

TUFTS MEDICARE PREFERRED HMO PLAN HIGHLIGHTS



TUFTS  Health Plan
Medicare Preferred

STEP 1: Choose your medical plan

With our Tufts Medicare Preferred HMO plans, you can choose the plan that's right for you. You'll get more comprehensive coverage than Original Medicare alone.

	Tufts Medicare Preferred HMO		
Plan Premiums & Benefits	HMO Basic	HMO Value	HMO Prime
Monthly Medical Premium (by county)¹			
Hampden	\$0	\$24	\$54
Hampshire	\$0	\$52	\$82
Bristol*, Middlesex, Norfolk, Plymouth**	\$0	\$72	\$102
Barnstable	\$0	\$72	\$112
Essex, Suffolk, Worcester	\$20	\$93	\$126
Deductibles	No deductible (all three plans)		
Doctors Office Visits			
Primary Care Physician (PCP) ²	\$20	\$15	\$10
Specialist	\$30	\$20	\$15
Annual Out-of-Pocket Maximum	\$3,400 (all three plans)		
Inpatient Hospital Coverage	\$200 per day for days 1-10; \$0 per day after day 10 (each admission)	\$125 per day for days 1-5; \$0 per day after day 5 (each admission)	\$300 once per year
Outpatient Services / Surgery	\$165	\$150	\$50
Diagnostic Procedures, Tests & Lab Services	\$0 copay (all three plans)		
Emergency Care	\$65; coverage when you travel within the US and worldwide		
Annual Routine Visions Exam³	\$30	\$20	\$15
Annual Eyewear Benefit³	\$150 per year towards eyewear (lenses, frames and upgrades) or contact lenses, but not both		
Annual Routine Hearing Exam	\$30	\$20	\$15
Annual Fitness and Nutritional Counseling Benefit	\$150 per year towards fitness club membership, instructional fitness classes, and/or nutritional counseling		

¹You must live in Barnstable, Bristol*, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth**, Suffolk or Worcester counties.

*Excluded towns in Bristol County are Berkley, Dighton, Taunton

**Excluded towns in Plymouth County are Lakeville, Middleborough

Individuals must have both Part A and Part B to enroll.

You must continue to pay your Medicare Part B premium.

²The PCP you choose works with certain plan specialists he/she uses for referrals, called a "referral circle," to provide the medical care you need. This means in most cases, you will not have access to the entire Tufts Medicare Preferred HMO network, except in an emergency or urgent care situations, or for out-of-area renal dialysis. If you obtain routine care from out-of-network providers neither Medicare nor Tufts Health Plan Medicare Preferred will be responsible for the costs.

³Must be provided by an EyeMed provider. The eyewear benefit cannot be combined with other coupons or discounts.

STEP 2: Choose your prescription drug plan

With our Tufts Medicare Preferred HMO plans, you've got the option of adding prescription drug coverage, with or without generic drug coverage in the gap.

	Tufts Medicare Preferred HMO Optional Prescription Drug Plans*	
Plan Premiums & Benefits	Rx Option	Rx Plus Option** (with HMO Prime only)
Monthly Prescription Drug Plan Premium (in addition to your monthly medical premium)	\$27.90	\$58.40
Deductible	No deductibles	No deductibles
Copays:	30-day retail / 90-day mail order	30-day retail / 90-day mail order
Drug Tiers		
Tier 1: Generic Drugs	\$10 / \$24	\$8 / \$21
Tier 2 : Preferred Brand Drugs	\$43 / \$129	\$35 / \$105
Tier 3: Non-Preferred Brand Drugs	\$93 / \$279	\$75 / \$225
Tier 4: Specialty Tier Drugs	33%	33%
In the Coverage Gap: After you reach \$2,930 and until your payments reach \$4,700***, you pay:	<ul style="list-style-type: none"> • 86% for Part D generic drugs • 100% for Part D brand drugs. The price you pay may include a 50% discount provided by drug manufacturers 	<ul style="list-style-type: none"> • Tier 1 copayments for Tier 1 drugs (generics) • 86% for Part D generic drugs • 100% for Part D brand drugs. The price you pay may include a 50% discount provided by drug manufacturers
After the Coverage Gap: When your payments for the year are greater than \$4,700***, you pay the greater of:	<ul style="list-style-type: none"> • 5% per prescription <u>or</u> • \$2.60 per prescription for Part D generic drugs (including brand drugs treated as generics) <u>and</u> • \$6.50 per prescription for Part D brand drugs 	

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.

*If you join any of our three HMO plans, even medical only, you cannot join a separate prescription drug plan. If you want Medicare prescription drug coverage, you must obtain it through one of our HMO plans. Our Rx Option and Rx Plus Option are qualified Medicare Part D prescription drug plans.

**Available with HMO Prime only.

***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.

Please note: When purchasing at a retail location, you will pay, whichever is lower, either the copay or the amount charged by the retailer.

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 you qualify, Medicare could pay for up to seventy-five (75) percent or more of your 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.

QUESTIONS?

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

VISIT US AT: tuftsmedicarepreferred.org

*Representatives are available Monday – Friday, 8:00 a.m. – 8:00 p.m. (From October 15 – February 14, 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 on the next business day.

Tufts Health Plan Medicare Preferred is a Medicare Advantage organization with a Medicare contract. The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information, contact the plan.

Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013. The availability of coverage beyond the end of the contract year is not guaranteed.

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.

This information is available for free in other languages. Please contact our Customer Relations number at 1-800-701-9000 for additional information.

Esta información está disponible sin costo en otros idiomas. Para obtener más información, comuníquese a nuestro número de relaciones al cliente al 1-800-701-9000.