

2020 Evidence of Coverage for the Wrap plan accompanying the Tufts Medicare Preferred HMO Plan

Evidence of Coverage Wrap Plan

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

In 2020, 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 Medicare Preferred 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.**

Medicare Coverage Gap Discount Program

The Medicare Coverage Gap Discount Program provides manufacturer discounts on brand name drugs in the Coverage Gap Stage. A 70% discount on the negotiated price (excluding the dispensing fee) will be applied to the cost of the drug for those brand name drugs from manufacturers that have agreed to pay the discount.

Deductible Stage	Initial Stage	Coverage Gap Stage	Catastrophic Stage
You begin in this stage when you fill your first prescription of the year. During this stage: - You pay the appropriate copayment based on the tier of the drug that you obtain. - The Wrap will cover up to the Medicare Part D deductible (\$435). You stay in this stage until your year-to-date “total drug costs” (your payments, plus any	You stay in this stage until your year-to-date “total drug costs” (your payments, plus any Part D plan’s payments) total \$4,020. During this stage: - You pay the appropriate copayment based on the tier of the drug that you obtain. - The Wrap will pay the balance of the cost after your copayment up to 25% of the cost of the drug.	Most people do not reach the Coverage Gap Stage. If you do, this stage begins when your total drug costs reach \$4,020 and ends when your out-of-pocket costs reach \$6,350. Your out-of-pocket costs include your copayments and the 70% manufacturer’s discount on brand name drugs. For generic drugs, you pay the cost-sharing under your Tufts Medicare Preferred HMO Plan Tier 1, Tier 2, or Tier	Most people do not reach the Catastrophic Coverage Stage. If you do reach this stage, and your out-of-pocket costs for the year are greater than \$6,350, you pay the following copayments for your Tufts Medicare Preferred HMO Plan: You pay \$3.60 per prescription for generic drugs and \$8.95 per prescription for brand name drugs. The Wrap will pay the balance of the

Wrap payments) total \$435 (Medicare Part D deductible).	Tufts Medicare Preferred HMO Plan will pay for 75% of the cost of the drug.	3 copayments. The Wrap will pay the balance of the cost of the generic drug until you move into the Catastrophic Stage. For brand name drugs, you pay the brand name Tier 2 or Tier 3 copayment. The Wrap will pay the balance of the cost of the brand name drug after your copayment and the 70% manufacturer's discount until you move into the Catastrophic Stage.	cost after your copayment up to 5% of the cost of the drug.
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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 Customer Relations Department or submit the request in writing to: Tufts Health Plan Medicare Preferred Member Appeals Department, P.O. Box 9193, 705 Mt. Auburn Street, Watertown, MA 02471-9193.