

Prescription Drug (Rx) Coverage

Monthly Plan Premium ¹ by County	HMO Saver Rx ²	HMO Basic Rx	HMO Value Rx	HMO Prime Rx	HMO Prime Rx Plus ²
Barnstable & Bristol	For monthly plan premiums, please see the other side (Medical Coverage).				
Essex & Suffolk					
Middlesex, Norfolk & Plymouth					

Plan Drug (Rx) Costs	HMO Saver Rx		HMO Basic Rx		HMO Value Rx		HMO Prime Rx		HMO Prime Rx Plus	
Deductible	\$0 for Tiers 1-2; \$300 for Tiers 3-5		\$0 for Tiers 1-2; \$250 for Tiers 3-5		\$0 for Tiers 1-2; \$200 for Tiers 3-5		No deductible		No deductible	
Copays	Retail 30-day supply	Mail Order 90-day supply	Retail 30-day supply	Mail Order 90-day supply	Retail 30-day supply	Mail Order 90-day supply	Retail 30-day supply	Mail Order 90-day supply	Retail 30-day supply	Mail Order 90-day supply
Tier 1: Preferred Generic	\$6	\$15	\$4	\$10	\$4	\$10	\$4	\$10	\$2	\$5
Tier 2: Generic	\$12	\$30	\$8	\$21	\$8	\$21	\$8	\$21	\$4	\$10
Tier 3: Preferred Brand	\$47	\$141	\$47	\$141	\$47	\$141	\$47	\$141	\$30	\$90
Tier 4: Non-Preferred Brand	\$100	\$300	\$100	\$300	\$100	\$300	\$100	\$300	\$80	\$240
Tier 5: Specialty Tier	26%	26%	27%	27%	28%	28%	33%	33%	33%	33%
Coverage Gap Stage: After your total prescription drug costs reach \$3,310, and until your payments reach \$4,850, you pay:	<ul style="list-style-type: none"> 58% of costs for Part D generic drugs 45% of costs for Part D brand drugs plus a portion of the dispensing fee³ 		<ul style="list-style-type: none"> 58% of costs for Part D generic drugs 45% of costs for Part D brand drugs plus a portion of the dispensing fee³ 		<ul style="list-style-type: none"> 58% of costs for Part D generic drugs 45% of costs for Part D brand drugs plus a portion of the dispensing fee³ 		<ul style="list-style-type: none"> 58% of costs for Part D generic drugs 45% of costs for Part D brand drugs plus a portion of the dispensing fee³ 		<ul style="list-style-type: none"> Tier 1 copayments for generic drugs on Tier 1 Tier 2 copayments for generic drugs on Tier 2 58% of costs for all other Part D generic drugs 45% of costs for Part D brand drugs plus a portion of the dispensing fee³ 	
Catastrophic Coverage Stage: After the coverage gap, when your payments for the year are greater than \$4,850, you pay the greater of:	<ul style="list-style-type: none"> 5% per prescription or \$2.95 per prescription for Part D generic drugs \$7.40 per prescription for Part D brand drugs 		<ul style="list-style-type: none"> 5% per prescription or \$2.95 per prescription for Part D generic drugs \$7.40 per prescription for Part D brand drugs 		<ul style="list-style-type: none"> 5% per prescription or \$2.95 per prescription for Part D generic drugs \$7.40 per prescription for Part D brand drugs 		<ul style="list-style-type: none"> 5% per prescription or \$2.95 per prescription for Part D generic drugs \$7.40 per prescription for Part D brand drugs 		<ul style="list-style-type: none"> 5% per prescription or \$2.95 per prescription for Part D generic drugs \$7.40 per prescription for Part D brand drugs 	

¹You must continue to pay your Medicare Part B premium.

²Not available in all counties

³The amount discounted by the manufacturer in the Coverage Gap counts toward your out-of-pocket costs as if you had paid the total amount of the drug yourself. This helps you move through the gap.

Counties: Barnstable, Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk



TUFTS MEDICARE PREFERRED HMO PLANS | 2016

Plan Highlights

To help you understand some of the costs associated with Tufts Medicare Preferred HMO's more commonly used services, we have created this handy reference guide.

There are two sets of charts you can refer to:

- Medical Coverage (front page)
- Prescription Drug (Rx) Coverage (back page)

You can use these charts to compare plans or as a quick reference guide.

Looking for information about other benefits you'll receive? Please give us a call.

Please unfold this guide to view the plan comparisons side-by-side.

Medical Coverage | Our Rx plans include Prescription Drug Coverage (see other side). Our No Rx plans only include Medical Coverage.

Monthly Plan Premium ¹ by County	HMO Saver Rx ²	HMO Basic No Rx ²	HMO Basic Rx	HMO Value No Rx	HMO Value Rx	HMO Prime No Rx	HMO Prime Rx	HMO Prime Rx Plus ²
Barnstable & Bristol	\$0	Not Offered	\$35.90	\$96.00	\$120.30	\$130.00	\$154.40	\$188.20
Essex & Suffolk	\$0	\$34.00	\$55.90	\$117.00	\$141.30	\$154.00	\$178.40	\$212.20
Middlesex, Norfolk & Plymouth	\$0	Not Offered	\$35.90	\$96.00	\$120.30	\$130.00	\$154.40	\$188.20
Plan Costs	HMO Saver Rx	HMO Basic No Rx	HMO Basic Rx	HMO Value No Rx	HMO Value Rx	HMO Prime No Rx	HMO Prime Rx	HMO Prime Rx Plus
Deductibles	All plans have no medical deductible							
Annual Out-of-Pocket Maximum ³	\$3,400	\$3,400	\$3,400	\$3,400	\$3,400	\$3,400	\$3,400	\$3,400
Co-Pays	HMO Saver Rx	HMO Basic No Rx	HMO Basic Rx	HMO Value No Rx	HMO Value Rx	HMO Prime No Rx	HMO Prime Rx	HMO Prime Rx Plus
Doctor Office Visits								
Primary Care Physician (PCP)	\$20 per visit	\$10 per visit		\$10 per visit			\$10 per visit	
Specialist	\$40 per visit	\$30 per visit		\$20 per visit			\$15 per visit	
Preventive Care								
Annual Physical	\$0 per visit	\$0 per visit		\$0 per visit			\$0 per visit	
Cancer screening (Colorectal, Prostate, Breast)	\$0 per visit	\$0 per visit		\$0 per visit			\$0 per visit	
Vision and Hearing								
Annual Routine Vision Exam	\$40 per visit	\$30 per visit		\$20 per visit			\$15 per visit	
Annual Eyewear Benefit	For all plans, \$150 per year towards eyewear at an EyeMed Vision Care participating provider or \$90 per year at non-participating providers							
Annual Routine Hearing Exam	\$40 per visit	\$30 per visit		\$20 per visit			\$15 per visit	
Outpatient and Lab Services								
Outpatient services / Surgery	\$250 per day	\$200 per day	\$225 per day	\$125 per day			\$75 per day	
Physical Therapy ⁴	\$40 per visit	\$30 per visit		\$20 per visit			\$15 per visit	
Occupational Therapy ⁴	\$40 per visit	\$30 per visit		\$20 per visit			\$15 per visit	
Speech Therapy	\$40 per visit	\$30 per visit		\$20 per visit			\$15 per visit	
Laboratory services, X-rays, Diagnostic procedures	\$0 per visit	\$0 per visit		\$0 per visit			\$0 per visit	
Diagnostic radiology services	\$200 per day	\$150 per day	\$185 per day	\$75 per day			20% up to \$75 per day	
Emergency Services								
Emergency Room	\$75 per visit	\$75 per visit		\$75 per visit			\$75 per visit	
Urgently needed care	\$20-\$40 per visit	\$10-\$30 per visit		\$10-\$20 per visit			\$10-\$15 per visit	
Ambulance services	\$225 per day	\$200 per day		\$100 per day	\$150 per day	\$50 per day	\$75 per day	\$75 per day
Inpatient Care								
Inpatient hospital coverage	Days 1-5: \$350 per day, \$0 per day after day 5	Days 1-5: \$225 per day, \$0 per day after day 5		Days 1-5: \$165 per day, \$0 per day after day 5			\$200 per stay; you will not pay more than \$400 per year	
Additional Benefits								
Wellness Allowance	\$150 per year towards fitness club membership, instructional fitness classes, nutritional counseling, acupuncture, or wellness programs such as memory fitness activities							
Weight Management Programs	\$150 annual reimbursement towards program fees for Weight Watchers®, Jenny Craig®, iDiet®, or hospital-based weight management programs							
Delta Dental® Option ⁵	\$53 per month	\$53 per month		\$53 per month			\$53 per month	
Plan Drug (Rx) Costs	See other side for Prescription Drug (Rx) Coverage							

¹You must continue to pay your Medicare Part B premium.

²Not available in all counties

³Comprised all your medical co-pays/co-insurance - your out-of-pocket costs will never exceed this amount.

⁴You pay \$0 for a post-outpatient surgical procedure physical therapy or occupational therapy consultation of up to 15 minutes, prior to discharge.

⁵Optional coverage.

QUESTIONS?

Call 1-800-526-5395 // 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

KNOW WHICH PLAN YOU WOULD LIKE?

Write it here for easy reference during the enrollment process.

Tufts Medicare Preferred HMO Plan Name: _____

Monthly Premium: _____ PCP Name: _____

You will also need to have your Medicare Claim Number (located on your Medicare ID card)

You can enroll at: www.thpmp.org or call 1-800-526-5395

Tufts Health Plan is an HMO plan with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits may change on January 1 of each year.

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.



Make the most of
Your Health Care
choices!