

**Employer Group:
Tufts Medicare Preferred HMO Prime Rx
Plan Highlight Sheet**

**TUFTS  Health Plan
Medicare Preferred**

2014 Partial List of Benefit Allowances and Member Cost Sharing

Effective January 1, 2014 – December 31, 2014

Please refer to the **2014 Employer Group HMO Prime Summary of Benefits** booklet for further information.

PREMIUMS

Plan Premium	See your employer for premium amount.
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SERVICE AREA

Counties of Residence	Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
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COPAYMENTS

Primary Care Physician (PCP) Office Visits	\$10 per visit, except \$0 copay for annual physical
Specialist Office Visits	\$15 per visit
Emergency Room (waived if admitted within 24 hours)	\$50 per visit
Annual Routine Eye Exam	\$15 per visit
Outpatient Services/Surgery	\$50 per day
Ambulance Services	\$50 copay for Medicare-covered ambulance benefits per day
Outpatient Rehabilitation Services	\$15 copay for Medicare-covered Occupational, Physical and Speech/ Language therapies.

ALLOWANCES

Annual Eyewear Benefit	In-network: \$150 per year towards eyewear (lenses, frames, and upgrades) or contact lenses, but not both Out-of-network: \$90 per year
Annual Wellness Allowance	\$150 per year toward fitness club membership, instructional fitness classes and/or nutritional counseling and other programs
Hearing Aids	Up to \$500 toward purchase or repair every three (3) years

DEDUCTIBLES

Acute Inpatient Hospital Deductible NOTE: Deductible only applies to the first acute inpatient hospital admission of the calendar year, and does not apply to inpatient mental health admissions.	\$300 per calendar year
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OUT-OF-POCKET MAXIMUM

\$3,400 per calendar year excluding plan premiums and prescription drug copayments.

PHARMACY COPAYMENTS

Prescription Drug Coverage

NOTE: See Comprehensive Formulary for limitations and exclusions

\$0 Deductible; No annual dollar limit on prescriptions

Initial Coverage Stage

You stay in this stage until your year-to-date "total drug costs" (your payments plus any Part D plan's payments) total \$2,850.

You pay the following copayments:

Retail Pharmacy	Tier 1	Tier 2	Tier 3
30-day supply	\$10	\$25	\$50
60-day supply	\$20	\$50	\$100
90-day supply	\$30	\$75	\$150
Mail-Order	Tier 1	Tier 2	Tier 3
30-day supply	\$7	\$17	\$33
60-day supply	\$14	\$33	\$67
90-day supply	\$20	\$50	\$100

Coverage Gap Stage

This stage begins when your total drug costs reach \$2,850 and ends when your out-of-pocket costs reach \$4,550. (1) For generic drugs on cost sharing Tier 1 and Tier 2, you pay the cost sharing Tier 1 and Tier 2 copayments. (2) For brand name drugs, you are covered for enhanced pharmacy coverage by a "wrap" plan. This accompanies your HMO prescription drug coverage. You pay brand name Tier 2 and Tier 3 copayments. The 50% manufacturer's discount is applied to the brand name drug. (3) Your wrap coverage will pay the balance of the cost of the brand name drugs until you move into the catastrophic stage. Both your copayments and the 50% manufacturer's discount on brand name drugs will count towards your out-of-pocket costs.

Catastrophic Coverage Stage

After your annual out-of-pocket costs reach \$4,550, you pay the following for your prescription drugs:

- \$2.55 per prescription for generic drugs (including brand drugs treated like generics) and
- \$6.35 per prescription for brand drugs

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

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan.

Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or co-payments/coinsurance 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.