

# TUFTS MEDICARE PREFERRED PDP PLAN HIGHLIGHTS



TUFTS  Health Plan  
Medicare Preferred



## COMPARE...

*You've got choices for covering prescription drugs*

### Why Tufts Health Plan?

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. Our stand-alone prescription drug plans can be paired with Original Medicare, Medicare Supplement Plans such as Tufts Medicare Preferred Supplement, Medicare Advantage Private-Fee-For-Service (PFFS) plans, or a Medical Savings Account (MSA). Key features of the Tufts Medicare Preferred PDPs include:

- 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 PDP—and enjoy peace of mind knowing that your prescription drugs needs are covered when it counts.**

Available for residents residing in Connecticut, Massachusetts, Rhode Island and Vermont.

## TUFTS MEDICARE PREFERRED PDP PLANS

	Standard Rx	Enhanced Rx
Monthly Premium*	\$44.60	\$69.60
Annual Deductible	\$310	\$0
Copays:	30-day retail / 90-day mail order	30-day retail / 90-day mail order
<b>Drug Tiers</b>		
Tier 1: Generic Drugs	\$6 / \$15	\$7 / \$18
Tier 2: Non-Preferred Generic and Preferred Brand	\$28 / \$84	\$30 / \$90
Tier 3: Non-Preferred Brand	\$70 / \$210	\$70 / \$210
Tier 4: Specialty Drugs	25%	33%
<b>In the Coverage Gap:</b> After you reach \$2,840 and until your payments reach \$4,550**, you pay:	<ul style="list-style-type: none"> <li>• 93% for Part D generic drugs</li> <li>• 100% for Part D brand drugs. The price you pay may include a 50% discount provided by drug manufacturers</li> </ul>	<ul style="list-style-type: none"> <li>• Tier 1 copayments for Tier 1 drugs (generics)</li> <li>• 93% for all other Part D generic drugs</li> <li>• 100% for Part D brand drugs. The price you pay may include a 50% discount provided by drug manufacturers</li> </ul>
<b>After the Coverage Gap:</b> When your payments for the year are greater than \$4,550**, you pay the greater of:	<ul style="list-style-type: none"> <li>• \$2.50 per prescription for generic drugs (including brand drugs treated as generics)</li> <li>• \$6.30 per prescription for brand drugs <u>or</u></li> <li>• 5% per prescription</li> </ul>	

You must use network pharmacies to access your prescription drug benefit, except under non-routine circumstances. Some medications require prior authorization or have quantity limits. For more information see the enclosed Comprehensive Formulary.

\*You must continue to pay your Medicare Part B premium.

\*\*Please Note: The amount discounted by the manufacturer in the Coverage Gap counts towards your out-of-pocket costs as if you had paid the total amount of the drug yourself. This helps you move through the gap.

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
- The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778; or
- Your State Medicaid Office.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for up to one hundred (100) percent of drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048.

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## QUESTIONS?

**CALL: 1-800-978-2222; TTY 1-888-899-8977\***

**VISIT US AT: [tuftsmedicarepreferred.org](http://tuftsmedicarepreferred.org)**

\*Representatives are available Monday – Friday, 8:00 a.m. – 8:00 p.m. (From October 15 – March 1, representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m.) After hours and on holidays, please leave a message and a representative will return your call the next business day.

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Tufts Health Plan Medicare Preferred is a Medicare approved Part D Sponsor.

Benefits, formulary, pharmacy, network, premium and/or copayments/coinsurance, service area may change on January 1, 2012. 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. For more information please review the enclosed Summary of Benefits.

Members may enroll in the plan only during specific times of the year. Contact Tufts Health Plan Medicare Preferred for more information.

Limitations, copayments and restrictions may apply.

Information about our plan is available in alternate formats.

Visit us online at

[tuftsmedicarepreferred.org](http://tuftsmedicarepreferred.org)

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