

## ***Tufts Medicare Preferred Access (PPO) offered by Tufts Associated Health Maintenance Organization (Tufts Health Plan)***

### **Annual Notice of Changes for 2024**

You are currently enrolled as a member of Tufts Medicare Preferred Access PPO. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules, please review the *Evidence of Coverage*, which is located on our website at [www.thpmp.org](http://www.thpmp.org). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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#### **What to do now**

##### **1. ASK:** Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to Medical care costs (doctor, hospital).
  - Review the changes to our drug coverage, including authorization requirements and costs.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2024 “Drug List” to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.
- Think about whether you are happy with our plan.

##### **2. COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) or review the list in the back of your *Medicare & You 2024* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

### 3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in Tufts Medicare Preferred Access.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with Tufts Medicare Preferred Access.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

### **Additional Resources**

- This document is available for free in Spanish.
- Please contact our Member Services number at 1-866-623-0172 for additional information. (TTY users should call 711.) Hours are 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday – Friday from April 1 to September 30. This call is free.
- This information is available in different formats, including large print.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About Tufts Medicare Preferred Access**

- Tufts Medicare Preferred Access is a Medicare Advantage PPO plan. Enrollment in Tufts Medicare Preferred Access depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Tufts Associated Health Maintenance Organization (Tufts Health Plan). When it says “plan” or “our plan,” it means Tufts Medicare Preferred Access.

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## Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Tufts Medicare Preferred Access in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<p><b>Monthly plan premium*</b></p> <p>* Your premium may be higher or lower than this amount. See Section 1.1 for details.</p>	\$0	\$0
<p><b>Maximum out-of-pocket amounts</b></p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)</p>	<p>From network providers: \$6,700</p> <p>From network and out-of-network providers combined: \$10,000</p>	<p>From network providers: \$5,600</p> <p>From network and out-of-network providers combined: \$9,550</p>
<p><b>Doctor office visits</b></p>	<p><b><u>In-Network:</u></b>                      Primary care visits: \$0 per visit</p> <p>Specialist visits: \$45 per visit</p> <p><b><u>Out-of-Network:</u></b>                      Primary care visits: \$20 per visit</p> <p>Specialist visits: \$65 per visit</p>	<p><b><u>In-Network:</u></b>                      Primary care visits: \$0 per visit</p> <p>Specialist visits: \$45 per visit</p> <p><b><u>Out-of-Network:</u></b>                      Primary care visits: \$0 per visit</p> <p>Specialist visits: \$45 per visit</p>
<p><b>Inpatient hospital stays</b></p>	<p><b><u>In-Network:</u></b>                      \$400 per day for days 1-5 and \$0 after day 5 for Medicare-covered services received in a general acute care, rehabilitation, or long-term acute care hospital.</p>	<p><b><u>In-Network:</u></b>                      \$400 per day for days 1-5 and \$0 after day 5 for Medicare-covered services received in a general acute care, rehabilitation, or long-term acute care hospital.</p>

Cost	2023 (this year)	2024 (next year)
	<p>\$400 per day for days 1-4 and \$0 after day 4 for Medicare-covered services received in a psychiatric hospital.</p> <p><b><u>Out-of-Network:</u></b> 40% coinsurance for Medicare-covered services received in a general acute care, rehabilitation, or long-term acute care or psychiatric hospital.</p>	<p>\$400 per day for days 1-4 and \$0 after day 4 for Medicare-covered services received in a psychiatric hospital.</p> <p><b><u>Out-of-Network:</u></b> 40% coinsurance for Medicare-covered services received in a general acute care, rehabilitation, or long-term acute care or psychiatric hospital.</p>

Cost	2023 (this year)	2024 (next year)
<p><b>Part D prescription drug coverage</b></p> <p>(See Section 1.5 for details.)</p> <p>In 2024, Tier 1 and Tier 2 drugs will include enhanced coverage of certain drugs such as select erectile dysfunction (ED) drugs, vitamins and minerals, and cough/cold products.</p>	<p>Deductible: You pay the first \$150 of the total cost for prescription drugs in Tier 3, Tier 4, and/or Tier 5, except for covered insulin products and most adult Part D vaccines.</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p><b>Drug Tier 1:</b> \$0-\$14 per prescription at a retail pharmacy for a 30-day supply.</p> <p>\$0-\$28 per prescription at a retail pharmacy for up to a 60-day supply.</p> <p>\$0-\$42 per prescription at a retail pharmacy for up to a 90-day supply.</p> <p>\$0 per prescription at a mail order pharmacy for a 30-day supply.</p> <p>\$0 per prescription at a mail order pharmacy for up to a 60-day supply.</p>	<p>Deductible: \$0</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p><b>Drug Tier 1:</b> \$0-\$14 per prescription at a retail pharmacy for a 30-day supply.</p> <p>\$0-\$28 per prescription at a retail pharmacy for up to a 60-day supply.</p> <p>\$0-\$42 per prescription at a retail pharmacy for up to a 90-day supply.</p> <p>\$0 per prescription at a mail order pharmacy for a 30-day supply.</p> <p>\$0 per prescription at a mail order pharmacy for up to a 60-day supply.</p>

Cost	2023 (this year)	2024 (next year)
	<p>\$0 per prescription at a mail order pharmacy for up to a 90-day supply.</p> <p><b>Drug Tier 2:</b> \$4-\$19 per prescription at a retail pharmacy for a 30-day supply.</p> <p>\$8-\$38 per prescription at a retail pharmacy for up to a 60-day supply.</p> <p>\$12-\$57 per prescription at a retail pharmacy for up to a 90-day supply.</p> <p>\$4 per prescription at a mail order pharmacy for a 30-day supply.</p> <p>\$8 per prescription at a mail order pharmacy for up to a 60-day supply.</p> <p>\$8 per prescription at a mail order pharmacy for up to a 90-day supply.</p>	<p>\$0 per prescription at a mail order pharmacy for up to a 90-day supply.</p> <p><b>Drug Tier 2:</b> \$4-\$19 per prescription at a retail pharmacy for a 30-day supply.</p> <p>\$8-\$38 per prescription at a retail pharmacy for up to a 60-day supply.</p> <p>\$12-\$57 per prescription at a retail pharmacy for up to a 90-day supply.</p> <p>\$4 per prescription at a mail order pharmacy for a 30-day supply.</p> <p>\$8 per prescription at a mail order pharmacy for up to a 60-day supply.</p> <p>\$8 per prescription at a mail order pharmacy for up to a 90-day supply.</p>

Cost	2023 (this year)	2024 (next year)
	<p><b>Drug Tier 3:</b>                      \$47 per prescription at a retail pharmacy for a 30-day supply. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>\$94 per prescription at a retail pharmacy for up to a 60-day supply. You pay \$70 for a 60-day supply of each covered insulin product on this tier.</p> <p>\$141 per prescription at a retail pharmacy for up to a 90-day supply. You pay \$105 for a 90-day supply of each covered insulin product on this tier.</p> <p>\$47 per prescription at a mail order pharmacy for a 30-day supply. You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p><b>Drug Tier 3:</b>                      \$47 per prescription at a retail pharmacy for a 30-day supply. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>\$94 per prescription at a retail pharmacy for up to a 60-day supply. You pay \$70 for a 60-day supply of each covered insulin product on this tier.</p> <p>\$141 per prescription at a retail pharmacy for up to a 90-day supply. You pay \$105 for a 90-day supply of each covered insulin product on this tier.</p> <p>\$47 per prescription at a mail order pharmacy for a 30-day supply. You pay \$35 per month supply of each covered insulin product on this tier.</p>



Cost	2023 (this year)	2024 (next year)
	<p>\$94 per prescription at a mail order pharmacy for up to a 60-day supply. You pay \$70 for a 60-day supply of each covered insulin product on this tier.</p> <p>\$94 per prescription at a mail order pharmacy for up to a 90-day supply. You pay \$70 for a 90-day supply of each covered insulin product on this tier.</p> <p><b>Drug Tier 4:</b> \$100 per prescription at a retail pharmacy for a 30-day supply. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>\$200 per prescription at a retail pharmacy for up to a 60-day supply. You pay \$70 for a 60-day supply of each covered insulin product on this tier.</p>	<p>\$94 per prescription at a mail order pharmacy for up to a 60-day supply. You pay \$70 for a 60-day supply of each covered insulin product on this tier.</p> <p>\$94 per prescription at a mail order pharmacy for up to a 90-day supply. You pay \$70 for a 90-day supply of each covered insulin product on this tier.</p> <p><b>Drug Tier 4:</b> \$100 per prescription at a retail pharmacy for a 30-day supply. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>\$200 per prescription at a retail pharmacy for up to a 60-day supply. You pay \$70 for a 60-day supply of each covered insulin product on this tier.</p>

Cost	2023 (this year)	2024 (next year)
	<p>\$300 per prescription at a retail pharmacy for up to a 90-day supply. You pay \$105 for a 90-day supply of each covered insulin product on this tier.</p> <p>\$100 per prescription at a mail order pharmacy for a 30-day supply. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>\$200 per prescription at a mail order pharmacy for up to a 60-day supply. You pay \$70 for a 60-day supply of each covered insulin product on this tier.</p> <p>\$300 per prescription at a mail order pharmacy for up to a 90-day supply. You pay \$70 for a 90-day supply of each covered insulin product on this tier.</p> <p><b>Drug Tier 5:</b> 30% per prescription at a retail or mail order pharmacy for a 30-day supply.</p>	<p>\$300 per prescription at a retail pharmacy for up to a 90-day supply. You pay \$105 for a 90-day supply of each covered insulin product on this tier.</p> <p>\$100 per prescription at a mail order pharmacy for a 30-day supply. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>\$200 per prescription at a mail order pharmacy for up to a 60-day supply. You pay \$70 for a 60-day supply of each covered insulin product on this tier.</p> <p>\$300 per prescription at a mail order pharmacy for up to a 90-day supply. You pay \$105 for a 90-day supply of each covered insulin product on this tier.</p> <p><b>Drug Tier 5:</b> 33% per prescription at a retail or mail order pharmacy for a 30-day supply.</p>

Cost	2023 (this year)	2024 (next year)
	<p>60-day and 90-day supplies are not covered for drugs on Tier 5.</p> <p><b>Drug Tier 6:</b> \$0 per Tier 6 vaccine.</p> <p>Not applicable at Mail Order.</p> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays most of the cost for your covered drugs.</li> <li>• For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called <b>coinsurance</b>), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs.). You pay \$0 for covered Tier 6 Vaccines and no more than \$35 for a one-month (30-day) supply of covered insulin drugs.</li> </ul>	<p>60-day and 90-day supplies are not covered for drugs on Tier 5.</p> <p><b>Drug Tier 6:</b> \$0 per Tier 6 vaccine.</p> <p>Not applicable at Mail Order.</p> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit. You pay nothing.</li> </ul>

**SECTION 1 Changes to Benefits and Costs for Next Year**

**Section 1.1 – Changes to the Monthly Premium**

Cost	2023 (this year)	2024 (next year)
<p><b>Monthly premium</b></p> <p>There is no change to the plan premium for the upcoming benefit year.</p> <p>(You must also continue to pay your Medicare Part B premium.)</p>	\$0	\$0

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

**Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts**

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
<p><b>In-network maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	\$6,700	<p>\$5,600</p> <p>Once you have paid \$5,600 out-of-pocket for covered services, you will pay nothing for your covered services from network providers for the rest of the calendar year.</p>

Cost	2023 (this year)	2024 (next year)
<p><b>Combined maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.</p>	<p>\$10,000</p>	<p>\$9,550</p> <p>Once you have paid \$9,550 out-of-pocket for covered services, you will pay nothing for your covered services from network or out-of-network providers for the rest of the calendar year.</p>

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### Section 1.3 – Changes to the Provider and Pharmacy Networks

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Updated directories are located on our website at [www.thpmp.org](http://www.thpmp.org). You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers and pharmacies for next year. **Please review the 2024 Provider and Pharmacy Directory to see if your providers (primary care provider, specialists, hospitals, pharmacies, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

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### Section 1.4 – Changes to Benefits and Costs for Medical Services

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We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
<p><b>Acupuncture for chronic low back pain</b></p>	<p><b><u>In-Network:</u></b>                      You pay \$20 per visit for Medicare-covered acupuncture services and services provided by a licensed acupuncturist for chronic low back pain.</p> <p><b><u>Out-of-Network:</u></b>                      You pay \$65 per visit for Medicare-covered acupuncture services and services provided by a licensed acupuncturist for chronic low back pain.</p>	<p><b><u>In-Network:</u></b>                      You pay \$20 per visit for Medicare-covered acupuncture services and services provided by a licensed acupuncturist for chronic low back pain.</p> <p><b><u>Out-of-Network:</u></b>                      You pay \$45 per visit for Medicare-covered acupuncture services and services provided by a licensed acupuncturist for chronic low back pain.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p><b>Chiropractic services - Manual Manipulation of the Spine to Correct Subluxation</b></p>	<p><b><u>In-Network:</u></b>                      You pay \$20 for each Medicare-covered visit.</p> <p><b><u>Out-of-Network:</u></b>                      You pay 40% coinsurance for each Medicare-covered visit.</p>	<p><b><u>In-Network:</u></b>                      You pay \$15 for each Medicare-covered visit.</p> <p><b><u>Out-of-Network:</u></b>                      You pay 40% coinsurance for each Medicare-covered visit.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>

Cost	2023 (this year)	2024 (next year)
<b>Chiropractic services - initial evaluation</b>	<p><b><u>In-Network:</u></b> You pay \$20 for the initial chiropractic evaluation covered once a calendar year.</p> <p><b><u>Out-of-Network:</u></b> You pay 40% coinsurance for the initial chiropractic evaluation covered once a calendar year.</p>	<p><b><u>In-Network:</u></b> You pay \$15 for the initial chiropractic evaluation covered once a calendar year.</p> <p><b><u>Out-of-Network:</u></b> You pay 40% coinsurance for the initial chiropractic evaluation covered once a calendar year.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<b>Dental (Medicare covered)</b>	<p><b><u>In-Network:</u></b> You pay \$45 per visit for Medicare-covered dental services.</p> <p><b><u>Out-of-Network:</u></b> You pay \$65 per visit for Medicare-covered dental services.</p>	<p><b><u>In-Network:</u></b> You pay \$45 per visit for Medicare-covered dental services.</p> <p><b><u>Out-of-Network:</u></b> You pay \$45 per visit for Medicare-covered dental services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<b>Tufts Medicare Preferred Dental Plan</b>	<p><b><u>In-Network and Out-of-Network:</u></b> Your plan automatically includes coverage for supplemental dental services not covered by Original Medicare, including Class 1 Diagnostic</p>	<p><b><u>In-Network and Out-of-Network:</u></b> Tufts Medicare Preferred Dental Plan is not covered.</p> <p>Embedded dental benefit is provided via the Flex</p>

Cost	2023 (this year)	2024 (next year)
	<p>and Preventive dental services, Class 2 Basic dental services, and Class 3 Major dental services.</p> <p>Coverage includes:</p> <p>\$1,000 calendar year benefit limit.</p> <p>\$0 Copay for Class 1 services.</p> <p>50% Coinsurance for Class 2 and Class 3 services.</p> <p>The plan is administered by Dominion Dental Services, Inc., which operates under the trade name Dominion National.</p> <p>Services are covered with providers in the Dominion PPO Network. However, a member may choose to receive treatment from a non-participating dentist.</p>	<p>Advantage spending card described below.</p>



Cost	2023 (this year)	2024 (next year)
<p><b>DME - Diabetic supplies and services</b></p>	<p>Covered therapeutic Continuous Glucose Monitors (CGMs) include FreeStyle Libre products.</p>	<p>Covered therapeutic Continuous Glucose Monitors (CGMs) include Dexcom and FreeStyle Libre products that are considered Durable Medical Equipment (DME) by Medicare.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p><b>Flex Advantage spending card for supplemental dental services</b></p>	<p><b><u>In-Network and Out-of-Network:</u></b> Flex Advantage spending card is not offered.</p>	<p><b><u>In-Network and Out-of-Network:</u></b> You will get a prepaid Visa® card to help pay for some of your out-of-pocket costs for certain supplemental dental services not covered by Original Medicare.</p> <p>Your Flex Advantage spending card is loaded with \$1,500 credit at the beginning of the year (January 1) that you can use to pay for covered supplemental dental services at any dentist in the country that accepts Visa®. Unused balance at the end of the calendar year will not carry over to the new year.</p>

Cost	2023 (this year)	2024 (next year)
		<p>Your Flex Advantage spending card is also loaded with your quarterly OTC credit to help you buy Medicare-approved OTC medicines and health-related items at participating retailers and plan-approved online stores.</p> <p>Please refer to <b>SECTION 2 Administrative Changes</b> below for details on how to use the Flex Advantage spending card to access your OTC benefit.</p> <p>Please refer to your <i>Evidence of Coverage</i> and the Flex Advantage spending card package you will receive from the OTC vendor for more details about your dental and OTC benefits and how to use the Flex Advantage card to access them.</p>

Cost	2023 (this year)	2024 (next year)
<p><b>Hearing - Diagnostic Hearing Exam</b></p>	<p><b><u>In-Network:</u></b> You pay \$45 per visit for Medicare-covered diagnostic hearing exam.</p> <p><b><u>Out-of-Network:</u></b> You pay \$65 per visit for Medicare-covered diagnostic hearing exam.</p>	<p><b><u>In-Network:</u></b> You pay \$45 per visit for Medicare-covered diagnostic hearing exam.</p> <p><b><u>Out-of-Network:</u></b> You pay \$45 per visit for Medicare-covered diagnostic hearing exam.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p><b>Hearing - Routine Hearing Exam</b></p>	<p><b><u>In-Network:</u></b> You pay \$0 for an annual routine hearing test.</p> <p><b><u>Out-of-Network:</u></b> You pay \$65 per visit for an annual routine hearing test.</p>	<p><b><u>In-Network:</u></b> You pay \$0 for an annual routine hearing test.</p> <p><b><u>Out-of-Network:</u></b> You pay \$45 per visit for an annual routine hearing test.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>

Cost	2023 (this year)	2024 (next year)
<p><b>Meals Post-Hospitalization/ Rehabilitation</b></p>	<p><b><u>In-Network and Out-of-Network:</u></b> Meals Post-Hospitalization/ Rehabilitation are not covered.</p>	<p><b><u>In-Network and Out-of-Network:</u></b> You pay \$0 for up to 28 home-delivered meals (2 meals per day for 14 days) supplied by plan-approved vendor after a qualifying discharge from hospital or extended care facility. There is no annual limit to the number of discharges after which meals may be provided.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p><b>Medicare Part B prescription drugs</b></p>	<p><b><u>In-Network:</u></b> You pay 20% coinsurance for Medicare Part B chemotherapy prescription drugs.</p> <p>You pay \$35 per month for covered insulin drugs when used in an insulin pump.</p> <p>You pay 20% coinsurance for all other Medicare Part B non-chemotherapy prescription drugs.</p>	<p><b><u>In-Network:</u></b> You pay up to 20% coinsurance for Medicare Part B chemotherapy prescription drugs.</p> <p>You pay \$35 per month for covered insulin drugs when used in an insulin pump.</p> <p>You pay up to 20% coinsurance for all other Medicare Part B non-chemotherapy prescription drugs.</p> <p>Your actual coinsurance rate for</p>

Cost	2023 (this year)	2024 (next year)
	<p><b><u>Out-of-Network:</u></b>                      You pay 40% coinsurance for Medicare Part B chemotherapy prescription drugs.</p> <p>You pay \$35 per month for covered insulin drugs when used in an insulin pump.</p> <p>You pay 40% coinsurance for all other Medicare Part B non-chemotherapy prescription drugs.</p> <p>Part B drugs may be subject to Step Therapy requirements.</p>	<p>each quarter will vary based on adjustment for applicable rebates supplied by Medicare. Your coinsurance will not exceed 20% for all non-insulin Medicare Part B prescription drugs.</p> <p><b><u>Out-of-Network:</u></b>                      You pay 40% coinsurance for Medicare Part B chemotherapy prescription drugs.</p> <p>You pay \$35 per month for covered insulin drugs when used in an insulin pump.</p> <p>You pay 40% coinsurance for all other Medicare Part B non-chemotherapy prescription drugs.</p> <p>Part B drugs may be subject to Step Therapy requirements.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>

Cost	2023 (this year)	2024 (next year)
<p><b>Medicare Part B Step Therapy Drug Categories</b></p>	<p>Part B Step Therapy Drug Categories:</p> <ul style="list-style-type: none"> <li>• Rare Diseases</li> <li>• Autoimmune</li> <li>• Iron preparations, Parenteral</li> <li>• Oncology</li> <li>• Oncology, Supportive</li> <li>• Retinal Disorders</li> <li>• Triamcinolone Acetonide Injection</li> <li>• Viscosupplements</li> </ul>	<p>Part B Step Therapy Drug Categories:</p> <ul style="list-style-type: none"> <li>• Rare Diseases</li> <li>• Autoimmune</li> <li>• Iron preparations, Parenteral</li> <li>• Oncology</li> <li>• Oncology, Supportive</li> <li>• Retinal Disorders</li> <li>• Triamcinolone Acetonide Injection</li> <li>• Viscosupplements</li> <li>• Botulinum Toxins</li> <li>• Endocrine Disorders</li> </ul> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p><b>Office visits</b></p>	<p><b><u>In-Network:</u></b>                      You pay \$0 for each covered visit with your PCP or other primary care provider, including follow up visits, INR testing, and palliative care.</p> <p>You pay \$45 for each covered visit with a Specialist.</p>	<p><b><u>In-Network:</u></b>                      You pay \$0 for each covered visit with your PCP or other primary care provider, including follow up visits, INR testing, and palliative care.</p> <p>You pay \$45 for each covered visit with a Specialist.</p>

Cost	2023 (this year)	2024 (next year)
	<p><b><u>Out-of-Network:</u></b>                      You pay \$20 for each covered visit with your PCP or other primary care provider, including follow up visits, INR testing, and palliative care.</p> <p>You pay \$65 for each covered visit with a Specialist.</p>	<p><b><u>Out-of-Network:</u></b>                      You pay \$0 for each covered visit with your PCP or other primary care provider, including follow up visits, INR testing, and palliative care.</p> <p>You pay \$45 for each covered visit with a Specialist.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p><b>Office visits - Additional telehealth services not covered by Medicare</b></p>	<p><b><u>In-Network:</u></b>                      Covered services include:</p> <ul style="list-style-type: none"> <li>• Primary Care Physician Services and Other Health Care Professionals (PAs &amp; NPs)</li> <li>• Physician Specialist Services</li> <li>• Individual or Group Sessions for Mental Health Specialty Services</li> <li>• Individual or Group Sessions for Psychiatric Services</li> <li>• Opioid Treatment Program Services</li> <li>• Observation Services</li> </ul>	<p><b><u>In-Network:</u></b>                      Covered services include:</p> <ul style="list-style-type: none"> <li>• Primary Care Physician Services and Other Health Care Professionals (PAs &amp; NPs)</li> <li>• Physician Specialist Services</li> <li>• Individual or Group Sessions for Mental Health Specialty Services</li> <li>• Individual or Group Sessions for Psychiatric Services</li> <li>• Opioid Treatment Program Services</li> <li>• Observation Services</li> </ul>

Cost	2023 (this year)	2024 (next year)
	<ul style="list-style-type: none"> <li>• Individual or Group Sessions for Outpatient Substance Abuse</li> <li>• Kidney Disease Education Services</li> <li>• Diabetes Self-Management Training</li> <li>• Urgently Needed Services</li> </ul> <p><b><u>Out-of-Network:</u></b> Additional telehealth services not covered.</p>	<ul style="list-style-type: none"> <li>• Individual or Group Sessions for Outpatient Substance Abuse</li> <li>• Kidney Disease Education Services</li> <li>• Diabetes Self-Management Training</li> <li>• Urgently Needed Services</li> <li>• Physical Therapy and Speech-Language Pathology Services</li> </ul> <p><b><u>Out-of-Network:</u></b> Additional telehealth services not covered.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p><b>Podiatry services</b></p>	<p><b><u>In-Network:</u></b> You pay \$45 per visit for Medicare-covered services.</p> <p><b><u>Out-of-Network:</u></b> You pay \$65 per visit for Medicare-covered services.</p>	<p><b><u>In-Network:</u></b> You pay \$45 per visit for Medicare-covered services.</p> <p><b><u>Out-of-Network:</u></b> You pay \$45 per visit for Medicare-covered services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>



Cost	2023 (this year)	2024 (next year)
<p><b>Pulmonary rehabilitation services</b></p>	<p><b><u>In-Network:</u></b> You pay \$20 per visit for Medicare-covered services.</p> <p><b><u>Out-of-Network:</u></b> You pay 40% coinsurance for Medicare-covered services.</p>	<p><b><u>In-Network:</u></b> You pay \$15 per visit for Medicare-covered services.</p> <p><b><u>Out-of-Network:</u></b> You pay 40% coinsurance for Medicare-covered services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p><b>Remote Patient Monitoring (RPM)</b></p>	<p><b><u>In-Network:</u></b> You pay applicable copay for remote patient monitoring services rendered by your PCP or Specialist.</p> <p><b><u>Out-of-Network:</u></b> Remote patient monitoring is not covered.</p>	<p><b><u>In-Network:</u></b> You pay \$0 for remote patient monitoring services rendered by your PCP or Specialist.</p> <p><b><u>Out-of-Network:</u></b> Remote patient monitoring is not covered out-of-network.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p><b>Special Supplemental Benefit for the Chronically Ill (SSBCI)</b></p>	<p><b><u>In-Network and Out-of-Network:</u></b> Special Supplemental Benefit for the Chronically Ill (SSBCI) is not covered.</p>	<p><b><u>In-Network and Out-of-Network:</u></b> Covered for members diagnosed with one or more of the following: heart failure, COPD, diabetes, dementia,</p>

Cost	2023 (this year)	2024 (next year)
		<p>ESRD, and stroke. Participation in Tufts Medicare Preferred Care Management program is required and Care Managers will refer eligible members for eligible services.</p> <p>Covered services:</p> <p>\$0 copay for non-emergency medical transportation by plan-approved vendor to doctor appointments and other approved locations.</p> <p>20% coinsurance for covered pulse oximeter supplied by plan-approved DME vendor.</p> <p>Trip limits and quantity limits apply to non-emergency transportation and Pulse Oximeter, respectively.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>

Cost	2023 (this year)	2024 (next year)
<p><b>Urgently needed care</b></p>	<p><b><u>In-Network and Out-of-Network:</u></b>                      You pay \$45 for each Medicare-covered urgent care facility visit.</p>	<p><b><u>In-Network and Out-of-Network:</u></b>                      You pay \$45 for each Medicare-covered urgent care visit.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p><b>Vision - Diabetic retinopathy</b></p>	<p><b><u>In-Network:</u></b>                      You pay \$0 for an annual diabetic retinopathy screening by an optometrist and \$45 when the screening is performed by a specialist.</p> <p><b><u>Out-of-Network:</u></b>                      You pay \$20 for an annual diabetic retinopathy screening by an optometrist and \$65 when the screening is performed by a specialist.</p>	<p><b><u>In-Network:</u></b>                      You pay \$0 for an annual diabetic retinopathy screening by an optometrist and \$45 when the screening is performed by a specialist.</p> <p><b><u>Out-of-Network:</u></b>                      You pay \$0 for an annual diabetic retinopathy screening by an optometrist and \$45 when the screening is performed by a specialist.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>

Cost	2023 (this year)	2024 (next year)
<p><b>Vision - Diagnostic eye exam</b></p>	<p><b><u>In-Network:</u></b>                      You pay \$45 for each Medicare-covered outpatient visit to a network provider or an optometrist in the EyeMed Vision Care network for services to diagnose and/or treat a disease or condition of the eye.</p> <p><b><u>Out-of-Network:</u></b>                      You pay \$65 for each Medicare-covered outpatient visit for services to diagnose and/or treat a disease or condition of the eye.</p>	<p><b><u>In-Network:</u></b>                      You pay \$45 for each Medicare-covered outpatient visit to a network provider or an optometrist in the EyeMed Vision Care network for services to diagnose and/or treat a disease or condition of the eye.</p> <p><b><u>Out-of-Network:</u></b>                      You pay \$45 for each Medicare-covered outpatient visit for services to diagnose and/or treat a disease or condition of the eye.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p><b>Vision - Glaucoma screening</b></p>	<p><b><u>In-Network:</u></b>                      You pay \$0 for an annual glaucoma screening by a provider in the EyeMed Vision Care network if you are at high risk. If you receive this service as part of an office visit that addresses a medical condition, you pay a \$45 specialist office visit copayment.</p>	<p><b><u>In-Network:</u></b>                      You pay \$0 for an annual glaucoma screening by a provider in the EyeMed Vision Care network if you are at high risk. If you receive this service as part of an office visit that addresses a medical condition, you pay a \$45 specialist office visit copayment.</p>

Cost	2023 (this year)	2024 (next year)
	<p><b><u>Out-of-Network:</u></b>                      You pay \$65 per visit for an annual glaucoma screening if you are at high risk.</p>	<p><b><u>Out-of-Network:</u></b>                      You pay \$45 per visit for an annual glaucoma screening if you are at high risk.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p><b>Vision - Routine eye exam</b></p>	<p><b><u>In-Network:</u></b>                      You pay \$0 for one annual routine eye exam when rendered by a provider in the EyeMed Vision Care network. If you receive services that address a medical condition during the same office visit, you pay a \$45 specialist office visit copayment.</p> <p><b><u>Out-of-Network:</u></b>                      You pay \$65 for one annual routine eye exam when rendered by a U.S. provider who is not part of the EyeMed Vision Care network.</p>	<p><b><u>In-Network:</u></b>                      You pay \$0 for one annual routine eye exam when rendered by a provider in the EyeMed Vision Care network. If you receive services that address a medical condition during the same office visit, you pay a \$45 specialist office visit copayment.</p> <p><b><u>Out-of-Network:</u></b>                      You pay \$45 for one annual routine eye exam when rendered by a U.S. provider who is not part of the EyeMed Vision Care network.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>

Cost	2023 (this year)	2024 (next year)
<p><b>Vision - Therapeutic eyewear (Medicare covered &amp; Supplemental coverage)</b></p>	<p><b><u>In-Network:</u></b>                      You pay \$0 for one pair of standard eyeglasses with standard frames or contact lenses for Keratoconus, Anisometropia, High Myopia, Aphakia, Congenital Aphakia, or Pseudoaphakia when obtained from a provider in the EyeMed Vision Care network. You will pay any cost over the allowed charge.</p> <p><b><u>Out-of-Network:</u></b>                      You pay \$65 for one pair of standard eyeglasses with standard frames or contact lenses for Keratoconus, Anisometropia, High Myopia, Aphakia, Congenital Aphakia, or Pseudoaphakia when obtained from a U.S. provider who is not part of the EyeMed Vision Care network. You will pay any cost over the allowed charge.</p>	<p><b><u>In-Network:</u></b>                      You pay \$0 for one pair of standard eyeglasses with standard frames or contact lenses for Keratoconus, Anisometropia, High Myopia, Aphakia, Congenital Aphakia, or Pseudoaphakia when obtained from a provider in the EyeMed Vision Care network. You will pay any cost over the allowed charge.</p> <p><b><u>Out-of-Network:</u></b>                      You pay \$45 for one pair of standard eyeglasses with standard frames or contact lenses for Keratoconus, Anisometropia, High Myopia, Aphakia, Congenital Aphakia, or Pseudoaphakia when obtained from a U.S. provider who is not part of the EyeMed Vision Care network. You will pay any cost over the allowed charge.</p> <p>Coverage for contact lenses includes fitting and follow up after insertion of the contact lenses,</p>

Cost	2023 (this year)	2024 (next year)
		subject to some limitations.  Please refer to your <i>Evidence of Coverage</i> for more information.
<b>Weight Management Programs</b>	The Plan will cover up to \$150 per calendar year in program fees for weight loss programs such as WeightWatchers, Jenny Craig, or a hospital-based weight loss program. This benefit does not cover costs for pre-packaged meals/ foods, books, videos, scales, or other items or supplies.	The Plan will cover up to \$150 per calendar year in program fees for weight loss programs such as WeightWatchers, or a hospital-based weight loss program. This benefit does not cover costs for pre-packaged meals/ foods, books, videos, scales, or other items or supplies.  Please refer to your <i>Evidence of Coverage</i> for more information.

## Section 1.5 – Changes to Part D Prescription Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our “Drug List” is provided electronically.

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

In 2024, certain Medicare-excluded drugs are covered under our enhanced drug coverage. Covered drugs include select erectile dysfunction (ED) drugs, vitamins and minerals, and cough/cold products. Tier 1 or Tier 2 copays apply depending on the drug.

Most of the changes in the “Drug List” are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

### Changes to Prescription Drug Costs

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the Low Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and didn’t receive this insert with this packet, please call Member Services and ask for the LIS Rider.

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)



**Changes to the Deductible Stage**

<b>Stage</b>	<b>2023 (this year)</b>	<b>2024 (next year)</b>
<p><b>Stage 1: Yearly Deductible Stage</b></p>	<p>The deductible is \$150.</p> <p>During this stage, you pay preferred cost-sharing of \$0 or standard cost-sharing of \$14 for a 30-day supply of drugs on Tier 1; and preferred cost-sharing of \$4 or standard cost-sharing of \$19 for a 30-day supply of drugs on Tier 2; and the full cost of drugs on Tier 3, Tier 4, and Tier 5 until you have reached the yearly deductible. The deductible does not apply to covered insulin products and most adult Part D vaccines.</p>	<p>Because we have no deductible, this payment stage does not apply to you.</p>

### Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our “Drug List”. To see if your drugs will be in a different tier, look them up on the “Drug List”.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p> <p>In 2024, Tier 1 and Tier 2 drugs will include enhanced coverage of certain drugs such as select erectile dysfunction (ED) drugs, vitamins and minerals, and cough/cold products.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p><b>Tier 1:</b> <i>Preferred cost-sharing:</i> You pay \$0 per prescription.</p> <p><i>Standard cost-sharing:</i> You pay \$14 per prescription.</p> <p><b>Tier 2:</b> <i>Preferred cost-sharing:</i> You pay \$4 per prescription.</p> <p><i>Standard cost-sharing:</i> You pay \$19 per prescription.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p><b>Tier 1:</b> <i>Preferred cost-sharing:</i> You pay \$0 per prescription.</p> <p><i>Standard cost-sharing:</i> You pay \$14 per prescription.</p> <p><b>Tier 2:</b> <i>Preferred cost-sharing:</i> You pay \$4 per prescription.</p> <p><i>Standard cost-sharing:</i> You pay \$19 per prescription.</p>

Stage	2023 (this year)	2024 (next year)
	<p><b>Tier 3:</b> <i>Preferred cost-sharing:</i> You pay \$47 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Standard cost-sharing:</i> You pay \$47 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Tier 4:</b> <i>Preferred cost-sharing:</i> You pay \$100 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Standard cost-sharing:</i> You pay \$100 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p><b>Tier 3:</b> <i>Preferred cost-sharing:</i> You pay \$47 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Standard cost-sharing:</i> You pay \$47 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Tier 4:</b> <i>Preferred cost-sharing:</i> You pay \$100 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Standard cost-sharing:</i> You pay \$100 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p>

Stage	2023 (this year)	2024 (next year)
	<p><b>Tier 5:</b> <i>Preferred cost-sharing:</i> You pay 30% of the total cost.</p> <p><i>Standard cost-sharing:</i> You pay 30% of the total cost.</p> <p><b>Tier 6:</b> <i>Preferred cost-sharing:</i> You pay \$0 for all Tier 6 vaccines.</p> <p><i>Standard cost-sharing:</i> You pay \$0 for all Tier 6 vaccines.</p> <hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>	<p><b>Tier 5:</b> <i>Preferred cost-sharing:</i> You pay 33% of the total cost.</p> <p><i>Standard cost-sharing:</i> You pay 33% of the total cost.</p> <p><b>Tier 6:</b> <i>Preferred cost-sharing:</i> You pay \$0 for all Tier 6 vaccines.</p> <p><i>Standard cost-sharing:</i> You pay \$0 for all Tier 6 vaccines.</p> <hr/> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>

**Changes to the Coverage Gap and Catastrophic Coverage Stages**

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

**Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.**

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

**SECTION 2 Administrative Changes**

Description	2023 (this year)	2024 (next year)
<p><b>Over-the-counter (OTC) access</b></p>	<p><b>Your OTC card can be used to purchase eligible items at plan-approved online stores only.</b></p> <p><b>In stores:</b> Your OTC card cannot be used to purchase eligible OTC items at physical retailers.</p> <p><b>Online:</b> <b>Medline</b> - Go to <a href="https://thpmp.org/order-OTC">thpmp.org/order-OTC</a>, and log in using the number listed on your OTC card and your nine-digit Tufts Health Plan member ID number. You will be taken to the Medline site where you can purchase eligible items. Eligible items purchased at Medline</p>	<p><b>Your new Flex Advantage spending card can be used to purchase eligible items at participating physical retailers and plan-approved online stores.</b></p> <p><b>In stores:</b> Swipe your Flex Advantage spending card at participating physical retailers including CVS, Walmart, Walgreens, Dollar General, Rite Aid, Stop &amp; Shop, and more. The cost of eligible items will automatically be deducted from your available balance.</p> <p><b>Online:</b> Go to <a href="https://thpmp.org/mybenefitscenter">thpmp.org/mybenefitscenter</a>, log in using the number listed on your Flex Advantage spending card and your nine-digit Tufts Health Plan member ID number, select “Locations” at the top of the homepage, then select “Online” on the left panel to see links to <b>Medline</b> and</p>

Description	2023 (this year)	2024 (next year)
	<p>will be delivered with no additional shipping fees within 2-5 business days after the order is received.</p> <p><b>Walmart.com</b> - Order your items online at <a href="https://www.walmart.com">Walmart.com</a>. At checkout, select pay with card and enter your OTC card number. Shipping fees apply and are not covered. To avoid shipping fees, choose in-store pickup.</p> <p><b>By phone (Medline):</b> Call <b>1-833-569-2168</b> Mon–Fri, 8 a.m.–7 p.m., and a Medline representative will take your order. Orders will be delivered with no additional shipping fees within 2-5 business days after the order is received.</p>	<p><a href="https://www.walmart.com">Walmart.com</a>. Click on the link for the site where you will like to shop to take you to that site. Shop at each site as you currently do. Additional shipping fees may apply to purchases at Walmart.com.</p> <p><b>By phone (Medline):</b> Call <b>1-833-569-2168</b> Mon–Fri, 8 a.m.–7 p.m., and a Medline representative will take your order. OTC items ordered online or by phone from Medline will be delivered with no additional shipping fees within 2-5 business days after the order is received.</p> <p>Please refer to your <i>Evidence of Coverage</i> and the Flex Advantage spending card package you will receive from the OTC vendor for</p>

Description	2023 (this year)	2024 (next year)
		more details about your dental and OTC benefits and how to use the Flex Advantage card to access them.

**SECTION 3 Deciding Which Plan to Choose**

**Section 3.1 – If you want to stay in Tufts Medicare Preferred Access**

**To stay in our plan, you don’t need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Tufts Medicare Preferred Access plan.

**Section 3.2 – If you want to change plans**

We hope to keep you as a member next year, but if you want to change plans for 2024 follow these steps:

**Step 1: Learn about and compare your choices**

- You can join a different Medicare health plan,
- *OR--* You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a reminder, Tufts Health Plan offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

**Step 2: Change your coverage**

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Tufts Medicare Preferred Access.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Tufts Medicare Preferred Access.

- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
  - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage Plan for January 1, 2024, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## SECTION 5 Programs That Offer Free Counseling About Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Massachusetts, the SHIP is called SHINE (Serving the Health Insurance Needs of Everyone).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHINE counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHINE at 1-800-243-4636 (TTY: 1-800-439-2370). You can learn more about SHINE by visiting their website ([www.mass.gov/health-insurance-counseling](http://www.mass.gov/health-insurance-counseling)).



## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday, for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office (applications).
- **Help from your state's pharmaceutical assistance program.** Massachusetts has a program called Prescription Advantage that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Massachusetts HIV Drug Assistance Program (HDAP) at 1-617-502-1700. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Massachusetts HDAP at 1-617-502-1700.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from Tufts Medicare Preferred Access

Questions? We're here to help. Please call Member Services at 1-866-623-0172. (TTY only, call 711). We are available for phone calls from 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday - Friday from April 1 to September 30. Calls to these numbers are free.

## **Read your 2024 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the 2024 *Evidence of Coverage* for Tufts Medicare Preferred Access. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [www.thpmp.org](http://www.thpmp.org). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

## **Visit our Website**

You can also visit our website at [www.thpmp.org](http://www.thpmp.org). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/“Drug List”)*.

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## **Section 7.2 – Getting Help from Medicare**

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To get information directly from Medicare:

### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

### **Read Medicare & You 2024**

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-701-9000 (HMO)/1-866-623-0172 (PPO)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-701-9000 (HMO)/1-866-623-0172 (PPO)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-701-9000 (HMO)/1-866-623-0172 (PPO)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، سيقوم شخص ما يتحدث العربية **1-800-701-9000 (HMO)/1-866-623-0172 (PPO)** ليس عليك سوى الاتصال بنا على بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Português:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-701-9000 (HMO)/1-866-623-0172 (PPO)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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