

# TUFTS MEDICARE PREFERRED PDP SUMMARY OF BENEFITS #S0655

Tufts Medicare Preferred PDP Standard  
Tufts Medicare Preferred PDP Enhanced



## Look Inside

- Prescription drug benefits
- Service area listing

Effective January 1, 2011–December 31, 2011  
S0655\_2011\_45 CMS Approved 09/22/2010

TUFTS  Health Plan  
Medicare Preferred



# Introduction to the Summary of Benefits Report for Tufts Medicare Preferred PDP (PDP) Plans

January 1, 2011 - December 31, 2011

Central New England (CT, MA, RI, VT)

Thank you for your interest in Tufts Medicare Preferred PDP (PDP) plans. Our plans are offered by TUFTS INSURANCE COMPANY/Tufts Health Plan Medicare Preferred, a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plans. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call Tufts Health Plan Medicare Preferred and ask for the "Evidence of Coverage".

## You Have Choices In Your Medicare Prescription Drug Coverage

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like our Tufts Medicare Preferred PDP (PDP) plans. Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

## How Can I Compare My Options?

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by Tufts Medicare Preferred PDP (PDP) plans to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

## Where Are Tufts Medicare Preferred PDP (PDP) Plans Available?

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information.

The service area for these plans includes: Central New England (Connecticut, Massachusetts, Rhode Island, and Vermont). You must live in one of these areas to join this plan.

## Who Is Eligible To Join?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area.

If you are enrolled in an MA coordinated care (HMO or PPO) plan or an MA PFFS plan that includes Medicare prescription drugs, you may not enroll in a PDP unless you disenroll from the HMO, PPO or MA PFFS plan.

Enrollees in a private fee-for-service plan (PFFS) that does not provide Medicare prescription drug coverage, or an MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost Plan may enroll in a PDP.

## Where Can I Get My Prescriptions?

Tufts Health Plan Medicare Preferred has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at [tuftsmedicarepreferred.org/druglist.php](http://tuftsmedicarepreferred.org/druglist.php). Our customer service number is listed at the end of this introduction.

## **Does My Plan Cover Medicare Part B Or Part D Drugs?**

Tufts Medicare Preferred PDP (PDP) plans do not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

## **What Is A Prescription Drug Formulary?**

Tufts Medicare Preferred PDP (PDP) plans use a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our website [tuftsmedicarepreferred.org/druglist.php](http://tuftsmedicarepreferred.org/druglist.php).

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

## **What Should I Do If I Have Other Insurance In Addition To Medicare?**

If you have a Medigap (Medicare Supplement Insurance) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap policy, your Medigap Issuer will remove the prescription drug coverage portion from your Medigap policy. Your Issuer will adjust your premium. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join a Tufts Medicare Preferred PDP (PDP) plan. Get this information before you decide to enroll in this plan.

## **How Can I Get Extra Help With My Prescription Drug Plan Costs or Get Help With Other Medicare Costs?**

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/ 7 days a week; and see [www.medicare.gov](http://www.medicare.gov) 'Programs for People with Limited Income and Resources' in the publication Medicare & You.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or
- Your State Medicaid Office

## **What Are My Protections In This Plan?**

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Prescription Drug Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare Prescription Drug coverage in your area.

As a member of a Tufts Medicare Preferred PDP (PDP) plan, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

### What Is A Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Tufts Health Plan Medicare Preferred for more details.

### Where Can I Find Information on Plan Ratings

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on [www.medicare.gov](http://www.medicare.gov) and select "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call Tufts Health Plan Medicare Preferred for more information about Tufts Medicare Preferred PDP (PDP) plans.

Visit us at [tuftsmedicarepreferred.org](http://tuftsmedicarepreferred.org) or, call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Eastern

**Current members** should call toll-free  
(800)-701-9000. (TTY/TDD (800)-208-9562)

**Prospective members** should call toll-free  
(800)-978-2222. (TTY/TDD (888)-899-8977)

**Current members** should call locally  
(800)-701-9000. (TTY/TDD (800)-208-9562)

**Prospective members** should call locally  
(800)-978-2222. (TTY/TDD (888)-899-8977)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit [www.medicare.gov](http://www.medicare.gov) on the web.

If you have special needs, this document may be available in other formats or languages.

## Tufts Medicare Preferred PDP (PDP) Plans Benefits Chart

Benefit Category	Original Medicare	Tufts Medicare Preferred PDP Standard (PDP)	Tufts Medicare Preferred PDP Enhanced (PDP)
Prescription Drugs	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p><b>Drugs Covered under Medicare Part D</b></p> <p><b>General</b> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://tuftsmedicarepreferred.org">tuftsmedicarepreferred.org</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>• have limited incomes,</li> <li>• live in long term care facilities, or</li> <li>• have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>\$44.60 monthly premium</p> <p>Most people will pay their Part D premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part D premiums based on income, call Medicare at 1-800 MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p><b>Drugs Covered under Medicare Part D</b></p> <p><b>General</b> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://tuftsmedicarepreferred.org">tuftsmedicarepreferred.org</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>• have limited incomes,</li> <li>• live in long term care facilities, or</li> <li>• have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>\$69.60 monthly premium</p> <p>Most people will pay their Part D premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part D premiums based on income, call Medicare at 1-800 MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>

Benefit Category	Original Medicare	Tufts Medicare Preferred PDP Standard (PDP)	Tufts Medicare Preferred PDP Enhanced (PDP)
Prescription Drugs	See page 4	<p>The plan offers national in-network prescription coverage (i.e., this would include 50 states, DC and Puerto Rico). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Tufts Medicare Preferred PDP Standard (PDP) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <a href="http://www.Medicare.gov">Medicare.gov</a>.</p>	<p>The plan offers national in-network prescription coverage (i.e., this would include 50 states, DC and Puerto Rico). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Tufts Medicare Preferred PDP Enhanced (PDP) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <a href="http://www.Medicare.gov">Medicare.gov</a>.</p>

## Tufts Medicare Preferred PDP (PDP) Plans Benefits Chart

Benefit Category	Original Medicare	Tufts Medicare Preferred PDP Standard (PDP)	Tufts Medicare Preferred PDP Enhanced (PDP)
Prescription Drugs	See page 4	<p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Tufts Medicare Preferred PDP Standard (PDP) approves the exception, you will pay Tier 3: Non-Preferred Brand Drugs cost-sharing for that drug.</p> <p><b>In-Network</b> \$310 yearly deductible.</p> <p><b>Initial Coverage</b> After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,840.</p> <p><b>Retail Pharmacy</b> <b>Tier 1: Generic Drugs</b></p> <ul style="list-style-type: none"> <li>• \$6 copay for a one-month (30-day) supply of drugs in this tier</li> <li>• \$18 copay for a three-month (90-day) supply of drugs in this tier</li> <li>• \$12 copay for a 60-day supply of drugs in this tier</li> </ul>	<p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Tufts Medicare Preferred PDP Enhanced (PDP) approves the exception, you will pay Tier 3: Non-Preferred Brand Drugs cost-sharing for that drug.</p> <p><b>In-Network</b> \$0 yearly deductible.</p> <p><b>Initial Coverage</b> You pay the following until total yearly drug costs reach \$2,840.</p> <p><b>Retail Pharmacy</b> <b>Tier 1: Generic Drugs</b></p> <ul style="list-style-type: none"> <li>• \$7 copay for a one-month (30-day) supply of drugs in this tier</li> <li>• \$21 copay for a three-month (90-day) supply of drugs in this tier</li> <li>• \$14 copay for a 60-day supply of drugs in this tier</li> </ul>

Benefit Category	Original Medicare	Tufts Medicare Preferred PDP Standard (PDP)	Tufts Medicare Preferred PDP Enhanced (PDP)
Prescription Drugs	See page 4	<p><b>Tier 2: Non-Preferred Generic and Preferred Brand Drugs</b></p> <ul style="list-style-type: none"> <li>• \$28 copay for a one-month (30-day) supply of drugs in this tier</li> <li>• \$84 copay for a three-month (90-day) supply of drugs in this tier</li> <li>• \$56 copay for a 60-day supply of drugs in this tier</li> </ul> <p><b>Tier 3: Non-Preferred Brand Drugs</b></p> <ul style="list-style-type: none"> <li>• \$70 copay for a one-month (30-day) supply of drugs in this tier</li> <li>• \$210 copay for a three-month (90-day) supply of drugs in this tier</li> <li>• \$140 copay for a 60-day supply of drugs in this tier</li> </ul> <p><b>Tier 4: Specialty Tier Drugs</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (30-day) supply of drugs in this tier</li> <li>• 25% coinsurance for a three-month (90-day) supply of drugs in this tier</li> <li>• 25% coinsurance for a 60-day supply of drugs in this tier</li> </ul>	<p><b>Tier 2: Non-Preferred Generic and Preferred Brand Drugs</b></p> <ul style="list-style-type: none"> <li>• \$30 copay for a one-month (30-day) supply of drugs in this tier</li> <li>• \$90 copay for a three-month (90-day) supply of drugs in this tier</li> <li>• \$60 copay for a 60-day supply of drugs in this tier</li> </ul> <p><b>Tier 3: Non-Preferred Brand Drugs</b></p> <ul style="list-style-type: none"> <li>• \$70 copay for a one-month (30-day) supply of drugs in this tier</li> <li>• \$210 copay for a three-month (90-day) supply of drugs in this tier</li> <li>• \$140 copay for a 60-day supply of drugs in this tier</li> </ul> <p><b>Tier 4: Specialty Tier Drugs</b></p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (30-day) supply of drugs in this tier</li> <li>• 33% coinsurance for a three-month (90-day) supply of drugs in this tier</li> <li>• 33% coinsurance for a 60-day supply of drugs in this tier</li> </ul>

## Tufts Medicare Preferred PDP (PDP) Plans Benefits Chart

Benefit Category	Original Medicare	Tufts Medicare Preferred PDP Standard (PDP)	Tufts Medicare Preferred PDP Enhanced (PDP)
Prescription Drugs	See page 4	<p><b>Long Term Care Pharmacy</b></p> <p><b>Tier 1: Generic Drugs</b></p> <ul style="list-style-type: none"> <li>• \$6 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><b>Tier 2: Non-Preferred Generic and Preferred Brand Drugs</b></p> <ul style="list-style-type: none"> <li>• \$28 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><b>Tier 3: Non-Preferred Brand Drugs</b></p> <ul style="list-style-type: none"> <li>• \$70 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><b>Tier 4: Specialty Tier Drugs</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><b>Mail Order</b></p> <p><b>Tier 1: Generic Drugs</b></p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (30-day) supply of drugs in this tier</li> <li>• \$15 copay for a three-month (90-day) supply of drugs in this tier</li> <li>• \$10 copay for a 60-day supply of drugs in this tier</li> </ul>	<p><b>Long Term Care Pharmacy</b></p> <p><b>Tier 1: Generic Drugs</b></p> <ul style="list-style-type: none"> <li>• \$7 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><b>Tier 2: Non-Preferred Generic and Preferred Brand Drugs</b></p> <ul style="list-style-type: none"> <li>• \$30 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><b>Tier 3: Non-Preferred Brand Drugs</b></p> <ul style="list-style-type: none"> <li>• \$70 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><b>Tier 4: Specialty Tier Drugs</b></p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><b>Mail Order</b></p> <p><b>Tier 1: Generic Drugs</b></p> <ul style="list-style-type: none"> <li>• \$6 copay for a one-month (30-day) supply of drugs in this tier</li> <li>• \$18 copay for a three-month (90-day) supply of drugs in this tier</li> <li>• \$12 copay for a 60-day supply of drugs in this tier</li> </ul>

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Prescription Drugs	See page 4	<p><b>Tier 2: Non-Preferred Generic and Preferred Brand Drugs</b></p> <ul style="list-style-type: none"> <li>• \$28 copay for a one-month (30-day) supply of drugs in this tier</li> <li>• \$84 copay for a three-month (90-day) supply of drugs in this tier</li> <li>• \$56 copay for a 60-day supply of drugs in this tier</li> </ul> <p><b>Tier 3: Non-Preferred Brand Drugs</b></p> <ul style="list-style-type: none"> <li>• \$70 copay for a one-month (30-day) supply of drugs in this tier</li> <li>• \$210 copay for a three-month (90-day) supply of drugs in this tier</li> <li>• \$140 copay for a 60-day supply of drugs in this tier</li> </ul> <p><b>Tier 4: Specialty Tier Drugs</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (30-day) supply of drugs in this tier</li> <li>• 25% coinsurance for a three-month (90-day) supply of drugs in this tier</li> <li>• 25% coinsurance for a 60-day supply of drugs in this tier</li> </ul>	<p><b>Tier 2: Non-Preferred Generic and Preferred Brand Drugs</b></p> <ul style="list-style-type: none"> <li>• \$30 copay for a one-month (30-day) supply of drugs in this tier</li> <li>• \$90 copay for a three-month (90-day) supply of drugs in this tier</li> <li>• \$60 copay for a 60-day supply of drugs in this tier</li> </ul> <p><b>Tier 3: Non-Preferred Brand Drugs</b></p> <ul style="list-style-type: none"> <li>• \$70 copay for a one-month (30-day) supply of drugs in this tier</li> <li>• \$210 copay for a three-month (90-day) supply of drugs in this tier</li> <li>• \$140 copay for a 60-day supply of drugs in this tier</li> </ul> <p><b>Tier 4: Specialty Tier Drugs</b></p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (30-day) supply of drugs in this tier</li> <li>• 33% coinsurance for a three-month (90-day) supply of drugs in this tier</li> <li>• 33% coinsurance for a 60-day supply of drugs in this tier</li> </ul>

## Tufts Medicare Preferred PDP (PDP) Plans Benefits Chart

Benefit Category	Original Medicare	Tufts Medicare Preferred PDP Standard (PDP)	Tufts Medicare Preferred PDP Enhanced (PDP)
Prescription Drugs	See page 4	<p><b>Coverage Gap</b> After your total yearly drug costs reach \$2,840, you pay 93% for all generic drugs and 100% for all brand drugs until your yearly out-of-pocket drug costs reach \$4,550.</p> <p><b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• A \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul> <p><b>Out-of-Network</b> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Tufts Medicare Preferred PDP Standard (PDP).</p>	<p><b>Additional Coverage Gap</b> You pay the following:</p> <p><b>Retail Pharmacy</b> <b>Tier 1: Generic Drugs</b></p> <ul style="list-style-type: none"> <li>• \$7 copay for a one-month (30-day) supply of drugs in this tier</li> <li>• \$21 copay for a three-month (90-day) supply of drugs in this tier</li> <li>• \$14 copay for a 60-day supply of drugs in this tier</li> </ul> <p><b>Long Term Care Pharmacy</b> <b>Tier 1: Generic Drugs</b></p> <ul style="list-style-type: none"> <li>• \$7 copay for a one-month (31-day) supply of all drugs covered in this tier</li> </ul> <p><b>Mail Order</b> <b>Tier 1: Generic Drugs</b></p> <ul style="list-style-type: none"> <li>• \$6 copay for a one-month (30-day) supply of all drugs covered in this tier</li> <li>• \$18 copay for a three-month (90-day) supply of all drugs covered in this tier</li> <li>• \$12 copay for a 60-day supply of all drugs covered in this tier</li> </ul> <p>For all other covered drugs, after your total yearly drug costs reach \$2,840, you pay 93% for all generic drugs, 100% for all brand drugs until your yearly out-of-pocket drug costs reach \$4,550.</p>

Benefit Category	Original Medicare	Tufts Medicare Preferred PDP Standard (PDP)	Tufts Medicare Preferred PDP Enhanced (PDP)
Prescription Drugs	See page 4	<p><b>Out-of-Network Initial Coverage</b> You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,840:</p> <p><b>Tier 1: Generic Drugs</b></p> <ul style="list-style-type: none"> <li>• \$6 copay for a one-month (30-day) supply of drugs in this tier</li> </ul> <p><b>Tier 2: Non-Preferred Generic and Preferred Brand Drugs</b></p> <ul style="list-style-type: none"> <li>• \$28 copay for a one-month (30-day) supply of drugs in this tier</li> </ul> <p><b>Tier 3: Non-Preferred Brand Drugs</b></p> <ul style="list-style-type: none"> <li>• \$70 copay for a one-month (30-day) supply of drugs in this tier</li> </ul> <p><b>Tier 4: Specialty Tier Drugs</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (30-day) supply of drugs in this tier</li> </ul> <p>You will not be reimbursed for the difference between the Out-of-Network pharmacy charge and the plan's In-Network allowable amount.</p>	<p><b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• A \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul> <p><b>Out-of-Network</b> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Tufts Medicare Preferred PDP Enhanced (PDP).</p> <p><b>Out-of-Network Initial Coverage</b> You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,840:</p>

## Tufts Medicare Preferred PDP (PDP) Plans Benefits Chart

Benefit Category	Original Medicare	Tufts Medicare Preferred PDP Standard (PDP)	Tufts Medicare Preferred PDP Enhanced (PDP)
Prescription Drugs	See page 4	<p><b>Out-of-Network Coverage Gap</b>            After your total yearly drug costs reach \$2,840, you pay 93% for all generic drugs and 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Tufts Medicare Preferred PDP Standard (PDP) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Tufts Medicare Preferred PDP Standard (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>You will not be reimbursed for the difference between the Out-of-Network pharmacy charge and the plan's In-Network allowable amount.</p>	<p><b>Tier 1: Generic Drugs</b>            • \$7 copay for a one-month (30-day) supply of drugs in this tier</p> <p><b>Tier 2: Non-Preferred Generic and Preferred Brand Drugs</b>            • \$30 copay for a one-month (30-day) supply of drugs in this tier</p> <p><b>Tier 3: Non-Preferred Brand Drugs</b>            • \$70 copay for a one-month (30-day) supply of drugs in this tier</p> <p><b>Tier 4: Specialty Tier Drugs</b>            • 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>You will not be reimbursed for the difference between the Out-of-Network pharmacy charge and the plan's In-Network allowable amount.</p>

Benefit Category	Original Medicare	Tufts Medicare Preferred PDP Standard (PDP)	Tufts Medicare Preferred PDP Enhanced (PDP)
Prescription Drugs	See page 4	<p><b>Out-of-Network Catastrophic Coverage</b>            After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus your cost-share, which is the greater of:</p> <ul style="list-style-type: none"> <li>• A \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul>	<p><b>Additional Out-of-Network Coverage Gap</b>            You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p><b>Tier 1: Generic Drugs</b></p> <ul style="list-style-type: none"> <li>• \$7 copay for a one-month (up to a 30 day) supply of all drugs covered in this tier</li> </ul> <p><b>Tier 2: Non-Preferred Generic and Preferred Brand Drugs</b>            You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly drug costs reach \$4,550.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly drug costs reach \$4,550.</p> <p><b>Tier 3: Non Preferred Brand Drugs</b>            You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly drug costs reach \$4,550.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly drug costs reach \$4,550.</p>

## Tufts Medicare Preferred PDP (PDP) Plans Benefits Chart

Benefit Category	Original Medicare	Tufts Medicare Preferred PDP Standard (PDP)	Tufts Medicare Preferred PDP Enhanced (PDP)
Prescription Drugs	See page 4	See pages 4-13	<p><b>Tier 4: Specialty Drugs</b>            You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly drug costs reach \$4,550.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly drug costs reach \$4,550.</p> <p>You will not be reimbursed for the difference between the Out-of-Network pharmacy charge and the plan's In-Network allowable amount.</p> <p><b>Out-of-Network Catastrophic Coverage</b>            After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus your cost-share, which is the greater of:</p> <ul style="list-style-type: none"> <li>• A \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul>

## Important Information About Tufts Medicare Preferred PDP Plans

For more than 25 years, we have been committed to providing a high standard of health care coverage.

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, a 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:

- Coverage for brand-name and generic drugs
- Option with no deductible
- 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 drug needs are covered when it counts.

Answers to your questions are a toll-free call away. Our dedicated Tufts Health Plan Medicare Preferred representatives are ready to assist you with questions about benefits, coverage or other help you may need. The number to call is listed on the back cover of this Summary of Benefits.

## Further Details about Coverage Described in Section Two of this Summary of Benefits

### Covered and Non-Covered Drugs

The Tufts Medicare Preferred PDP formulary is a list of prescription drugs approved for coverage by Tufts Medicare Preferred PDP. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Tufts Medicare Preferred PDP participating pharmacy, and other plan rules are followed. During the year, prescription drugs may be added to the formulary, removed from the formulary or moved from one tier to another. If we remove a drug from the formulary or move a drug from one tier to a higher cost-sharing tier (example: from Tier 2 to Tier 3), we must notify you at least 60 days before the date that the change becomes effective.

### Medical Review Process for Coverage of Prescription Drugs

If your doctor believes a drug included in one of our pharmacy management programs is necessary for your treatment, the doctor may submit a request for coverage to our Precertification Department. We will cover the drug if it meets our medical necessity coverage guidelines. If the request isn't approved, you can appeal the decision. For additional information, please call our Customer Service department or visit our website as indicated on the back cover of this document.

Prescription Drugs (see pp 4-14)

	Standard Rx Option: Can be combined with Tufts Medicare Preferred Supplement plans				Enhanced Rx Option: Can be combined with Tufts Medicare Preferred Supplement plans			
	You pay \$310 deductible				You pay no deductible			
Initial coverage limit	You are covered up to \$2,840 of drug costs paid by you and the Plan. <b>You pay:</b>							
Retail	Tier 1	Tier 2	Tier 3	Tier 4	Tier 1	Tier 2	Tier 3	Tier 4
30-day supply	\$6	\$28	\$70	25%	\$7	\$30	\$70	33%
60-day supply	\$12	\$56	\$140	25%	\$14	\$60	\$140	33%
90-day supply	\$18	\$84	\$210	25%	\$21	\$90	\$210	33%
Mail Order	Tier 1	Tier 2	Tier 3	Tier 4	Tier 1	Tier 2	Tier 3	Tier 4
30-day supply	\$5	\$28	\$70	25%	\$6	\$30	\$70	33%
60-day supply	\$10	\$56	\$140	25%	\$12	\$60	\$140	33%
90-day supply	\$15	\$84	\$210	25%	\$18	\$90	\$210	33%
In the Coverage Gap	After combined yearly drug costs paid by you and Tufts Medicare Preferred reach \$2,840*							
	<b>You pay:</b> <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 for brand drugs may include a 50% discount provided by drug manufacturers.</li> </ul>				<b>You pay:</b> <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>			
After the Coverage Gap	When your own payments for the year are greater than \$4,550*, <b>you pay the greater of:</b>							
	<ul style="list-style-type: none"> <li>• \$2.50 per prescription for generic drugs (including brand drugs treated like generics)</li> <li>• \$6.30 per prescription for brand drugs <b>or</b></li> <li>• 5% per prescription</li> </ul>							

**\*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.

## **Limitations and Exclusions**

The benefits listed in this Summary of Benefits may be subject to limitations and exclusions. When you become a member of a Tufts Medicare Preferred PDP plan, you will receive an Evidence of Coverage book that includes all limitations and exclusions. If you have questions about limitations and exclusions, please contact us at the phone number on the back of this booklet.

## **Contract Renewal**

The contract between Tufts Health Plan Medicare Preferred and the Centers for Medicare & Medicaid Services (CMS) is renewed annually. Tufts Health Plan Medicare Preferred is authorized by law to refuse to renew its contract with CMS and CMS also may refuse to renew the contract. Termination or non-renewal may result in termination of the beneficiary's enrollment in the Plan. The availability of coverage beyond the end of the contract year is not guaranteed. Please contact Tufts Health Plan Medicare Preferred for details.

## **Privacy Policy**

Our Privacy Policy is posted on our website. If you do not have access to the Web, please call us at 1-800-978-2222 (TTY: 1-888-899-8977) to receive a copy in the mail. Representatives are available Monday – Friday, 8:00 a.m. – 8:00 p.m. (Representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m. from Oct. 15 – Mar. 1.) After hours and on holidays, please leave a message and a representative will return your call the next business day.

# TUFTS HEALTH PLAN MEDICARE PREFERRED...

*We're here to help.*

Information about our plan is available in alternate formats.

If you have any questions, please call us toll free and we will be happy to assist you. 1-800-978-2222. The hearing impaired may call: TTY 1-888-899-8977. Representatives are available Monday – Friday, 8:00 a.m. – 8:00 p.m. (Representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m. from Oct. 15 – Mar. 1.) After hours and on holidays, please leave a message and a representative will return your call the next business day.

Or visit our website at [tuftsmedicarepreferred.org](http://tuftsmedicarepreferred.org).

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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.

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.

Visit us online at

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

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705 Mount Auburn Street, Watertown, MA 02472