2027 Evidence of Coverage for the Wrap plan accompanying the Tufts Health Plan Medicare Advantage HMO plan

Evidence of Coverage Wrap Plan

This supplies information regarding your Wrap coverage that accompanies your Part D prescription drug coverage.

In 2027, Tufts Health Plan will include Wrap coverage in conjunction with your Part D drug coverage. Depending on which benefit stage you are in, the Wrap covers a portion of the cost of the drug. **This Wrap is additional coverage to your Tufts Health Plan Medicare Advantage HMO plan and is offered through Tufts Insurance Company. Please refer to the updated table below for how the Wrap works in the different stages.**

Deductible Stage	Initial Stage	Catastrophic Stage
You begin in this stage when you fill your first prescription of the year. The Medicare Part D deductible is $700. The Wrap will cover up to the Medicare Part D deductible ($700). You stay in this stage until your year-to- date **"total drug costs"** (your payments, plus any Wrap payments) total $700 (Medicare Part D deductible).	You pay the appropriate copayment based on the tier of drug that you obtain. You pay $0 for covered Vaccines. You won't pay more than $35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier. Tufts Health Plan and the drug manufacturer will cover 75% of the cost of the drug. The Wrap will pay the balance of the cost after your copayment up to 25% of the cost of the drug. You stay in this stage until your year-to-date "**total drug costs**" (your payments plus any Part D plan's payments to supplement Part D member cost sharing) total $2,400.	During this payment stage, you pay nothing for your covered Part D drugs. For excluded drugs covered under our enhanced benefit, you continue to pay the applicable copayment based on the drug's tier.

If your claim for benefits has been denied in whole or in part, you have the right to request a review (appeal) of this denial. If you, or someone acting on your behalf, would like to file an appeal for coverage, you or this person may call the Member Services department or submit the request in writing to:

Tufts Health Plan
Member Appeals Department
P.O. Box 474
1 Wellness Way
Canton, MA 02021