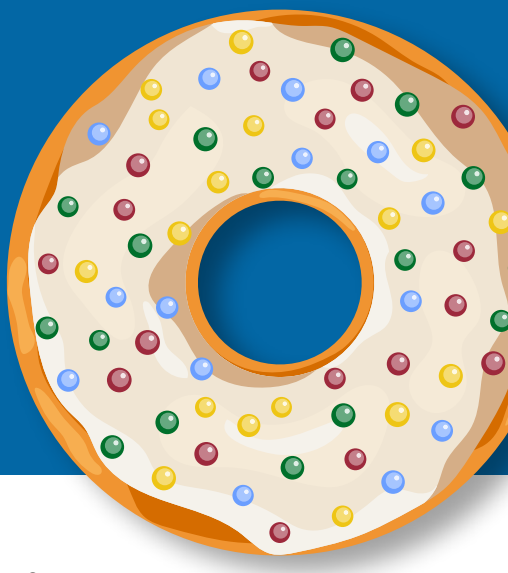
TUFTS Health Plan

Understanding the Medicare Donut Hole



As a member of a Medicare Part D prescription drug plan, there are four stages that determine the amount you pay for your prescription drugs:

1. **Deductible Stage**
2. **Initial Coverage Stage**
3. **Coverage Gap Stage**
4. **Catastrophic Coverage Stage**

The Coverage Gap Stage, also known as the "donut hole," can be the most complex. Below, you'll find an explanation of each stage, including details on how the donut hole works.

1 Deductible Stage

Members of Saver Rx, Basic Rx, and Value Rx plans have an annual deductible for prescription drugs and begin in the Deductible Stage each year on January 1.

If you are a member of one of these plans, you pay your deductible (see right) for your Tier 3, Tier 4, and Tier 5 drugs before the Initial Coverage Stage begins (see next page).

Members of Prime Rx and Prime Rx Plus plans do not have a prescription drug deductible and start each coverage year in the Initial Coverage Stage.

2019 Plan Drug Deductibles

Value Rx
$300

Basic Rx
$350

Saver Rx
$400

2 Initial Coverage Stage

After you reach your deductible (or at the beginning of the year for Prime Rx and Prime Rx Plus members), your plan starts sharing the cost of your drugs. You remain in the Initial Coverage Stage until the total cost of your drugs (what you pay plus what we pay) reaches **$3,820**. This amount is called the Initial Coverage Limit.

- You pay your copays
- Plan pays the remaining cost

up to **$3,820**

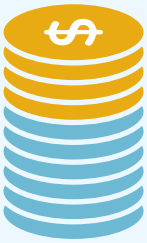
3 The Donut Hole

You enter the donut hole once the total cost of your drugs reaches **$3,820**. In the donut hole, you pay a percentage of the cost for your prescription drugs.

For generic drugs, you pay 37% of the cost and your plan pays the remaining cost. For brand name drugs, you pay 25% of the cost and the drug manufacturer and your plan share the remaining cost (see right). Prime Rx Plus members pay only the copay for Tier 1 and Tier 2 drugs.

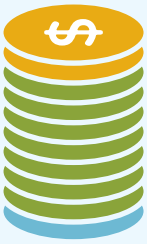
During this stage, only your share and the drug manufacturer's share contribute toward your out-of-pocket total. You remain in the donut hole until your out-of-pocket total during the calendar year reaches **$5,100**.

Generic Drugs:



- You pay **37%**
- Plan pays **63%**

Brand-Name Drugs:



- You pay **25%**
- Drug manufacturer pays **70%**
- Plan pays **5%**

up to **$5,100**

4 Catastrophic Coverage Stage

This stage begins when your out-of-pocket total reaches **$5,100**. See right for your drug costs during this stage. You remain in the Catastrophic Coverage Stage until January 1, 2020.

Generic Drugs:
You pay the greater of **$3.40** or **5%**

Brand Name Drugs:
You pay the greater of **$8.50** or **5%**

For complete details, see your Evidence of Coverage (EOC) booklet, available at **thpmp.org/documents**.

The amounts above are for the 2019 calendar year only. Amounts may change on January 1 of each year. Tufts Health Plan is an HMO plan with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal. For more information, call Customer Relations at 1-800-701-9000 (TTY: 711) Mon.–Fri., 8 a.m.–8 p.m. (10/1–3/31: 7 days a week, 8 a.m.–8 p.m.) H2256_2019_427_C