2026 Benefit Changes

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Harvard Pilgrim Health Care | TUFTS Health Plan

Tufts Medicare Preferred HMO

The following benefit changes apply to Tufts Medicare Preferred HMO members and are **effective for dates of service on or after Jan. 1, 2026,** upon the plan's effective or renewal date:

Summary of Benefit Changes

The following changes may not apply to all plans.

- Saver Rx HMO plan will not be offered; members in this plan will be automatically moved to Smart Saver Rx HMO effective 1/1/2026.
- Medical changes to **Smart Saver Rx HMO** plan:
  - Annual maximum out-of-pocket (MOOP): $6,400.
  - 20% coinsurance will apply to therapeutic shoes or inserts, and all other non-Accu-Check products.
  - Copay for emergency services: $130 per visit.
  - Copay for inpatient hospital care: $425 per day for days 1 to 6.
  - Copay for specialist office visit: $50 per visit.
  - Copay for outpatient diagnostic radiology services (non-ultrasound): $200 per day.
  - Copay for outpatient mental health care and substance use disorder services: $30 per visit.
  - Copay for skilled nursing facility (SNF) care: $218 per day for days 21-100. Days 1-20 remain at $0 copay.
  - Embedded supplemental dental: $1,500 annual limit; no changes to cost shares.
  - Allowance for health-related over-the-counter (OTC) items: $75 per quarter.
  - Wellness allowance: $300 per year.
  - Non-ambulance transportation to SNF or home post discharge will not be covered.
- Medical changes to **other premium plans**:
  - Monthly premiums will increase by $10 (all plans).
  - Maximum out-of-pocket (MOOP) cost: $3,850 (all plans).
  - Copay for ambulance services: $175 per one-way trip (Prime plans) and $150 per one way trip (Prime Rx plus).
  - Tufts Medicare Preferred dental rider premiums: $38 per month (Basic and Value plans) and $38.50 (Prime and Prime Rx Plus plans).
- Benefits no longer covered (all plans):
  - Meals post-hospitalization/rehabilitation.
  - Special Supplemental Benefit for the Chronically Ill (SSBCI), which included non-emergency medical transportation and one pulse oximeter for members who meet specified criteria.
- Other medical changes (all plans, except when noted otherwise):
  - Diabetes self-management training will not require referral.
  - Chronic pain management and treatment services will be covered
    - Covers monthly services for people living with chronic pain (persistent or recurring pain lasting more than three months)
    - Services may include pain assessment, medication management, and care coordination and planning
    - Cost share will depend on services provided
  - Coverage for blood glucose monitors and blood glucose test strips is limited to the Accu-Chek products manufactured by Roche Diabetes Care, Inc. (from OneTouch manufactured by LifeScan)
  - Prescription hearing aid and hearing aid fitting vendor name will change from Hearing Care Solutions to TruHearing, Inc. (no changes to benefit or contact information).
  - Medicare Part B drugs may be subject to Step Therapy requirements that include Part B to Part B drugs, Part B to Part D drugs, and Part D to Part B drugs, as applicable.
  - Plan will cover the following Medicare-covered preventive services:
    - Pre-exposure prophylaxis (PrEP) for HIV prevention
    - Screening for Hepatitis C Virus infection
  - Additional telehealth coverage will be available for the following additional services. Cost share and other requirements will be the same as for corresponding in-person visit.

        - Pulmonary Rehabilitation Services
        - Partial Hospitalization Services
        - Intensive Outpatient Services
        - Cardiac Rehabilitation Services
        - Intensive Cardiac Rehabilitation Services
- Changes to Part D coverage (all Rx plans, except when noted otherwise):
    - Member liability cap is increasing to $2,100 per year; members will have no cost share for covered Part D drugs after they reach this limit.
    - An annual deductible of $615 will apply to non-insulin drugs on Tier 3, Tier4, and Tier 5. Drugs on Tier 1, Tier 2, and Tier 6 (Vaccine) will continue to have no deductible (Smart Saver Rx HMO only).
    - Retail copay for Tier 1 drugs at standard pharmacies will decrease to $5 for one-month supply. Copay at preferred pharmacies will remain at $0 (Smart Saver Rx HMO only).
    - Retail copay for Tier 2 drugs will decrease to $2 (preferred pharmacy) and $12 (standard pharmacy) for one-month supply (Smart Saver Rx HMO only).
    - Coinsurance for Tier 3, Tier 4, and Tier 5 drugs will decrease to 20%, 25%, and 25%, respectively (Smart Saver Rx only).
    - Coinsurance for Tier 3 and Tier 4 drugs will decrease to 20% and 40%, respectively (all premium Rx plans).
    - Enhanced coverage for Medicare excluded drugs will be limited to select erectile dysfunction drugs (Tadalafil and Sildenafil Citrate)

Please note that this is only a summary of benefit changes. Before services are rendered, providers are reminded to check member benefits and cost-share amounts using Tufts Health Plan's secure Provider portal *or other self-service tools, even for members seen on a regular basis.*

Tufts Medicare Preferred PPO

The following benefit changes apply to Tufts Medicare Preferred PPO members and are **effective for dates of service on or after Jan. 1, 2026,** upon the plan's effective or renewal date:

Summary of Benefit Changes

- **Tufts Medicare Preferred Access PPO plan ($0 premium PPO plan) will not be offered**. Per regulatory guidelines, members will be notified to enroll in other plans of their choice during open enrollment.
- A new premium PPO plan will be introduced, with the following key medical benefits (in-network except otherwise specified):
    - Plan name: **Tufts Medicare Preferred RX (PPO)**.
    - Monthly premiums: Middlesex County ($40); Suffolk County ($60); all other Counties ($20).
    - Annual maximum out of pocket (MOOP) cost: $6,750 for in-network services and $10,100 for combined in-network and out-of-network services.
    - Copayment for PCP office visit: $0 (in-network), $80 per visit (out-of-network).
    - Copayment for specialist office visit: $65 per visit (in-network), $80 per visit (out-of-network).
    - Copayment for emergency services: $130 per visit.
    - Copayment for inpatient hospital care: $450 per day for days 1-6 ($400 per day for days 1-4 for services in a psychiatric hospital).
    - Copayment for outpatient hospital services, including outpatient surgery: $390 per day ($0 for colonoscopies).
    - Copayment for outpatient surgery at ambulatory surgical center (ASC): $290 per day ($0 for colonoscopies).
    - Copayment for outpatient diagnostic radiology services: $300 per day ($100 for ultrasounds).
    - Copayment for outpatient labs $0; tests and x-rays $30 per day.
    - Quarterly allowance for health-related over-the-counter (OTC) items: $20
    - Copayment for skilled nursing facility (SNF) care: $0 per day (days 1-20) and $218 per day (days 21-100).
    - Copayment for urgent care services: $50 per visit.
    - Annual Wellness Allowance: $100 per year.
    - Coinsurance for most out of network services: 45% (50% for DME and a few other services).
    - Prior authorization requirements for in-network services are similar to TMP HMO plans.
- Tufts Medicare Preferred RX (PPO) will not include the following supplemental benefits:
    - Visa Flex Advantage card for supplemental dental benefit.
    - Meals post-hospitalization/rehabilitation.

    - Non-emergency transportation and pulse oximeter under the Special Supplemental Benefit for the Chronically Ill (SSBCI).
    - Non-ambulance transportation to SNF or home post discharge.
    - Eyewear allowance.
- Tufts Medicare Preferred RX (PPO) will include Part D coverage as follows:
    - Member liability cap of $2,100 per year; members will have no cost share for covered Part D drugs after they reach this limit.
    - An annual deductible of $615 will apply to non-insulin drugs on Tier 3, Tier4, and Tier 5. No deductible for Tier 1, Tier 2, and Tier 6 (Vaccine) drugs.
    - Tier 1 drugs retail copay for one month supply $0 (preferred) and $5 (standard).
    - Tier 2 drugs retail copay for one month supply $2 (preferred) and $12 (standard).
    - Tier 3, Tier 4, and Tier 5 drugs coinsurance of 20%, 25%, and 25%, respectively.
    - Enhanced coverage for Medicare excluded drugs limited to select erectile dysfunction drugs (Tadalafil and Sildenafil Citrate).

Please note that this is only a summary of benefit changes. Before services are rendered, providers are reminded to check member benefits and cost share amounts using Tufts Health Plan's secure Provider portal *or other self-service tools, even for members seen on a regular basis.*