TUFTS MEDICARE PREFERRED SUPPLEMENT PLANS | 2015

Outline of Medicare Supplement Coverage

Tufts Medicare Preferred Supplement Core
Tufts Medicare Preferred Supplement One

Effective January 1, 2015–December 31, 2015

18-MSOC-15

TUFTS Health Plan
Medicare Preferred

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE—COVER PAGE: BENEFIT PLANS MEDICARE SUPPLEMENT CORE THROUGH 1

Medicare Supplement Insurance can be sold in only two standard plans. This chart shows the benefits included in each plan. Every company must make available the "Core" plan. Companies may add certain benefits to the standard benefits, if approved by the Commissioner. Look at each company's materials to find out which benefits, if any, the company has added to the standard benefits for each plan it offers.

Basic Benefits: Included in all plans.

Hospitalization: Part A coinsurance coverage for the first 90 days per benefit period (not including the Medicare Part A deductible) and the 60 Medicare lifetime reserve days, plus coverage for 365 additional days after Medicare benefits end. This shall also include benefits for biologically-based mental disorders.

Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses), or, in the case of hospital outpatient department services under a prospective payment system, applicable copayments. This shall also include benefits for biologically-based mental disorders.

Blood: First three pints of blood each year.

Tufts Medicare Preferred Supplement Core	Tufts Medicare Preferred Supplement One
Standard Benefits Basic Benefits	
Hospitalization: For biologically based mental disorders, stays in a licensed mental hospital, less Part A deductibles; for other mental disorders: stays in a licensed mental hospital for at least 60 days per calendar year less days covered by Medicare or already covered by plan in that calendar year for the other mental disorders, less Part A deductibles.	**Hospitalization:** For biologically based mental disorders, stays in a licensed mental hospital; for other mental disorders: stays in a licensed mental hospital for a minimum of 120 days per benefit period (at least 60 days per calendar year) less days covered by Medicare or already covered by plan in that calendar
N/A	Skilled Nursing co-insurance
N/A	Part A Deductible
N/A	Part B Deductible
Foreign Travel	Foreign Travel
Monthly Base Rate Effective January 1, 2015	
Billed monthly: $104.76	Billed monthly: $194.00
Monthly Discounted Rate*	
Billed monthly: $89.04	Billed monthly: $164.90

*Individuals eligible for Medicare Parts A & B who are 65 and older and who enrolled in Medicare Part B for the first time due to age within 6 months of joining a Tufts Medicare Preferred Supplement plan will receive a 15% discount off the Base Rate for the first year of coverage. The discount off the Base Rate for the second year will be 10% and for the third year, 5%. After this time, the then-current Base Rate will apply. All rates are subject to change.

MASSACHUSETTS MEDICARE SUPPLEMENT INSURANCE OUTLINE OF COVERAGE

Tufts Health Plan Medicare Preferred

Medicare Supplement Core – Tufts Medicare Preferred Supplement Core

Medicare Supplement 1 –Tufts Medicare Preferred Supplement One

Policy Category: Medicare Supplement Insurance

"**NOTICE TO BUYER:** This Policy may not cover all of the costs associated with medical care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all Policy limitations."

Premium Information

We, Tufts Health Plan, can only raise your premium if we raise the premium for all policies like yours in Massachusetts, and if approved by the Commissioner of Insurance. Upon your death, we will refund the unearned portion of the premium paid. If you cancel your Policy, we will refund the unearned portion of the premium paid. In the case of death the unearned portion of the premium will be refunded on a pro-rata basis.

Disclosures

Use this outline to compare benefits and premiums among Policies.

Read Your Policy Very Carefully

This is only an outline describing your Policy's most important features. The Policy is your insurance contract. You must read the Policy itself to understand all of the rights and duties of both you and your insurance company.

Right To Return Policy

If you find that you are not satisfied with your Policy, you may return it to Tufts Health Plan, Customer Relations, P.O. Box 9181, Watertown, MA 02471-9181. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

Policy Replacement

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new Policy and are sure you want to keep it. If you cancel your present Policy and then decide that you do not want to keep your new Policy, it may not be possible to get back the coverage of the present Policy.

Notice

This Policy may not fully cover all of your medical costs. Tufts Health Plan is not connected with Medicare. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult "Medicare & You" for more details.

Complete Answers Are Very Important

When you fill out the application for the new Policy, be sure to answer all the questions truthfully and completely.

The company may cancel your Policy and refuse to pay any claims if you leave out or falsify important information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

Massachusetts Summary

The Commissioner of Insurance has set standards for the sale of Medicare supplement insurance policies. Such policies help you pay hospital and doctor bills, and some other bills, that are not covered in full by Medicare. Please note that the benefits provided by Medicare and this Medicare Supplement Insurance Policy may not cover all of the costs associated with your treatment. It is important that you become familiar with the benefits provided by Medicare and your Medicare Supplement Insurance Policy. This Policy summary outlines the different coverages you have if, in addition to this Policy, you are also covered by Part A (hospital bills, mainly) and Part B (doctors' bills, mainly) of Medicare.

Massachusetts General Law

Under Massachusetts General Law. c. 112, s. 2, no physician who agrees to treat a Medicare beneficiary may charge to or collect from that beneficiary any amount in excess of the reasonable charge for that service as determined by the United States Secretary of Health and Human Services. This prohibition is commonly referred to as the "ban on balance billing." A physician is allowed to charge you or collect from your insurer a copayment or coinsurance for Medicare-covered services. However, if your physician charges you or attempts to collect from you an amount, which together with your copayment or coinsurance is greater than the Medicare-approved amount, please contact the Board of Registration in Medicine at (781) 867-8200. We cannot explain everything here. Massachusetts law requires that personal insurance policies be written in easy-to-read language. So, if you have questions about your coverage that are not answered here, read your Policy. If you still have questions, call Customer Relations at the telephone number listed on the back of this brochure. You may also wish to get a copy of "Medicare & You", a small book put out by Medicare that describes Medicare benefits.

The Benefits To Premium Ratio For Tufts Medicare Preferred Supplement Core Is 86.8%.

This means that during the anticipated life of your Policy and others just like it, the company expects to pay out $86.80 in claims made by you and all other Policyholders for every $100 it collects in premiums. The minimum ratio allowed for Policies of this type is 65%. A higher ratio is to your advantage as long as it allows the company a reasonable return so that the product remains available.

The Benefits To Premium Ratio For Tufts Medicare Preferred Supplement One Is 90.5%.

This means that during the anticipated life of your Policy and others just like it, the company expects to pay out $90.50 in claims made by you and all other Policyholders for every $100 it collects in premiums. The minimum ratio allowed for Policies of this type is 65%. A higher ratio is to your advantage as long as it allows the company a reasonable return so that the product remains available.

Complaints

If you have a complaint, call us at the Customer Relations telephone numbers listed on the back of this brochure. If you are not satisfied, you may call the Massachusetts Division of Insurance, at (617) 521-7777.

TUFTS MEDICARE PREFERRED SUPPLEMENT CORE

Medicare (Part A)—Hospital Services—Per Benefit Period

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization:* Semiprivate room and board, general hospital nursing and miscellaneous services and supplies and licensed mental hospital stays for biologically based mental disorders or other mental disorders prior to the 190-day Medicare lifetime maximum			
First 60 days of a benefit period	All but $1,260	$0	$1,260
61st through 90th day of a benefit period	All but $315 per day	$315 per day	$0
91st day and after of a benefit period:			
– While using 60 lifetime reserve days	All but $630 per day	$630 per day	$0
– Once lifetime reserve days are used:			
– Additional 365 days	$0	100% of Medicare eligible expenses	$0
– Beyond the additional 365 days	$0	$0	All Costs
Licensed mental hospital stays not covered by Medicare for biologically based mental disorders			
First 60 days of a benefit period	$0	All but $1,260	$1,260
61st through 90th day of a benefit period	$0	100% of Medicare eligible expenses	$0
91st day and after of a benefit period:			
– While using 60 lifetime reserve days	$0	100% of Medicare eligible expenses	$0
– Once lifetime reserve days are used:			
– Additional 365 days	$0	100% of Medicare eligible expenses	$0
– Beyond the additional 365 days	$0	$0	All Costs

TUFTS MEDICARE PREFERRED SUPPLEMENT CORE

Medicare (Part A)—Hospital Services—Per Benefit Period (Continued)

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization* Licensed mental hospital stays not covered by Medicare for other mental disorders			
First 60 days per calendar year less days covered by Medicare or already covered by plan that calendar year for other mental disorders.	$0	All but $1,260	$1,260
61st through 120th day of a benefit period	$0	100% of Medicare eligible expenses	$0
Days after 60 days per calendar year less days covered by Medicare or plan in that calendar year	$0	$0	All Costs
Skilled Nursing Facility Care* (Participating with Medicare) You must meet Medicare's requirements including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after having left the hospital			
First 20 days of a benefit period	All approved amounts	$0	$0
21st through 100th day of a benefit period	All but $157.50 per day	$0	Up to $157.50 per day
101st day and after of a benefit period	$0	$0	All Costs
Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0

NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the Policy's "Core Benefits". During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

TUFTS MEDICARE PREFERRED SUPPLEMENT CORE

Medicare (Part A)—Hospital Services—Per Benefit Period (Continued)

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
Hospice Care			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited co-insurance for outpatient drugs and inpatient respite care	Co-insurance amount	$0

Medicare (Part B)—Medical Services—Per Calendar Year

**Once you have been billed $147 of Medicare-approved amounts for covered services (which are noted with a double asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
Medical expenses in or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment			
First $147 of Medicare-approved amounts**	$0	$0	$147
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Outpatient treatment for biologically based mental disorders (for services covered by Medicare)			
First $147 of Medicare-approved amounts**	$0	$0	$147
Remainder of Medicare-approved amounts	80%	20%	$0
Outpatient treatment for biologically based mental disorders (for services not covered by Medicare)			
	$0	100% of expenses	$0

TUFTS MEDICARE PREFERRED SUPPLEMENT CORE

Medicare (Part B)—Medical Services—Per Calendar Year (Continued)

**Once you have been billed $147 of Medicare-approved amounts for covered services (which are noted with a double asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
Outpatient treatment for other mental health disorders (for services covered by Medicare)			
First $147 of Medicare-approved amounts**	$0	$0	$147
Remainder of Medicare-approved amounts	80%	20%	$0
Outpatient treatment for other mental health disorders (for services not covered by Medicare)			
	$0	100%	$0
Blood			
First 3 pints	$0	All Costs	$0
First $147 of Medicare-approved amounts**	$0	$0	$147
Remainder of Medicare-approved amounts	80%	20%	$0
Clinical Laboratory Services			
Blood tests for diagnostic services	100%	$0	$0
Special Medical Formulas Mandated by Law (Covered by Medicare)			
First $147 of Medicare-approved amounts**	$0	$0	$147
Remainder of Medicare-approved amounts	80%	20%	$0
Not covered by Medicare	$0	All allowed charges	Balance

TUFTS MEDICARE PREFERRED SUPPLEMENT CORE

Medicare (Parts A & B)

**Once you have been billed $147 of Medicare-approved amounts for covered services (which are noted with a double asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
Home Health Care (Medicare-approved services)			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
First $147 of Medicare-approved amounts**	$0	$0	$147
Remainder of Medicare-approved amounts	80%	20%	$0

Other Benefits (Not covered by Medicare)

Services	Medicare Pays	Plan Pays	You Pay
Foreign Travel (Not covered by Medicare)			
Only the services listed above while traveling outside the United States	$0	Remainder of charges (including portion normally paid by Medicare)	$0
Outpatient Prescription Drugs (Not covered by Medicare)			
	$0	$0	All Costs
Fitness and Nutritional Counseling Benefit (Not covered by Medicare)			
	$0	$150 per year reimbursement towards fitness club membership, instructional fitness classes, and/or nutritional counseling	Any costs over $150

TUFTS MEDICARE PREFERRED SUPPLEMENT ONE

Medicare (Part A)—Hospital Services—Per Benefit Period

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization:* Semiprivate room and board, general hospital nursing and miscellaneous services and supplies and licensed mental hospital stays for biologically based mental disorders or other mental disorders prior to the 190-day Medicare lifetime maximum			
First 60 days of a benefit period	All but $1,260	$1,260	$0
61st through 90th day of a benefit period	All but $315 per day	$315 per day	$0
91st day and after of a benefit period:			
– While using 60 lifetime reserve days	All but $630 per day	$630 per day	$0
– Once lifetime reserve days are used:			
– Additional 365 days	$0	100% of Medicare eligible expenses	$0
– Beyond the additional 365 days	$0	$0	All Costs
Licensed mental hospital stays not covered by Medicare for biologically based mental disorders			
First 60 days of a benefit period	$0	100% of Medicare eligible expenses	$0
61st through 90th day of a benefit period	$0	100% of Medicare eligible expenses	$0
91st day and after of a benefit period:			
– While using 60 lifetime reserve days	$0	100% of Medicare eligible expenses	$0
– Once lifetime reserve days are used:			
– Additional 365 days	$0	100% of Medicare eligible expenses	$0
– Beyond the additional 365 days	$0	$0	All Costs

TUFTS MEDICARE PREFERRED SUPPLEMENT ONE

Medicare (Part A)—Hospital Services—Per Benefit Period (Continued)

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization:* Licensed mental hospital stays not covered by Medicare for other mental disorders			
First 120 days per benefit period (at least 60 days per calendar year) less days covered by Medicare or plan in that calendar year			
First 60 days of a benefit period	$0	100% of Medicare eligible expenses	$0
61st through 120th day of a benefit period	$0	100% of Medicare eligible expenses	$0
Days after 120 days per benefit period (or 60 days per calendar year) less days covered by Medicare or plan in that calendar year	$0	$0	All Costs
Skilled Nursing Facility Care* (Participating with Medicare) You must meet Medicare's requirements including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after having left the hospital			
First 20 days of a benefit period	All approved amounts	$0	$0
21st through 100th day of a benefit period	All but $157.50 per day	Up to $157.50 per day	$0
101st day through 365th day of a benefit period	$0	$10 per day	Balance
Beyond the 365th day of a benefit period	$0	$0	All Costs

TUFTS MEDICARE PREFERRED SUPPLEMENT ONE

Medicare (Part A)—Hospital Services—Per Benefit Period (Continued)

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
Skilled Nursing Facility Care* (Not Participating with Medicare) You must meet Medicare's requirements including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after having left the hospital			
1st day through 365th day of a benefit period	$0	$8 per day	Balance
Beyond the 365th day of a benefit period	$0	$0	All Costs
Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice Care Available as long as your doctor certifies you are terminally ill and you elect to receive these services			
	All but very limited co-insurance for outpatient drugs and inpatient respite care	Actual billed charges up to the co-insurance amount	$0

NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits". During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

TUFTS MEDICARE PREFERRED SUPPLEMENT ONE

Medicare (Part B)—Medical Services—Per Calendar Year

**Once you have been billed $147 of Medicare-approved amounts for covered services (which are noted with a double asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
Medical expenses in or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment			
First $147 of Medicare-approved amounts**	$0	$147	$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Outpatient treatment for biologically based mental disorders (for services covered by Medicare)			
First $147 of Medicare-approved amounts**	$0	$147	$0
Remainder of Medicare-approved amounts	80%	20%	$0
Outpatient treatment for biologically based mental disorders (for services not covered by Medicare)			
	$0	100%	$0
Outpatient treatment for other mental health disorders (for services covered by Medicare)			
First $147 of Medicare-approved amounts**	$0	$147	$0
Remainder of Medicare-approved amounts	80%	20%	$0
Outpatient treatment for other mental health disorders (for services not covered by Medicare)			
	$0	100%	$0

TUFTS MEDICARE PREFERRED SUPPLEMENT ONE

Medicare (Part B)—Medical Services—Per Calendar Year (Continued)

**Once you have been billed $147 of Medicare-approved amounts for covered services (which are noted with a double asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
Blood			
First 3 pints	$0	All Costs	$0
First $147 of Medicare-approved amounts**	$0	$147	$0
Remainder of Medicare-approved amounts	80%	20%	$0
Clinical Laboratory Services			
Blood tests for diagnostic services	100%	$0	$0
Special Medical Formulas Mandated by Law (Covered by Medicare)			
First $147 of Medicare-approved amounts**	$0	$147	$0
Remainder of Medicare-approved amounts	80%	20%	$0
Not covered by Medicare	$0	All allowed charges	Balance

Medicare (Parts A & B)

**Once you have been billed $147 of Medicare-approved amounts for covered services (which are noted with a double asterisk), your Part B Deductible will have been met for the calendar year.

Home Health Care (Medicare-approved services)			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
First $147 of Medicare-approved amounts**	$0	$147	$0
Remainder of Medicare-approved amounts	80%	20%	$0

TUFTS MEDICARE PREFERRED SUPPLEMENT ONE

Other Benefits (Not covered by Medicare)

Services	Medicare Pays	Plan Pays	You Pay
Foreign Travel (Not covered by Medicare)			
Only the services listed above while traveling outside the United States	$0	Remainder of charges (including portion normally paid by Medicare)	$0
Outpatient Prescription Drugs (Not covered by Medicare)			
	$0	$0	All Costs
Fitness and Nutritional Counseling Benefit (Not covered by Medicare)			
	$0	$150 per year reimbursement towards fitness club membership, instructional fitness classes, and/or nutritional counseling	Any costs over $150
Weight Management Programs (Not covered by Medicare)			
	$0	$150 per year reimbursement for program fees for weight loss programs such as WeightWatchers, Jenny Craig, Nutrisystem, or a hospital-based weight loss program	Any costs over $150
Vision Services (Not covered by Medicare)			
	$0	One routine eye exam every calendar year	$0
	$0	$100 reimbursement for eyewear or contact lenses every calendar year	Any costs over $100

QUESTIONS?

Call 1-800-261-4213 // TTY 1-888-899-8977

Representatives are available Monday – Friday, 8 a.m. – 8 p.m. (From October 1 – February 14, representatives are available 7 days a week, 8 a.m. – 8 p.m.). After hours and on holidays, please leave a message and a representative will return your call on the next business day.

VISIT US AT: www.thpmp.org/medsupp

Tufts Medicare Preferred Supplement plans are offered in accordance with Massachusetts law.

Members must live in Massachusetts at the time of enrollment.

You are eligible as a Member only if you meet the following criteria:

- *You are eligible for Medicare Parts A and B and enrolled in Medicare Part B as either:*
  - *a person who is age 65 or older; or*
  - *a person who is disabled*, under age 65, and receiving Social Security disability benefits.*
  - *You are not enrolled in any other individual Medicare supplement plan.*

**Note: If you are under age 65, you may only enroll in this plan if the disability that made you eligible for Medicare is a condition other than end-stage renal disease.*

Contact Tufts Health Plan Medicare Preferred for more information.