

# 2025 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, 2025**, upon the plan's effective or renewal date:

### Summary of Benefit Changes

*The following changes may not apply to all plans.*

- Rx Plans (Basic Rx, Value Rx, Prime Rx, and Prime Rx Plus) will see premium decreases of \$3-\$7 depending on plan, except for Basic Rx in Worcester County which will see premium increase of \$2.
- No Rx plans (Basic No Rx, Value No Rx, and Prime No Rx) will all see premium increases of \$10.
- Maximum out-of-pocket (MOOP) cost for Smart Saver Rx plan will decrease to \$5,200.
- Copay for Specialist and related services (Medicare-covered dental, diagnostic hearing exam, podiatry, and diagnostic eye exam) will decrease to \$40 per visit (Saver Rx and Smart Saver Rx).
- Coinsurance for medical supplies will be 10%-20% to align with DME coinsurance (depending on plan); this coinsurance will be waived when the medical supplies are received as part of an office visit, in which case only the applicable office visit copay will apply.
- Copay for emergency services will increase to \$110 per visit (Saver Rx) and \$125 per visit (Smart Saver Rx, Basic, and Value plans); if member is admitted to observation or inpatient within one day for the same condition, the emergency copay will be waived and the applicable observation or inpatient copay will apply.
- Non-ambulance transportation ordered by discharging hospital for members will be enhanced in two ways:
  - Member's home has been added as a destination (in addition to SNF).
  - Member copay will decrease to \$0.
- PCP copay for Saver Rx plan will decrease to \$5 per visit.
- Copay for outpatient diagnostic radiology services will decrease to \$140 per day for services other than ultrasound; ultrasound copay remains at \$100 per day (Saver Rx and Smart Saver Rx).
- Copay for outpatient hospital observation will increase to \$75-\$370 per stay (depending on the plan); copay will be waived if member is admitted inpatient within one day for the same condition.
- Copay for outpatient rehabilitation services will decrease to \$30 per visit (Saver Rx and Smart Saver Rx).
- Over the counter (OTC) benefit will increase to \$140 per quarter (Smart Saver Rx) and \$160 per quarter (Saver Rx) for Medicare-approved health-related OTC items.
- Copay for urgent care will decrease to \$45 (Saver Rx and Basic plans).
- For diabetic retinopathy screenings, routine eye exam copay (rather than PCP copay) will apply when billed as part of a routine eye exam; specialist copay will continue to apply when received as part of a service that addresses other medical conditions.

- Eyewear benefit will increase to \$250 per year through EyeMed and \$150 per year with non-EyeMed providers (Saver Rx and Smart Saver Rx); eyewear benefit can also be applied toward the purchase of upgrades for Medicare-covered and/or therapeutic eyewear as well as routine/corrective eyewear (all plans).
- Wellness allowance will decrease to \$300 per year (Saver Rx) and \$175 per year (Smart Saver Rx); covered services have also been expanded to include additional items, activities, and programs such as certain home fitness equipment, alternative therapies, fitness tracking devices and heart rate monitors, massage therapy, and additional types of fitness clubs and classes (all plans).
- New fall prevention assessment benefit with PT/OT evaluation and intervention up to four times a year for members who are not homebound; applicable PT/OT copay will apply.
- Tufts Medicare Preferred dental rider premiums will increase to \$37 per month (Saver, Basic, and Value plans) and \$36.50 (Prime and Prime Rx Plus plans).
- The following services will require referral:
  - Cardiac rehabilitation services
  - Medicare-covered dental services
  - Home health agency care
  - Pulmonary rehabilitation services
  - Supervised Exercise Therapy (SET) for Peripheral Artery Disease (PAD)
- The following services will no longer require referral:
  - Opioid treatment program services
  - Outpatient behavioral health care (no referral to see a psychiatrist)
- Please refer to the article titled "New prior authorizations for Senior Products in 2025" in the [November issue of Point32Health's provider newsletter](#) for details regarding services that will newly require prior authorization starting Jan. 1, 2025.
- The following changes to Part D coverage were made due to the Inflation Reduction Act (IRA):
  - Coverage gap (donut hole) has been eliminated.
  - Member liability is now capped at \$2,000 per year; members will have no cost share for covered Part D drugs after they reach this limit.
  - Deductibles have been removed for Saver Rx and Basic Rx plans; with this change all TMP HMO plans will now have \$0 drug deductible.
  - Copay for one-month supply of Tier 2 drugs will increase to \$6 at preferred pharmacies and \$20 at non-preferred pharmacies (Saver Rx and Smart Saver Rx only).
  - Copay for one-month supply of Tier 1 drugs for Basic Rx plan in Worcester County will decrease to \$6 at non-preferred pharmacies; copay at preferred pharmacies will remain at \$0.
  - Copay for one-month supply of Tier 2 drug for Basic Rx plan in Worcester County will decrease to \$0 at preferred pharmacies and \$11 at non-preferred pharmacies.
  - Tier 3 drugs will now have 23% coinsurance while Tier 4 drugs will have 50% coinsurance for all plans (Insulin copay remains capped at \$35 per one-month supply).
  - Medicare Prescription Payment Plan has been introduced to provide members who opt in the option to pay for high-cost prescription drugs in installments over the calendar year instead of paying all at once.

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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 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, 2025**, upon the plan's effective or renewal date:

### Summary of Benefit Changes

- Changes to **in-network** cost sharing include:
  - Cost share for medical supplies will remain at 20% coinsurance; however, starting 2025 this coinsurance will be waived when the medical supplies are received as part of an office visit in which case only the applicable office visit copay will apply.
  - Copay for emergency services will increase to \$125 per visit; if member is admitted to observation or inpatient within one day for the same condition the emergency copay will be waived and the applicable observation or inpatient copay will apply.
  - Copay for outpatient diagnostic radiology services will decrease to \$140 per day for services other than ultrasound; ultrasound copay remains at \$100 per day.
  - Copay for outpatient hospital observation will increase to \$390 per stay; copay will be waived if member is admitted inpatient within one day for the same condition.
  - Copay for outpatient rehabilitation services will decrease to \$30 per visit.
- **In-network and out-of-network copay** for specialist and related services (Medicare-covered dental, diagnostic hearing exam, podiatry, and diagnostic eye exam) will decrease to \$40 per visit.
- **Out-of-network copay** for the following preventive services will decrease to \$0 to align with \$0 PCP copay:
  - Annual physical exam
  - Annual wellness visit
  - Cardiovascular disease testing
  - Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)
  - Cervical and vaginal cancer screening
  - Depression screening
  - Diabetes screening
  - Obesity screening and therapy to promote sustained weight loss
  - Prostate cancer screening exams
  - Screening and counseling to reduce alcohol misuse
  - Screening for sexually transmitted infections (STIs) and counseling to prevent STIs
  - Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)
  - Welcome to Medicare preventive visit
- **Out-of-network copay** for the following services will decrease to \$40 per visit (in-network copay remains at \$0):
  - Routine hearing exam
  - Glaucoma screening
  - Routine eye exam
  - Medicare-covered and supplemental therapeutic eyewear

- **Out-of-network cost share** will increase to 45% coinsurance for all other covered services except the following:
  - Medicare-covered acupuncture services for chronic low back pain remains at \$45 copay.
  - DME and related services, home health agency care, home infusion therapy, and in-home assessment services remain at 50% coinsurance.
  - Part B insulin copay remains at \$35 per one-month supply.
  - Other covered services specifically noted in this document or in member EOCs as having different cost shares.
- **Other** changes:
  - Maximum out-of-pocket (MOOP) cost will decrease to \$5,400 (INN) and \$9,500 (Combined INN/OON).
  - Non-ambulance transportation benefit to SNF or member's home with plan-approved vendor has been added at \$0 copay when ordered by a discharging hospital.
  - New fall prevention assessment benefit with PT/OT evaluation and intervention up to four times a year for members who are not homebound; applicable PT/OT copay will apply.
  - Over the counter (OTC) benefit will increase to \$130 per quarter for Medicare-approved health-related OTC items.
  - For diabetic retinopathy screenings, routine eye exam copay (rather than PCP copay) will apply when billed as part of a routine eye exam; specialist copay will continue to apply when received as part of a service that addresses other medical conditions.
  - Eyewear benefit will increase to \$250 per year through EyeMed or non-EyeMed providers; benefit can also be applied toward the purchase of upgrades for Medicare-covered and/or therapeutic eyewear as well as routine/corrective eyewear.
  - Wellness allowance will decrease to \$185 per year; covered services have also been expanded to include additional items, activities, and programs such as certain home fitness equipment, alternative therapies, fitness tracking devices and heart rate monitors, massage therapy, and additional types of fitness clubs and classes.
- Please refer to the article titled "New prior authorizations for Senior Products in 2025" in the [November issue of Point32Health's provider newsletter](#) for details regarding services that will newly require prior authorization starting Jan. 1, 2025.
- The following **changes to Part D coverage** were made due to the Inflation Reduction Act (IRA):
  - Coverage gap (donut hole) has been eliminated.
  - Member liability is now capped at \$2,000 per year; members will have no cost share for covered Part D drugs after they reach this limit.
  - Copay for one-month supply of Tier 2 drugs will increase to \$8 at preferred pharmacies and \$20 at non-preferred pharmacies.
  - Tier 3 drugs will now have 23% coinsurance while Tier 4 drugs will have 50% coinsurance (Insulin copay remains capped at \$35 per one-month supply).
  - Medicare Prescription Payment Plan has been introduced to provide members who opt in the option to pay for high-cost prescription drugs in installments over the calendar year instead of paying all at once.

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