

## 2024 benefit changes

### 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, 2024, upon the plan's effective or renewal date:

#### Summary of benefit changes:

The following changes may not apply to all plans.

- Reduced monthly premiums by \$8 on non-\$0 premium plans with prescription drug coverage.
- Enhanced the supplemental dental benefit on HMO Smart Saver Rx plan as follows:
  - Increased annual coverage limit to \$2,500.
  - Reduced member cost share for Class 2 Basic services to 20% coinsurance.
  - Removed the \$100 deductible.
- Removed referral requirement on diagnostic hearing exams.
- Added new benefit that allows members to receive up to 28 home-delivered meals (2 meals per day for 14 days) at no cost after a qualifying discharge from hospital or extended care facility (including SNF, AIR, LTACH). (This benefit does not apply to members in employer group retiree plans.)
- For plans with Medicare Part B coinsurance, member cost share for non-insulin Medicare Part B drugs will not exceed 20% coinsurance; actual coinsurance may be lower each quarter after adjustment for rebates supplied by Medicare. Part B insulin copay will be \$35 for one month supply.
- MyHome Care benefit, which allows eligible members with certain chronic conditions to receive inpatient level of care at home, will no longer be offered.
- Increased over the counter (OTC) benefit to \$110 per quarter for HMO Saver Rx and \$75 per quarter for HMO Smart Saver Rx. Additional changes to OTC benefit include:
  - Members can purchase eligible items at participating retailers including CVS, Walmart, Walgreens, Stop & Shop, and others, as well as online at Medline and Walmart.com.
  - Eligible OTC items include non-prescription hearing aids and newly added OTC naloxone and at-home COVID test kits.
- Remote patient monitoring with PCP or specialist will be covered at \$0 copay.
- Members who are diagnosed with one or more of certain chronic conditions and who participate in the Tufts Medicare Preferred Care Management program will be eligible for two benefits under our Special Supplemental Benefit for the Chronically Ill (SSBCI). (This benefit does not apply to members in employer group retiree plans.)
  - Non-emergency transportation to doctor appointments or other plan-approved locations by ride-share services or van with plan-approved vendor; there are limits to number of rides and mileage per round trip.
  - Pulse oximeter supplied by plan-approved durable medical equipment (DME) vendor — limited to one per member per year and DME coinsurance applies.
- Expanded additional telehealth coverage to include physical therapy and speech-language pathology services.
- Removed Part D deductible for HMO Smart Saver Rx plan.
- Covered therapeutic continuous glucose monitors (CGMs) include Dexcom and FreeStyle Libre products that are considered DME by Medicare.
- Medicare Part B Step Therapy drugs will include botulinum toxins and endocrine disorder drugs.

- Part D drug coverage will include enhanced coverage of certain drugs such as select erectile dysfunction drugs, vitamins and minerals, and cough/cold products. Tier 1 or Tier 2 copay will apply depending on the drug.

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.

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## 2024 benefit changes

### Tufts Medicare Preferred Access PPO

The following benefit changes apply to Tufts Medicare Preferred Access PPO members and are effective for dates of service on or after Jan. 1, 2024, upon the plan's effective or renewal date:

#### Service area expansion:

Tufts Medicare Preferred (TMP) Access PPO plan will be offered in Hampshire County, Massachusetts starting Jan. 1, 2024. With this addition, TMP Access PPO will now be available in all TMP service areas, with the exception of Barnstable County, Massachusetts.

#### Summary of benefit changes:

- Reduced maximum out-of-pocket costs to \$5,600 (in-network) and \$9,550 (combined in-network and out-of-network).
- Removed the structured dental benefit administered by Dominion National and replaced it with the Flex Advantage spending card dental benefit, which allows members the freedom to use any dentist of their choice. The Flex Advantage spending card is a pre-paid Visa card and includes the following dental benefit:
  - \$1,500 annual credit loaded at beginning of the year.
  - Can be used at any dentist in the country who accepts Visa.
  - Covered services are limited to non-cosmetic, non-Medicare-covered dental procedures.
  - Coverage is up to the annual benefit limit with no cost sharing, and member is responsible for all costs above this amount.
  - Unused balance at the end of the year does not roll over.
- Changes to **in-network** cost sharing include:
  - Reduced copay for chiropractic services to \$15 per visit.
  - Member cost share for non-insulin Medicare Part B drugs will not exceed 20% coinsurance; actual coinsurance may be lower each quarter after adjustment for rebates supplied by Medicare. Part B insulin copay will be \$35 for a one month supply.
  - Reduced copay for pulmonary rehabilitation services to \$15 per visit.
  - Remote patient monitoring with PCP or specialist will be covered at \$0 copay.
- Changes to **out-of-network** cost sharing include:
  - Copay for PCP services will be \$0 to match in-network PCP copay.
  - Specialist services copay will be \$45 per visit to match in-network specialist copay.
  - Copay for other specialist services, including Medicare-covered acupuncture, Medicare-covered dental services, hearing exams, podiatry services, and vision services also reduced to \$45 per visit.
- Other changes:
  - The Flex Advantage spending card described above will also be loaded with over the counter (OTC) credit of \$60 per quarter. Additional changes to OTC benefit include:

- Members can purchase eligible items at participating retailers including CVS, Walmart, Walgreens, Stop & Shop, and others, as well as online at Medline and Walmart.com.
- Eligible OTC items include non-prescription hearing aids and newly added OTC naloxone and at-home COVID test kits.
- Added a new benefit that allows members to receive up to 28 home-delivered meals (2 meals per day for 14 days) at no cost after a qualifying discharge from a hospital or extended care facility (including SNF, AIR, LTACH).
- Members who are diagnosed with one or more of certain chronic conditions and who participate in the Tufts Medicare Preferred Care Management program will be eligible for two benefits under our Special Supplemental Benefit for the Chronically Ill (SSBCI):
  - Non-emergency transportation by ride-share services or van with plan approved vendor to doctor appointments or other plan-approved locations; there are limits to number of rides and mileage per round trip.
  - Pulse oximeter supplied by plan-approved durable medical equipment (DME) vendor; limited to one per member per year and DME coinsurance applies.
- Expanded additional telehealth coverage to include physical therapy and speech-language pathology services (in-network only).
- Removed Part D deductible.
- Covered therapeutic continuous glucose monitors (CGMs) include Dexcom and FreeStyle Libre products that are considered DME by Medicare.
- Medicare Part B Step Therapy drugs will include botulinum toxins and endocrine disorder drugs.
- Part D coverage will include enhanced coverage of certain drugs such as select erectile dysfunction drugs, vitamins and minerals, and cough/cold products. Tier 1 or Tier 2 copay will apply depending on the drug.

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