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Dear Prospective Member,

Thank you for requesting information about our Employer Group HMO plans offered by Tufts Health Plan. With our plan, you get comprehensive health care coverage that includes:

- An annual comprehensive physical exam
- Annual routine eye and hearing exams
- Prescription drug coverage with a \$0 deductible, and no annual dollar limit on prescriptions for drugs on our formulary
- \$450 in annual savings, including:
 - \$150 eyewear reimbursement for eyeglasses or contact lenses every calendar year
 - \$150 Wellness Allowance for gym membership, nutritional counseling, wellness programs, and acupuncture services
 - \$150 Weight Management reimbursement toward fees for programs such as Weight Watchers® or hospital-based programs
- Worldwide emergency care
- And more!

If you have any questions, please call 1-800-488-0229 (TTY: 711). Representatives are available 8 a.m.–8 p.m., 7 days a week (Mon.–Fri. from Apr. 1–Sept. 30).

Thank you for considering Tufts Health Plan.

Sincerely,

A handwritten signature in black ink that reads "Eddie Walker".

Eddie Walker
Vice President, Medicare
Tufts Health Plan

Tufts Health Plan is an HMO plan with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal. This information is not a complete description of benefits. Call 1-800-488-0229 (TTY: 711) for more information. H2256_2025_38_M



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Plan Highlights

Employer Group:
Tufts Medicare Preferred HMO Prime Rx

2025 Partial List of Benefit Allowances and Member Cost Sharing

Effective January 1, 2025–December 31, 2025. Please refer to the 2025 Employer Group HMO Prime Summary of Benefits booklet for further information.

Premiums	
Plan Premium	See your employer for premium amount.
Service Area	
Counties of Residence	Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
Copays	
Primary Care Physician (PCP) Office Visits	\$10 per visit, except \$0 copay for annual physical and annual wellness visit
Specialist Office Visits	\$15 per visit
Emergency Room	\$50 per visit (waived if admitted within one day for the same condition)
Annual Routine Eye Exam	\$15 per visit
Outpatient Services/Surgery	\$50 per day
Ambulance Services	\$50 copay for Medicare-covered ambulance benefits per day
Outpatient Rehabilitation Services	\$15 copay per visit for Medicare-covered occupational, physical, and speech/language therapies. Prior authorization may be required.
Acute Inpatient Hospital Deductible (Note: Deductible applies to inpatient hospital admissions and does not apply to inpatient rehab or mental health admissions)	\$300 per calendar year
Allowances	
Annual Eyewear Benefit	\$150 per year towards eyewear at an EyeMed Vision Care participating provider, or \$90 per year at non-participating providers
Annual Wellness Allowance	\$150 per year toward fitness club membership, instructional fitness classes, nutritional counseling, acupuncture, and/or wellness programs such as memory fitness activities
Hearing Aids	Up to \$500 toward purchase or repair every three (3) years
Weight Management Programs	\$150 per year towards program fees for weight loss programs such as WeightWatchers or a hospital-based weight loss program
Out-Of-Pocket Maximum	
\$3,400 per calendar year excluding plan premiums and prescription drug copays	

Prescription Drug Coverage

NOTE: See Comprehensive Formulary for limitations and exclusions.

No annual dollar limit on prescriptions.

Deductible Stage

There is a \$590 Medicare Part D deductible which is satisfied by your copays and the Wrap coverage.* See cost share under the Initial Coverage Stage below.

Initial Coverage Stage

You stay in this stage until your year-to-date "total drug costs" (your payments plus payments by the Part D plan and Wrap plan) total \$2,000. During this stage:

- You pay the applicable copay based on the tier of drug that you obtain.
- Tufts Medicare Preferred HMO plan will pay for 65% of the cost of the drug.
- The Wrap will pay the balance of the cost after your copay up to 25% of the cost of the drug.

You pay the following copays:

Retail Pharmacy	Tier 1	Tier 2	Vaccines	Tier 3
30-day supply	\$10	\$25	\$0	\$50 (Insulin: \$35)
60-day supply	\$20	\$50	N/A	\$100 (Insulin: \$70)
90-day supply	\$30	\$75	N/A	\$150 (Insulin: \$105)
Mail-Order	Tier 1	Tier 2	Vaccines	Tier 3
30-day supply	\$7	\$17	N/A	\$33
60-day supply	\$14	\$33	N/A	\$67
90-day supply	\$20	\$50	N/A	\$100

Catastrophic Coverage Stage

After your annual out-of-pocket costs reach \$2,000, you pay nothing. During this payment stage, the plan pays the full cost for your covered Part D drugs.

*In 2025, Tufts Health Plan will include Wrap coverage in conjunction with your Part D drug coverage. Depending on which benefit stage you are in, the Wrap covers a portion of the cost of the drug. This Wrap is additional coverage to your plan and is offered through Tufts Insurance Company. Please refer to the table above for how the Wrap works in the different stages.

Tufts Health Plan is an HMO plan with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal. Benefits eligibility requirements must be met. Not all may qualify. This information is not a complete description of benefits. Call 1-800-488-0229 (TTY: 711) for more information. 8 a.m.-8 p.m., 7 days a week (Mon.-Fri. from Apr. 1-Sept. 30). 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 (TTY: 711). H2256_2025_27_M



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Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Member Services representative at 1-800-701-9000 or, for TTY users, 711, 8 a.m.–8 p.m., 7 days a week (Mon.–Fri. from Apr. 1–Sept. 30).

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.thmp.org or call 1-800-701-9000 (TTY: 711) to view a copy of the EOC.
- Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- If you're enrolling in a plan with prescription drug coverage:** Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- Effect on current coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage health care coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits may change on January 1, 2026.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the Provider Directory).

Top 100 Most Utilized Drugs



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Below is a list of the top 100 utilized drugs covered under our Group Retiree plans. This is not a complete list of drugs covered by our plan. For a complete list, visit thpmp.org/drug-coverage.

Tier 1: Generic

Tier 2: Preferred Brand

Tier 3: Non-Preferred Brand

CAPS: brand-name drugs

QL: Quantity Limit Applies. These drugs have dispensing limitations and the pharmacy will only dispense a certain quantity of a drug within a given time period.

PA: Prior Authorization Required. The Prior Authorization process encourages rational prescribing of drug products with significant safety and/or financial concerns. A provider can submit a request for coverage based on a member's medical need for a particular drug. If approved, the member pays the designated tier copayment. An appeal process exists for denied requests.

Drug Name	Tier/Limits
atorvastatin calcium	TIER 1
lisinopril	TIER 1
amlodipine besylate	TIER 1
metoprolol succinate	TIER 1
levothyroxine sodium	TIER 1
omeprazole	TIER 1
losartan potassium	TIER 1
simvastatin	TIER 1
rosuvastatin calcium	TIER 1
albuterol sulfate	TIER 1
ELIQUIS	TIER 2
hydrochlorothiazide tablet	TIER 1
prednisone	TIER 1
tamsulosin hydrochloride	TIER 1
furosemide	TIER 1
metformin hcl	TIER 1
gabapentin	TIER 1

Drug Name	Tier/Limits
trazodone hydrochloride	TIER 1
sertraline hydrochloride	TIER 1
pantoprazole sodium	TIER 1
latanoprost	TIER 1
atenolol	TIER 1
lorazepam	TIER 1
amoxicillin/clavulanate potassium	TIER 1
amoxicillin capsule	TIER 1
metformin hcl er	TIER 1
fluticasone propionate	TIER 1
azithromycin	TIER 1
pravastatin sodium	TIER 1
metoprolol tartrate	TIER 1
oxycodone hydrochloride	TIER 1, QL
benzonatate	TIER 1
famotidine	TIER 1
allopurinol	TIER 1

Drug Name	Tier/Limits
cephalexin	TIER 1
citalopram hydrobromide	TIER 1
tramadol hydrochloride	TIER 1
alendronate sodium	TIER 1
escitalopram oxalate	TIER 1
finasteride	TIER 1
spironolactone	TIER 1
ibuprofen	TIER 1
clopidogrel	TIER 1
JARDIANCE	TIER 2
nitrofurantoin monohydrate/ macrocrystals	TIER 1
prednisolone acetate	TIER 2
triamcinolone acetonide	TIER 1
mirtazapine	TIER 1
sulfamethoxazole/trimethoprim ds	TIER 1
carvedilol	TIER 1
ezetimibe	TIER 1
cyclobenzaprine	TIER 2
fluoxetine	TIER 1
doxycycline monohydrate tablet	TIER 1
warfarin	TIER 1
valsartan	TIER 1
cefepodoxime proxetil	TIER 2
ciprofloxacin hydrochloride	TIER 1
bupropion	TIER 1
alprazolam	TIER 1
amoxicillin tablet	TIER 1
montelukast sodium	TIER 1
XARELTO	TIER 2
duloxetine	TIER 1
mupirocin	TIER 1
LANTUS	TIER 2
chlorthalidone	TIER 1
chlorhexidine gluconate	TIER 1
toremide	TIER 2
timolol maleate	TIER 1

Drug Name	Tier/Limits
donepezil	TIER 1
OZEMPIC	TIER 2, PA
lisinopril/hydrochlorothiazide	TIER 1
glipizide	TIER 1
erythromycin	TIER 1
clonazepam	TIER 1
methylprednisolone dose	TIER 1
meloxicam	TIER 1
valacyclovir	TIER 1
hydrochlorothiazide capsule	TIER 1
doxycycline monohydrate capsule	TIER 1
diltiazem	TIER 2
breyna	Tier 3, QL
ofloxacin	TIER 1
QVAR	TIER 2, QL
ondansetron	TIER 1
zolpidem	TIER 1
folic acid	TIER 1
dorzolamide hcl/timolol	TIER 1
quetiapine	TIER 1
ketorolac	TIER 1
celecoxib	TIER 1
venlafaxine	TIER 2
doxycycline hyclate	TIER 1
isosorbide mononitrate	TIER 1
diclofenac	TIER 2
TRELEGY	TIER 2, QL
brimonidine	TIER 1
estradiol (oral)	TIER 2
wixela	TIER 2, QL

IMPORTANT INFORMATION:

2024 Medicare Star Ratings



Tufts Health Plan - H2256

For 2024, Tufts Health Plan - H2256 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★
Health Services Rating: ★★★★★
Drug Services Rating: ★★★★★



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Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

More stars mean a better plan – for example, members may get better care and better, faster customer service.

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Tufts Health Plan 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 877-218-4835 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time. Current members please call 800-701-9000 (toll-free) or 711 (TTY).



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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. 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. 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。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。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. 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. 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 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. 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 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. 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 بمساعدتك. هذه خدمة مجانية. 1-800-701-9000 ليس عليك سوى الاتصال بنا على

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 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. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: 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. 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. 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. 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 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。