

well!

Tufts Medicare Advantage
HMO and PPO plans

Fall 2024

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Did you know?

- Our Medicare Advantage HMO plan is the largest in Massachusetts
- 97% of members choose to stay with us year after year
- We're part of your community—located in Massachusetts

Recommend us to a friend!

Don't keep it a secret! Tell your friends to call today to learn more about joining.



1-800-594-7739
(TTY: 711)

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.

 **thpmp.org**



Email us:

TuftsHealthPlanMemberExperience@point32health.org



Or call Member Services

HMO members: **1-800-701-9000 (TTY: 711)**

PPO members: **1-866-623-0172 (TTY: 711)**

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Get even **more** from your membership!

Get the most out of your plan with a secure online account on our website:

24/7 online access—Check your claims and referrals anytime

Secure payments—Easily pay your monthly premium

Sign up for eDelivery—Get certain documents electronically instead of by mail

Creating a secure account only takes a few minutes. Sign up today!

thpmp.org/registration

Technology issues holding you back?



Using a computer, smart phone, or other digital device to access health information is now a common part of many people's health care process. But if issues with technology are holding you back, Community Health Workers (CHW) can help you increase your digital literacy to make it easier to use digital tools to access care.

WE CAN HELP



You don't have to take any action to continue your plan in 2025

We're thrilled to have you as a member of Tufts Health Plan. Your coverage will automatically continue in 2025. You don't have to do anything or notify us to continue your plan—we've got you covered in 2025!

If your health care needs have changed and you want to review our other plan options, just give us a call at **1-800-701-9000** (HMO)/**1-866-623-0172** (PPO) (**TTY: 711**).

1

Do you or any member of your household have access to the internet using a phone or home computer?

Yes
 No

2

Can you use applications/programs (like Zoom) on your cell phone, computer, or another electronic device without asking for help from someone else?

Yes
 No

3

Can you set up a video chat using your cell phone, computer, or another electronic device without asking for help from someone else?

Yes
 No

4

Can you resolve basic technical issues on your own?

Yes
 No

5

Can you read and understand materials from providers on your own?

Yes
 No

If you answered "No" to any of these questions, a Community Health Worker can help you with issues related to technology and digital literacy.

Community Health Workers provide hands-on, virtual, and telephonic support to ensure you have access to the social resources, digital tools, and health care services you need to get and stay healthy.

How can you work with a Community Health Worker?

All Tufts Health Plan members have access to our Care Management team—which is made up of health care experts, including CHWs.

There is no cost to you to work with the Care Management team. Your team works collaboratively to coordinate your care, and manage your health and social concerns.

To learn more, or to work with a CHW, call Member Services.

To learn more about your Care Management team, visit our website at thpmp.org/care-management-team.



Which vaccines do you need this fall?

COVID-19 vaccine

COVID-19 cases and hospitalizations are again on the rise, and there are new variants not covered by older vaccines. If you are over 65 or are immunocompromised, and you have not received the booster for new strains in the past 4 months, this vaccine is recommended. You can schedule your COVID-19 vaccine during the same visit as your flu shot.

Flu shot

Adults age 65 or older are at higher risk for serious complications if they get the flu. Even among healthy older people, the flu can result in heart attacks, strokes, pneumonia, and other serious illnesses.

Where can you get your vaccines?

You have a \$0 copay for a flu shot and COVID-19 vaccine. Call your doctor to schedule an appointment (an office visit copay may apply). If your doctor is unable to schedule your vaccines before the end of the year, we will cover vaccines given at certain retail clinics including:

- Any pharmacy in the Tufts Health Plan Medicare Advantage national network that can administer the vaccine.
- MinuteClinics within CVS Pharmacy locations in Massachusetts.
- Town or school clinics—confirm the location accepts Tufts Health Plan.
- If you receive home health services, you can receive the flu or COVID-19 vaccine in your home.
- If you get a vaccine anywhere other than your primary care physician's (PCP's) office, remember to let your PCP know.

Take advantage of **GREAT SAVINGS** in 2025

Make sure to take advantage of all the great benefits, savings, and discounts your plan offers in 2025.



Increased OTC benefit (Smart Saver Rx, Saver Rx, and Access PPO members)

Use your increased Over the Counter (OTC) amount to purchase health related items such as , first aid items, toothbrushes, and more.¹

- **Smart Saver Rx members:** \$140 each quarter
- **Saver Rx members:** \$160 each quarter
- **Access PPO members:** \$130 each quarter



Increased eyewear benefit includes upgrades.

You can get up to \$150 (\$250 for Access PPO, Saver Rx, and Smart Saver Rx members) toward the full retail price (not sale price) for eyeglasses, prescription lenses, frames, and/or contact lenses from a provider in the EyeMed Vision Care Network (includes more than 26,000 eye care providers, including national chains such as LensCrafters®, Pearle Vision®, and Target® Optical).² Plus, use your eyewear allowance to purchase upgrades (i.e., non-standard frames and/or lenses) for Medicare-covered and/or therapeutic eyewear as well as routine/corrective eyewear.



Enhanced Wellness Allowance

You can get up to \$150 (\$300 for Saver Rx members, \$175 for Smart Saver Rx members, and \$185 for Access PPO members) each calendar year for fees

you pay for membership in a qualified health or fitness club, wellness programs, and new additional items like fitness tracking devices, heart rate monitors, and much more.³ See Chapter 4 of your Evidence of Coverage for details.

\$0 health screenings

Getting regular screenings is one of the best ways to stay healthy. Take advantage of a \$0 in-network copay for many screenings including cancer, cholesterol, glaucoma, and many more.

Use your member-only discounts

Save on a variety of programs and services that help you lead a healthy lifestyle, including discounts on yoga classes from home, massage therapy, acupuncture, and more.⁴ For a complete list of discounts, go to thpmp.org/extras.

Save up to \$196 on prescription drug costs with home delivery

If your plan includes prescription drug coverage, you can avoid going to the pharmacy and have prescriptions you take regularly delivered to your door. With OptumRx Home Delivery Pharmacy, you may be able to save up to \$49 for a 90-day supply of prescription medications (depending on the plan you are in and the tier your drug is on). That's a potential savings of up to \$196 a year!⁵ With home delivery, your medications are conveniently mailed to your home. To sign up, call OptumRx at **1-800-299-7648** (HMO)/**1-800-460-0322** (PPO).

Dental coverage that covers more (HMO plans)⁶

Depending on the plan you are in, you may have the opportunity to either add dental coverage or enhance the dental coverage that comes with your plan for an additional premium.

Saver, Basic, and Value plans—Include a \$1,000 supplemental dental benefit that covers preventive and basic services. Plus, for an additional monthly premium of \$37, you can upgrade to the Tufts Medicare Preferred Dental Option to enhance the included dental coverage by reducing cost share on basic services and adding coverage for major services.⁷

Prime and Prime Rx Plus plans—Do not include supplemental dental coverage, but you may add \$1,000 of dental coverage for preventive, basic, and major dental services for an additional \$36.50 monthly premium.

Smart Saver Rx plan—Includes \$2,500 of supplemental dental coverage for preventive, basic, and major dental services.

Members of Saver, Basic, Value, and Prime plans can sign up for the Tufts Medicare Preferred Dental Option:

- Sign up by December 7, 2024, for a January 1, 2025, effective date, or;
- Sign up by January 31, 2025, for a February 1, 2025, effective date.

Just fill out the *HMO Dental Option Enrollment Form* on our website. If you signed up for the Dental Option in 2024, your coverage will automatically renew. For complete coverage details, see your Evidence of Coverage (EOC) available at thpmp.org/documents. To find a dentist, go to thpmp.org/dentist.

The Tufts Medicare Preferred Dental Option is not available if you receive your benefits from a current or former employer.

Dental coverage with freedom to see any dentist (Access PPO plan)⁸

Includes \$1,500 of dental coverage with a Visa® Flex Advantage spending card that provides you more freedom to get the dental services you need. With the Flex Advantage spending card, you can see any dentist in the country who accepts Visa®—no network or restrictions to worry about.



Did you know we have \$0 monthly premium plans?

Each year at this time, we want to make sure you are in the plan that's right for you. While most of our members stay in their current plan each year, if your health or financial needs have changed, one of our other plans may be a better fit for you. We have HMO plans and a PPO plan option with monthly premiums as low as \$0. We also offer Medicare Supplement plans.

Call Member Services at **1-800-701-9000** (HMO)/**1-866-623-0172** (PPO) for your plan checkup—we can help you review your options and answer any questions you have.

HMO plans dental network reminder



For medical coverage—use the HMO network of providers. To view the list of participating providers in our HMO network go to thpmp.org.



For dental coverage—use the Dominion PPO network of providers. To view the list of participating dentists in the Dominion PPO Network, go to thpmp.org/dentist.



Please note: Not all plan benefit information described is the same for Employer Group plans.

What does the

INFLATION REDUCTION ACT

mean for you in 2025?

The Inflation Reduction Act (passed by Congress in 2022) requires all Medicare Advantage plans (not just Tufts Health Plan) to make changes to Medicare drug benefits across multiple years. In 2025, these changes include the removal of the coverage gap (or "Donut Hole"), a lower maximum out of pocket limit, and a new program that allows you to pay large drug costs in monthly installments during the year.

These changes will not impact all members in the same way, as it depends on which drugs you currently take. We know changes to your plan can be stressful, and we are here to answer any questions you have and provide the information you need to get the most out of your prescription drug coverage.



WHAT ARE THE PRESCRIPTION DRUG PLAN CHANGES?

The prescription drug changes listed below will begin on January 1, 2025.

Lower maximum out-of-pocket

This is good news. The 2025 maximum out of pocket amount will be lowered to \$2,000. This means \$2,000 is the most you will pay for all of your prescription drugs in 2025 before entering the Catastrophic Stage, where Tufts Health Plan pays your prescription drug costs and you pay \$0 for prescription drugs.

Option to pay in installments

This is also good news for members who use very high-cost medications early in the year where the high out-of-pocket expense may be difficult to afford all at once. The Medicare Prescription Payment Plan gives you the ability to pay for prescription drugs in installments during the year instead of paying all at once. For example, if you go to the pharmacy in January and your prescription has a \$600 copayment, you can enroll in the Medicare Prescription Payment Plan to pay nothing at pickup and instead receive a bill from Tufts Health Plan each month (Jan-Dec) for a smaller amount to pay for it over time. There is no interest or financing charges for participating in this program. The Medicare Prescription Payment Plan can help by breaking a large prescription drug cost into monthly payments, but it does not lower the total cost of the drug.

No Coverage Gap (Donut Hole)

In 2025, there will be no Coverage Gap Stage in your prescription drug coverage. If your prescription drug costs reach \$2,000, you move to the Catastrophic Coverage Stage where Tufts Health Plan pays your prescription drug costs and you pay \$0 for prescription drugs for the remainder of the year.

Cost changes on higher-cost drugs

Some higher-cost drugs that have a fixed copay will be changing to a coinsurance payment, which means you pay a percentage of the actual cost of the drug instead of a fixed copayment. The percentage you pay depends on the plan you are in and what type of drug it is. For some members, the coinsurance amount will be a similar or lower cost to the current copay amount. But the change to a coinsurance payment will mean some members' costs at the pharmacy counter will be higher than the current copay amount. In addition, since the actual cost of a drug that the pharmacy buys from the manufacturer can change from month to month, the cost to you at the pharmacy counter may change slightly from one fill to the next, as opposed to copays where the cost is fixed.

- Most generic drugs will continue to have low copays that range from \$0-\$8 per 30-day fill at a preferred retail pharmacy depending on the plan and the drug.
- If your drugs have high costs next year under the new cost share structure, the \$2,000 maximum out of pocket and the Medicare Prescription Payment Plan may help make your drugs more affordable. The lower maximum out of pocket will protect you from spending more than \$2,000 during the year, and the Medicare Prescription Payment Plan can be used to spread payments across multiple months during the year.

Formulary changes

Our formulary is the list of drugs we cover. Several changes will be made to the formulary in 2025. These changes will cause some drugs to move to a lower tier and have a lower cost share, some drugs to have higher cost shares, and some drugs to no longer be covered. For drugs that will no longer be covered, the federal government requires that an alternative medication is available.

If you have questions, we're here to help

See our website for additional details on these changes at thpmp.org/inflation-reduction-act, including our new formulary and drug pricing tools to estimate the costs of your specific drugs next year. We recommend reviewing your medication list and your anticipated costs for 2025. We want to make sure you understand the changes that are coming so there are no surprises when you go to the pharmacy next year.

Our Member Services team is here to help answer any questions you have about the prescription drug changes.

2025 Benefits Overview

Monthly Premium	HMO Smart Saver Rx	HMO Saver Rx	HMO Basic No Rx ⁹	HMO Basic Rx
Essex, Suffolk	\$0	\$0	\$38	\$58
Hampden, Hampshire	\$0	\$0	Not Offered	\$37
Middlesex, Norfolk, Plymouth, Barnstable, Bristol	\$0	\$0	Not Offered	\$48
Worcester	\$0	\$0	\$30	\$45
The Basics	HMO Smart Saver Rx	HMO Saver Rx	HMO Basic No Rx ⁹	HMO Basic Rx
Medical Deductibles	No medical deductible		No medical deductible	
Annual Out-of-Pocket Maximum¹⁰	\$5,200	\$7,550	\$3,650	
Medical Copays	HMO Smart Saver Rx	HMO Saver Rx	HMO Basic No Rx ⁹	HMO Basic Rx
Doctor Office Visits				
Primary Care Physician	\$0 per visit	\$5 per visit	\$10 per visit	
Specialist	\$40 per visit	\$40 per visit	\$40 per visit	
Telehealth¹¹	Medicare-covered services plus additional telehealth services. \$0 copay for e-visits, virtual check-ins, and remote patient monitoring; for all other telehealth visits, copay is the same as corresponding in-person visit copay.			
Preventive Care				
Annual Physical	\$0 per visit	\$0 per visit	\$0 per visit	
Cancer Screening (Colorectal, Prostate, Breast)	\$0 per service	\$0 per service	\$0 per service	
Vision and Hearing				
Annual Routine Vision Exam	\$15	\$15	\$15	
Annual Eyewear Benefit	\$250 per year toward eyewear at an EyeMed Vision Care participating provider or \$150 reimbursement per year at non-participating providers.		\$150 per year toward eyewear at an EyeMed Vision Care participating provider or \$90 reimbursement per year at non-participating providers.	
Annual Routine Hearing Exam	\$0	\$0	\$0	
Hearing Aids	Up to 2 aids per year, 1 per ear. \$250 Standard level, \$475 Superior level, \$650 Advanced level, \$850 Advanced Plus level, \$1,150 Premier level. Through Hearing Care Solutions.			
Outpatient and Lab Services				
Outpatient Services/Surgery	Colonoscopies: \$0; Other services (ASC): \$270 per day Other services (Non-ASC): \$370 per day		Colonoscopies: \$0; Other Services (ASC): \$170 per day; Other Services (non-ASC): \$270 per day	
Rehabilitation Therapy¹²	\$30 per visit	\$30 per visit	\$30 per visit	
Mental Health and Substance Use Disorder Services	\$25 per visit	\$25 per visit	\$25 per visit	
Outpatient Diagnostic Labs	\$0	\$0	\$0	
Diagnostic Radiology Services	\$140 per day (\$100 for ultrasound)	\$140 per day (\$100 for ultrasound)	\$250 per day (\$100 for ultrasound)	
Outpatient Hospital Observation	\$370 per stay	\$370 per stay	\$270 per stay	

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

HMO Value No Rx ⁹	HMO Value Rx	HMO Prime No Rx ⁹	HMO Prime Rx	HMO Prime Rx Plus ⁹	Access PPO ⁹
\$133	\$178	\$166	\$213	\$245	Not offered in Barnstable County. \$0 in all other counties. Out-of-network cost share information is represented in bold and in parentheses.
Not Offered	\$83	Not Offered	\$106	\$122	
\$113	\$156	\$143	\$183	\$217	
\$122	\$163	\$162	\$193	Not Offered	
HMO Value No Rx ⁹	HMO Value Rx	HMO Prime No Rx ⁹	HMO Prime Rx	HMO Prime Rx Plus ⁹	Access PPO ⁹
No medical deductible		No medical deductible			No medical deductible
\$3,650		\$3,650			\$5,400 (\$9,500 in- and out-of-network combined)
HMO Value No Rx ⁹	HMO Value Rx	HMO Prime No Rx ⁹	HMO Prime Rx	HMO Prime Rx Plus ⁹	Access PPO ⁹
Doctor Office Visits					
\$10 per visit		\$10 per visit			\$0 per visit (\$0)
\$25 per visit		\$15 per visit			\$40 per visit (\$40)
Medicare-covered services plus additional telehealth services. \$0 copay for e-visits, virtual check-ins, and remote patient monitoring; for all other telehealth visits, copay is the same as corresponding in-person visit copay. Additional telehealth services not covered out-of-network for Access PPO.					
Preventive Care					
\$0 per visit		\$0 per visit			\$0 per visit (\$0)
\$0 per service		\$0 per service			\$0 per service (45% coinsurance; \$0 for prostate cancer screening)
Vision and Hearing					
\$15		\$15			\$0 (\$40)
\$150 per year toward eyewear at an EyeMed Vision Care participating provider or \$90 reimbursement per year at non-participating providers.		\$150 per year toward eyewear at an EyeMed Vision Care participating provider or \$90 reimbursement per year at non-participating providers.			\$250 per year toward eyewear purchased from any provider.
\$0		\$0			\$0 (\$40)
Up to 2 aids per year, 1 per ear. \$250 Standard level, \$475 Superior level, \$650 Advanced level, \$850 Advanced Plus level, \$1,150 Premier level. Through Hearing Care Solutions.					
Outpatient and Lab Services					
Colonoscopies: \$0; Other services: \$150 per day		Colonoscopies: \$0; Other services: \$100 per day		Colonoscopies: \$0; Other services: \$75 per day	Colonoscopies: \$0; Other Services (ASC): \$290 per day; Other Services (non-ASC): \$390 per day (45% coinsurance)
\$20 per visit		\$15 per visit			\$30 per visit (45% coinsurance)
\$20 per visit		\$10 per visit			\$25 per visit (45% coinsurance)
\$0		\$0			\$0 (45% coinsurance)
\$100 per day		20% of cost up to \$75 per day			Ultrasound: \$100 per day; Others: \$140 per day (45% coinsurance)
\$150 per stay		\$100 per stay		\$75 per stay	\$390 per stay (45% coinsurance)

Medical Copays	HMO Smart Saver Rx	HMO Saver Rx	HMO Basic No Rx ⁹	HMO Basic Rx
Emergency Services				
Emergency Room	\$125 per visit	\$110 per visit	\$125 per visit	
Urgent Care	\$50 per visit	\$45 per visit	\$45 per visit	
Ambulance Services	\$350 per one-way trip	\$350 per one-way trip	\$325 per one-way trip	
Inpatient Care				
Inpatient Hospital Coverage	Days 1-5: \$380 per day, \$0 per day after day 5	Days 1-5: \$350 per day, \$0 per day after day 5	Days 1-5: \$275 per day, \$0 per day after day 5	
Additional Benefits	HMO Smart Saver Rx	HMO Saver Rx	HMO Basic No Rx ⁹	HMO Basic Rx
Wellness Allowance³	\$175 per year toward health clubs, fitness classes, nutritional counseling, wellness programs, alternative therapies, massage therapy, fitness tracking devices and heart rate monitors, and additional types of fitness clubs and classes.	\$300 per year toward health clubs, fitness classes, nutritional counseling, wellness programs, alternative therapies, massage therapy, fitness tracking devices and heart rate monitors, and additional types of fitness clubs and classes.	\$150 per year toward health clubs, fitness classes, nutritional counseling, wellness programs, alternative therapies, massage therapy, fitness tracking devices and heart rate monitors, and additional types of fitness clubs and classes.	
Meals Post Discharge (by Mom's Meals)	\$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.			
Weight Management Programs¹³	\$150 annual reimbursement toward program fees for weight loss programs such as Weight Watchers or hospital-based weight loss programs.			
Embedded Dental Benefit	\$2,500 yearly maximum. \$0 for preventive services such as cleanings, oral exams, and bitewing X-rays; 20% coinsurance for basic services such as fillings and X-rays other than bitewing; and 50% coinsurance for major services such as extractions, dentures, bridges, and crowns. No deductible and no waiting period. ⁶	\$1,000 calendar year maximum. \$0 for preventive services such as cleaning, oral exams, and bitewing X-rays; and 50% coinsurance for basic services such as fillings, simple extractions, and X-rays other than bitewing. No deductible and no waiting period. ⁶		
Tufts Medicare Preferred Dental Option	N/A	\$37 per month for dental coverage of \$1,000 yearly maximum. \$0 for preventive services such as cleanings, oral exams, and bitewing X-rays; 20% coinsurance for basic services such as fillings, simple extractions, and X-rays other than bitewing; and 50% coinsurance for major services such as dentures, bridges, and crowns. No deductible and no waiting period. ⁷		
Over-the-Counter (OTC) Benefit¹	\$140 per calendar quarter to spend on Medicare-approved, health-related items.	\$160 per calendar quarter to spend on Medicare-approved, health-related items.	N/A	
Acupuncture¹⁴	\$20 per visit	\$20 per visit	\$20 per visit	

OR

HMO Value No Rx ⁹	HMO Value Rx	HMO Prime No Rx ⁹	HMO Prime Rx	HMO Prime Rx Plus ⁹	Access PPO ⁹
Emergency Services					
\$125 per visit		\$110 per visit		\$125 per visit	
\$30 per visit		\$30 per visit		\$45 per visit	
\$225 per one-way trip		\$125 per one-way trip		\$90 per one-way trip	\$350 per one-way trip
Inpatient Care					
Days 1-5: \$200 per day, \$0 per day after day 5		\$300 per stay; you will not pay more than \$900 per year		\$200 per stay; you will not pay more than \$400 per year	Days 1-5: \$400 per day, \$0 per day after day 5 (45% coinsurance)
HMO Value No Rx ⁹	HMO Value Rx	HMO Prime No Rx ⁹	HMO Prime Rx	HMO Prime Rx Plus ⁹	Access PPO ⁸
\$150 per year toward health clubs, fitness classes, nutritional counseling, wellness programs, alternative therapies, massage therapy, fitness tracking devices and heart rate monitors, and additional types of fitness clubs and classes.					\$185 per year toward health clubs, fitness classes, nutritional counseling, wellness programs, alternative therapies, massage therapy, fitness tracking devices and heart rate monitors, and additional types of fitness clubs and classes.
\$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.					
\$150 annual reimbursement toward program fees for weight loss programs such as Weight Watchers or hospital-based weight loss programs.					
\$1,000 calendar year maximum. \$0 for preventive services such as cleaning, oral exams, and bitewing X-rays; and 50% coinsurance for basic services such as fillings, simple extractions, and X-rays other than bitewing. No deductible and no waiting period. ⁶		N/A			\$1,500 per year with prepaid Visa [®] Flex Advantage spending card; no network. ⁸
\$37 per month for dental coverage of \$1,000 yearly maximum. \$0 for preventive services such as cleanings, oral exams, and bitewing X-rays; 20% coinsurance for basic services such as fillings, simple extractions, and X-rays other than bitewing; and 50% coinsurance for major services such as dentures, bridges, and crowns. No deductible and no waiting period. ⁷		\$36.50 per month for dental coverage of \$1,000 yearly maximum. \$0 for preventive services such as cleanings, oral exams, and bitewing X-rays; 20% coinsurance for basic services such as fillings, simple extractions, and X-rays other than bitewing; and 50% coinsurance for major services such as dentures, bridges, and crowns. No deductible and no waiting period. ⁷			N/A
N/A		N/A			\$130 per calendar quarter loaded on the Visa [®] Flex Advantage spending card.
\$20 per visit		\$20 per visit			\$20 per visit (\$45 per visit)

Rx Drug Coverage	HMO Smart Saver Rx		HMO Saver Rx		HMO Basic Rx	
Deductible	\$0		\$0		\$0	
Copays	30-day retail supply	90-day mail order supply	30-day retail supply	90-day mail order supply	30-day retail supply	90-day mail order supply
Tier 1: Preferred Generic¹⁵	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2: Generic¹⁵	\$6	\$12	\$6	\$12	\$4/\$0*	\$8/\$0*
	*\$0 Worcester County only					
Note: Tier 1 and Tier 2 drugs include enhanced coverage of certain drugs such as select erectile dysfunction (ED) drugs, vitamins and minerals, and cough/cold products.						
Tier 3: Preferred Brand	23% coinsurance (Insulin: \$35)	23% coinsurance (Insulin: \$70)	23% coinsurance (Insulin: \$35)	23% coinsurance (Insulin: \$70)	23% coinsurance (Insulin: \$35)	23% coinsurance (Insulin: \$70)
Tier 4: Non-Preferred Drug	50% coinsurance (Insulin: \$35)	50% coinsurance (Insulin: \$105)	50% coinsurance (Insulin: \$35)	50% coinsurance (Insulin: \$105)	50% coinsurance (Insulin: \$35)	50% coinsurance (Insulin: \$105)
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A
Tier 6: Vaccines	\$0	N/A	\$0	N/A	\$0	N/A
Catastrophic Coverage Stage	When your payments for the year reach \$2,000, you pay nothing. 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.					

Rx Drug Coverage	HMO Value Rx		HMO Prime Rx		HMO Prime Rx Plus ⁹		Access PPO ⁹	
Deductible	\$0		\$0		\$0		\$0	
Copays	30-day retail supply	90-day mail order supply	30-day retail supply	90-day mail order supply	30-day retail supply	90-day mail order supply	30-day retail supply	90-day mail order supply
Tier 1: Preferred Generic¹⁵	\$0	\$0	\$4	\$8	\$2	\$4	\$0	\$0
Tier 2: Generic¹⁵	\$4	\$8	\$8	\$16	\$4	\$8	\$8	\$16
Note: Tier 1 and Tier 2 drugs include enhanced coverage of certain drugs such as select erectile dysfunction (ED) drugs, vitamins and minerals, and cough/cold products.								
Tier 3: Preferred Brand	23% coinsurance (Insulin: \$35)	23% coinsurance (Insulin: \$70)	23% coinsurance (Insulin: \$35)	23% coinsurance (Insulin: \$70)	23% coinsurance (Insulin: \$30)	23% coinsurance (Insulin: \$60)	23% coinsurance (Insulin: \$35)	23% coinsurance (Insulin: \$70)
Tier 4: Non-Preferred Drug	50% coinsurance (Insulin: \$35)	50% coinsurance (Insulin: \$105)	50% coinsurance (Insulin: \$35)	50% coinsurance (Insulin: \$105)	50% coinsurance (Insulin: \$35)	50% coinsurance (Insulin: \$105)	50% coinsurance (Insulin: \$35)	50% coinsurance (Insulin: \$105)
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A
Tier 6: Vaccines	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A
Catastrophic Coverage Stage	When your payments for the year reach \$2,000, you pay nothing. 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.							

Thank you for being a member!

¹Quarterly OTC credit is for the purchase of Medicare-approved OTC items from participating retailers and plan-approved online stores. Unused balance at the end of a calendar quarter does not roll over. Under certain circumstances, items may be covered under your Medicare Part B or Part D benefit.

²The eyewear benefit also applies to purchases from providers not in the EyeMed network. If you use a non-EyeMed provider, you would need to pay out of pocket and submit for reimbursement. For HMO members reimbursement is limited to up to \$90 (\$150 for Saver and Smart Saver) for purchases at providers not in the EyeMed network.

³\$150 (\$185 for Access PPO, \$300 for Saver Rx, and \$175 for Smart Saver plans) is the total reimbursement amount each year (Jan. 1–Dec. 31) whether used for health clubs, fitness classes, nutritional counseling, wellness programs, alternative therapies, massage therapy, fitness tracking devices and heart rate monitors, and additional types of fitness clubs and classes.

⁴Discounts and services included in the Preferred Extras program are not plan benefits and are not subject to the Medicare appeals process.

⁵Applies to Rx plans. Maximum savings are for Tier 2 drugs. Savings may be different depending on the plan you are in or if you receive your benefits from a current or former employer.

⁶The plan is administered by Dominion Dental Services, Inc., which operates under the trade name Dominion National. Benefit limits apply. Cost share applies to non-preventive services. Services must be performed by providers in the Dominion PPO Network. Please refer to your Evidence of Coverage for more information.

⁷For Saver, Basic, and Value plans, the Dental Option replaces the embedded dental benefit, if purchased.

⁸Dental services covered under the Flex Advantage spending card are limited to non-cosmetic, non-Medicare covered dental procedures. Coverage is up to the annual benefit limit, and the member is responsible for all costs above this amount. Unused balance at the end of the year does not roll over. Please refer to your Evidence of Coverage for more information

⁹Not available in all counties.

¹⁰Comprises all your copays/coinsurance for applicable covered medical services. Your out-of-pocket costs for covered services will never exceed this amount.

¹¹Additional telehealth services include Primary Care Physician Services, Specialist Services, Individual and Group Sessions for Mental Health and Psychiatric Services, Opioid Treatment Program Services, Observation Services, Individual and Group Sessions for Outpatient Substance Use Disorder, Other Health Care Professional (PAs & NPs) Services, Kidney Disease Education Services, Diabetes Self-Management Training, Urgently Needed Services, and Physical Therapy and Speech-Language Pathology Services. Before you receive services from a Specialist, you must first obtain a referral from your PCP (HMO only). Prior authorization may be required for some services (in-network only for PPO).

¹²Rehabilitation Therapy includes Physical Therapy, Occupational Therapy, and Speech Therapy. You pay \$0 for a post-outpatient surgical procedure, physical therapy or occupational therapy consultation prior to discharge.

¹³\$150 is the total reimbursement amount each year (Jan. 1–Dec. 31). This benefit does not cover costs for pre-packaged meals/foods, books, videos, scales, or other items or supplies.

¹⁴Medicare covers up to 12 visits in 90 days for members with chronic low back pain. 8 additional visits covered for those demonstrating an improvement. No more than 20 visits administered annually. Additional acupuncture coverage included as part of Wellness Allowance.

¹⁵On Tier 1 and Tier 2, retail copay applies to network pharmacies with preferred cost sharing (Smart Saver Rx, Saver Rx, Basic Rx, and Value Rx only). Copays may be higher at other network pharmacies. For a complete list of network pharmacies that offer preferred cost sharing, please check the pharmacy directory at thmp.org/documents. Tier 1 and Tier 2 drugs include enhanced coverage of certain drugs such as select erectile dysfunction (ED) drugs, vitamins and minerals, and cough/cold products.

Representatives are available 8 a.m.–8 p.m., 7 days a week (Mon.–Fri. from Apr. 1–Sept. 30).

Benefits eligibility requirements must be met. Not all may qualify. Benefit information described in this issue is for Tufts Health Plan Medicare Advantage HMO and PPO plan members and is not a complete description of benefits. Call 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) for more information. Please note: Not all plan benefit information in this booklet is the same for Employer Group plans. If you receive your benefits from a current or former employer, please contact your benefits administrator or Member Services with any questions regarding plan benefits. Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711).



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1-800-594-7739
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Health and Wellness or Prevention Information



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**Easy-to-use 2025
benefit chart**

Fall 2024

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