



TUFTS  Health Plan

 Medicare Preferred

~NEW~
in Massachusetts,
Connecticut, Rhode Island
and Vermont!

COMPARE...

You've got choices for covering prescription drugs

Why Tufts Medicare Preferred?

Since 1979, Tufts Health Plan has been committed to providing a higher standard of health care coverage. Like our members, we believe that health and vitality are priceless possessions.

Our mission: to improve the quality of care for each member.

With Tufts Medicare Preferred Prescription Drug Plans (PDP), you can choose the prescription drug coverage that's right for you, with or without generic drug coverage in the coverage gap. Our stand-alone prescription drug plans can be paired with Original Medicare—or, another Medicare Supplement or Medicare Advantage Private-Fee-For-Service (PFFS) plan, or a Medical Savings Account (MSA). Key features of the Tufts Medicare Preferred Prescription Drug Plans include:

- Affordable coverage for brand-name and generic drugs
- Options with no deductibles
- Over 2,500 drugs covered in our formulary
- Convenient, easy mail order for up to a 90-day supply of covered drugs
- More than 50,000 network pharmacies, including CVS Pharmacy, Target Pharmacy, Costco Pharmacy, Kmart Pharmacy and The Medicine Shoppe.

Choose a Tufts Medicare Preferred Prescription Drug Plan—and enjoy peace of mind knowing that your prescription drugs needs are covered when it counts.



TUFTS MEDICARE PREFERRED PRESCRIPTION DRUG PLANS

	Standard Rx	Enhanced Rx	Premier Rx
Monthly PDP Premium*	\$63.80	\$50.60	\$89.60
Annual Deductible	\$310	\$0	\$0
Drug Tiers: 30-day retail or 90-day mail order Copays			
Tier 1: Generic	25%	\$8 / \$20	\$8 / \$20
Tier 2: Preferred Brand	25%	\$30 / \$75	\$25 / \$63
Tier 3: Non-Preferred Brand	25%	\$65 / \$163	\$60 / \$150
Tier 4: Specialty Drugs	25%	33%	33%
After combined yearly drug costs paid by you and Tufts Medicare Preferred reach \$2,830 and until your own payments reach \$4,550: 30-day retail or 90-day mail order copay	You pay 100%	You pay 100%	Covers all generic drugs (Tier 1). \$8 / \$20
After the Coverage Gap: 30-day retail or 90-day mail order Copays	Whichever is greater:	Whichever is greater:	Whichever is greater:
Generic	\$2.50 / 5%	\$2.50 / 5%	\$2.50 / 5%
Brand	\$6.30 / 5%	\$6.30 / 5%	\$6.30 / 5%

*To join a Medicare Prescription Drug Plan, you must be entitled to Medicare Part A and/or enrolled in Medicare Part B.

To see if you qualify for receiving extra help paying for your prescription drug premiums and costs, call: The Social Security Administration at 1-800-772-1213 (TTY/TDD: 1-800-325-0778), 7 a.m. – 7 p.m., Monday through Friday; 1-800-MEDICARE (1-800-633-4227). TTY/TDD: 1-877-486-2048, 24 hours a day, 7 days a week, or the MA Office of Medicaid at 1-617-210-5000.

QUESTIONS?

Call 1-800-978-2222; TTY 1-888-899-8977*

VISIT US AT: tuftshealthplan.com/medicare

*Monday – Friday, 8:00 a.m. – 8:00 p.m.

(From November 15 – March 1, available 7 days a week, 8:00 a.m. – 8:00 p.m.)

Tufts Health Plan is a Medicare approved Part D sponsor. The benefits, premiums, copayments and service area offered by Tufts Medicare Preferred PDP are subject to change on an annual basis. The availability of coverage beyond the end of the contract year is not guaranteed.

The benefit information provided herein is a brief summary, but not a comprehensive description of available benefits. Additional information about benefits is available to assist you in making a decision about your coverage. This is an advertisement; for more information please see the enclosed Summary of Benefits.

Visit us online at

tuftshealthplan.com/medicare

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