th>HMO Basic No Rx</th>
<th>HMO Basic Rx</th>
<th>HMO Value No Rx</th>
<th>HMO Value Rx</th>
<th>HMO Prime No Rx</th>
<th>HMO Prime Rx</th>
<th>HMO Prime Rx Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barnstable, Bristol</td>
<td>$0</td>
<td>Not offered</td>
<td>$40.00</td>
<td>$103.00</td>
<td>$131.00</td>
<td>$133.00</td>
<td>$165.00</td>
<td>$199.00</td>
</tr>
<tr>
<td>Essex, Suffolk</td>
<td>$0</td>
<td>$28.00</td>
<td>$55.00</td>
<td>$123.00</td>
<td>$151.00</td>
<td>$156.00</td>
<td>$188.00</td>
<td>$220.00</td>
</tr>
<tr>
<td>Hampden, Hampshire</td>
<td>$0</td>
<td>Not offered</td>
<td>$23.00</td>
<td>Not offered</td>
<td>$54.00</td>
<td>Not offered</td>
<td>$79.00</td>
<td>$99.00</td>
</tr>
<tr>
<td>Middlesex, Norfolk, Plymouth</td>
<td>$0</td>
<td>Not offered</td>
<td>$40.00</td>
<td>$103.00</td>
<td>$131.00</td>
<td>$133.00</td>
<td>$165.00</td>
<td>$199.00</td>
</tr>
<tr>
<td>Worcester</td>
<td>$0</td>
<td>$20.00</td>
<td>$42.00</td>
<td>$112.00</td>
<td>$146.00</td>
<td>$152.00</td>
<td>$185.00</td>
<td>Not offered</td>
</tr>
</tbody>
</table>

### Medical Costs

- **Medical deductibles**: No medical deductible
- **Annual out-of-pocket maximum**: $6,000 $3,400 $3,400 $3,400 $3,400

### Copays

<table>
<thead>
<tr>
<th></th>
<th>DOCTOR OFFICE VISITS</th>
<th>EMERGENCY SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care</td>
<td>$10/visit</td>
<td>$10–$45/visit</td>
</tr>
<tr>
<td>Specialist</td>
<td>$45/visit</td>
<td>$10–$40/visit</td>
</tr>
<tr>
<td>Emergency room</td>
<td>$90/visit</td>
<td>$110/visit</td>
</tr>
<tr>
<td>Ambulance services</td>
<td>$325/day</td>
<td>$110/visit</td>
</tr>
<tr>
<td>Urgently needed care</td>
<td>$10–$45/visit</td>
<td>$110/visit</td>
</tr>
</tbody>
</table>

For complete benefit information, see your Evidence of Coverage (EOC) booklet online at [www.thpmp.org/documents](http://www.thpmp.org/documents).
## Plan Costs

### Copays

<table>
<thead>
<tr>
<th>HMO Saver Rx</th>
<th>HMO Basic No Rx</th>
<th>HMO Basic Rx</th>
<th>HMO Value No Rx</th>
<th>HMO Value Rx</th>
<th>HMO Prime No Rx</th>
<th>HMO Prime Rx</th>
<th>HMO Prime Rx Plus</th>
</tr>
</thead>
</table>

### PREVENTIVE CARE

- Abdominal aortic aneurism screenings
- Alcohol misuse screening
- Annual physical exam
- Annual wellness visit
- Bone mass measurement
- Cancer screening (colorectal, prostate, breast, cervical/vaginal, lung)
- Cardiovascular disease risk reduction visit
- Depression screening
- Diabetes screening
- HIV screening
- Immunizations
- In-home safety assessment
- Medicare Diabetes Prevention Program (MDPP)
- Obesity screening
- Sexually Transmitted Infection (STI) screening
- Smoking and tobacco use cessation counseling
- “Welcome to Medicare” preventive visit

### INPATIENT CARE

#### Hospice

<table>
<thead>
<tr>
<th>Inpatient hospital coverage</th>
<th>$0 (paid for by Original Medicare)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient hospital coverage (general acute)</td>
<td>$350/day, days 1-5. $0/day after day 5.</td>
</tr>
<tr>
<td>Inpatient hospital coverage (rehabilitation or long-term acute care)</td>
<td>$350/day, days 1-5. $0/day after day 5.</td>
</tr>
<tr>
<td>Inpatient mental health care</td>
<td>$315/day, days 1-5. $0/day after day 5.</td>
</tr>
<tr>
<td>Skilled nursing facility care (SNF)</td>
<td>$0/day, days 1-20. $160/day, days 21-44. $0/day, days 45-100.</td>
</tr>
<tr>
<td>$20/day, days 1-20. $140/day, days 21-44. $0/day, days 45-100.</td>
<td></td>
</tr>
<tr>
<td>$20/day, days 1-20. $100/day, days 21-44. $0/day, days 45-100.</td>
<td></td>
</tr>
<tr>
<td>$20/day, days 1-20. $60/day, days 21-44. $0/day, days 45-100.</td>
<td></td>
</tr>
<tr>
<td>$20/day, days 21-100.</td>
<td></td>
</tr>
</tbody>
</table>
### Plan Costs

#### Copays (contd.)

<table>
<thead>
<tr>
<th></th>
<th>HMO Saver Rx</th>
<th>HMO Basic No Rx</th>
<th>HMO Basic Rx</th>
<th>HMO Value No Rx</th>
<th>HMO Value Rx</th>
<th>HMO Prime No Rx</th>
<th>HMO Prime Rx</th>
<th>HMO Prime Rx Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT AND LAB SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood services</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Cardiac/pulmonary rehabilitation</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Physical, occupational or speech/language therapy²</td>
<td>$40/visit</td>
<td>$30/visit</td>
<td>$20/visit</td>
<td>$15/visit</td>
<td>$15/visit</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Diagnostic and laboratory tests, X-rays</td>
<td>$20 (separate from office visit copay)</td>
<td>$10 (separate from office visit copay)</td>
<td>$5 (separate from office visit copay)</td>
<td>$0</td>
<td>$0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic radiology services</td>
<td>$325/day</td>
<td>$250/day</td>
<td>$100/day</td>
<td>20% up to $75/day</td>
<td>20% up to $75/day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation therapy</td>
<td>$60</td>
<td>$60</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Mental health care</td>
<td>$25/visit</td>
<td>$25/visit</td>
<td>$25/visit</td>
<td>$15/visit</td>
<td>$15/visit</td>
<td>$15/visit</td>
<td>$15/visit</td>
<td></td>
</tr>
<tr>
<td>Substance abuse services</td>
<td>$25/visit</td>
<td>$25/visit</td>
<td>$25/visit</td>
<td>$15/visit</td>
<td>$15/visit</td>
<td>$15/visit</td>
<td>$15/visit</td>
<td></td>
</tr>
<tr>
<td>Surgery (outpatient)</td>
<td>$350/day</td>
<td>$250/day</td>
<td>$150/day</td>
<td>$100/day</td>
<td>$75/day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical supplies, such as dressings</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Splints, casts, and other devices used to reduce fractures and dislocations</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td><strong>VISION AND HEARING</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual routine vision exam</td>
<td>$45</td>
<td>$40</td>
<td>$25</td>
<td>$15</td>
<td>$15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual eyewear benefit</td>
<td>$150 per year towards eyewear at an Eyemed participating provider or $90 per year at non-participating providers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual diabetic retinopathy screening</td>
<td>$45</td>
<td>$40</td>
<td>$25</td>
<td>$15</td>
<td>$15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual glaucoma screening (for people at high risk for glaucoma)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare-covered eye exams</td>
<td>$45</td>
<td>$40</td>
<td>$25</td>
<td>$15</td>
<td>$15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual routine hearing exam</td>
<td>$45</td>
<td>$40</td>
<td>$25</td>
<td>$15</td>
<td>$15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic hearing exam</td>
<td>$45</td>
<td>$40</td>
<td>$25</td>
<td>$15</td>
<td>$15</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Plan Costs

### Copays (contd.)

<table>
<thead>
<tr>
<th></th>
<th>HMO Saver Rx</th>
<th>HMO Basic No Rx</th>
<th>HMO Basic Rx</th>
<th>HMO Value No Rx</th>
<th>HMO Value Rx</th>
<th>HMO Prime No Rx</th>
<th>HMO Prime Rx</th>
<th>HMO Prime Rx Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wellness allowance</strong>²</td>
<td>$250/yr</td>
<td>$150/yr</td>
<td>$150/yr</td>
<td>$150/yr</td>
<td>$150/yr</td>
<td>$150/yr</td>
<td>$150/yr</td>
<td>$150/yr</td>
</tr>
<tr>
<td><strong>Acupuncture</strong>⁸</td>
<td>$250/yr</td>
<td>$150/yr</td>
<td>$150/yr</td>
<td>$150/yr</td>
<td>$150/yr</td>
<td>$150/yr</td>
<td>$150/yr</td>
<td>$150/yr</td>
</tr>
<tr>
<td><strong>Bathroom safety equipment</strong></td>
<td>20%</td>
<td>20%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Weight management programs</strong></td>
<td>$150/yr</td>
<td>$150/yr</td>
<td>$150/yr</td>
<td>$150/yr</td>
<td>$150/yr</td>
<td>$150/yr</td>
<td>$150/yr</td>
<td>$150/yr</td>
</tr>
<tr>
<td><strong>Chiropractic services</strong></td>
<td>$15/visit</td>
<td>$15/visit</td>
<td>$15/visit</td>
<td>$15/visit</td>
<td>$15/visit</td>
<td>$15/visit</td>
<td>$15/visit</td>
<td>$15/visit</td>
</tr>
<tr>
<td><strong>Dental services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Podiatry services</strong></td>
<td>$45/visit</td>
<td>$40/visit</td>
<td>$25/visit</td>
<td>$15/visit</td>
<td>$15/visit</td>
<td>$15/visit</td>
<td>$15/visit</td>
<td>$15/visit</td>
</tr>
<tr>
<td><strong>Diabetes self-management training, services and supplies</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Durable medical equipment (DME) and related supplies</strong></td>
<td>20%</td>
<td>20%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Home health agency care, including home infusion therapy</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Prosthetic devices and related supplies</strong></td>
<td>20%</td>
<td>20%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td><strong>SilverSneakers™ Fitness</strong></td>
<td>Not covered</td>
<td>$0 (available to members who live in Worcester County only)</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Wigs</strong></td>
<td>$500/yr</td>
<td>$500/yr</td>
<td>$500/yr</td>
<td>$500/yr</td>
<td>$500/yr</td>
<td>$500/yr</td>
<td>$500/yr</td>
<td>$500/yr</td>
</tr>
<tr>
<td><strong>Kidney disease services</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Medical nutrition therapy</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Medicare Part B prescription drugs (including chemotherapy)</strong></td>
<td>20%</td>
<td>20%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Partial hospitalization services</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

### ADDITIONAL BENEFITS

- Raised toilet seat: 1 every 5 years; bathroom grab bars: 2 every 5 years; tub seat: 1 every 5 years
- See Chapter 4 of your **EOC booklet** for covered services and copay amounts.
## Plan Drug (Rx) Costs

<table>
<thead>
<tr>
<th></th>
<th>HMO Saver Rx</th>
<th>HMO Basic Rx</th>
<th>HMO Value Rx</th>
<th>HMO Prime Rx</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEDUCTIBLE</strong></td>
<td>$0 for Tiers 1–2; $400 for Tiers 3–5</td>
<td>$0 for Tiers 1–2; $350 for Tiers 3–5</td>
<td>$0 for Tiers 1–2; $300 for Tiers 3–5</td>
<td>No deductible</td>
</tr>
<tr>
<td><strong>COPAYS</strong></td>
<td><strong>Retail</strong> 30-day supply</td>
<td><strong>Mail Order</strong> 90-day supply</td>
<td><strong>Retail</strong> 30-day supply</td>
<td><strong>Mail Order</strong> 90-day supply</td>
</tr>
<tr>
<td>Tier 1: Preferred generic</td>
<td>$4</td>
<td>$8</td>
<td>$4</td>
<td>$8</td>
</tr>
<tr>
<td>Tier 2: Non-preferred generic</td>
<td>$8</td>
<td>$16</td>
<td>$8</td>
<td>$16</td>
</tr>
<tr>
<td>Tier 3: Preferred brand</td>
<td>$45</td>
<td>$90</td>
<td>$45</td>
<td>$90</td>
</tr>
<tr>
<td>Tier 4: Non-preferred brand</td>
<td>$100</td>
<td>$300</td>
<td>$100</td>
<td>$300</td>
</tr>
<tr>
<td>Tier 5: Specialty tier</td>
<td>25%</td>
<td>N/A</td>
<td>26%</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>HMO Prime Rx Plus$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEDUCTIBLE</strong></td>
<td>No deductible</td>
</tr>
<tr>
<td><strong>COPAYS</strong></td>
<td><strong>Retail</strong> 30-day supply</td>
</tr>
<tr>
<td>Tier 1: Preferred generic</td>
<td>$2</td>
</tr>
<tr>
<td>Tier 2: Non-preferred generic</td>
<td>$4</td>
</tr>
<tr>
<td>Tier 3: Preferred brand</td>
<td>$30</td>
</tr>
<tr>
<td>Tier 4: Non-preferred brand</td>
<td>$80</td>
</tr>
<tr>
<td>Tier 5: Specialty tier</td>
<td>33%</td>
</tr>
</tbody>
</table>
### Plan Drug (Rx) Costs contd.

<table>
<thead>
<tr>
<th>Coverage Gap Stage</th>
<th>HMO Saver Rx</th>
<th>HMO Basic Rx</th>
<th>HMO Value Rx</th>
<th>HMO Prime Rx</th>
<th>HMO Prime Rx Plus(^5)</th>
</tr>
</thead>
</table>
| After your total prescription drug costs reach $3,820, and until your payments reach $5,100, you pay: | • 37% for Part D generic drugs  
• 25% of costs for Part D brand drugs plus a portion of the dispensing fee\(^9\) | | | | • Tier 1 copays for generic drugs on Tier 1  
• Tier 2 copays for generic drugs on Tier 2  
• 37% for all other generic drugs  
• 25% of costs for Part D brand drugs plus a portion of the dispensing fee\(^10\) |

| Catastrophic Coverage Stage | You pay coinsurance or a copay, whichever is the larger amount: |  |  |  | |
|-----------------------------|---------------------------------------------------------------|  |  |  | • 5% per prescription or,  
• $3.40 per prescription for Part D generic drugs  
• $8.50 per prescription for Part D brand drugs |
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 [www.thpmp.org/documents](http://www.thpmp.org/documents).

- **Formulary**
  The list of all the drugs we cover. You can find the formulary on our website at [www.thpmp.org/hmo-formulary](http://www.thpmp.org/hmo-formulary), or give us a call and we will send you a printed copy.

- **Online at [www.thpmp.org](http://www.thpmp.org)**:
  - Doctor search—The most up-to-date list of doctors in our network.
  - Drug search—Search the list of drugs we cover.
  - Video library—Short videos that explain how to use your plan.
  - Article library—Extensive list of articles that explain how your plan works.

Use videos to learn about your plan!

We put together a series of short videos to answer some of the questions we hear most often from members, such as:

- How does the referral process work?
- Will the donut hole affect you?
- How does a prescription drug deductible work?
- How to change your doctor
- How to find out if your drug is covered
- What’s the difference between a copay and coinsurance?

You can find them all on our website at: [thpmp.org/video-library](http://thpmp.org/video-library)

5 out of 5 Stars—Medicare’s highest rating for quality!

The only 5-Star plan in Massachusetts—and the only Massachusetts plan ever to receive 5 out of 5 Stars from Medicare four years in a row!
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 (January 1–December 31) whether used for a health club, fitness classes, nutritional counseling, or wellness programs.
3$150 is the total reimbursement amount each year (January 1–December 31). This benefit does not cover costs for pre-packaged meals/foods, books, videos, scales, or other items or supplies.
4You must continue to pay your Medicare Part B premium.
5Not available in all counties.
6Comprises all your medical copays/coinsurance. Your out-of-pocket costs will never exceed this amount.
7You pay $0 for a post-outpatient surgical procedure, physical therapy or occupational therapy consultation of up to 15 minutes, prior to discharge.
8Acupuncture services are eligible for reimbursement under the annual Wellness Allowance benefit. This amount is not in addition to your annual Wellness Allowance benefit.
9The 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.
Discounts and services included in the Preferred Extras program are not plan benefits and are not subject to the Medicare appeals process.
Please note: Costs and benefits may differ if you receive your benefits from a current or former employer. Contact your benefits administrator for details.
Tufts Health Plan is an HMO plan with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal. This information is not a complete description of benefits. Call 1-800-701-9000 (TTY: 711) for more information. 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, and 2019.