

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



**2018 Partial List of Benefit Allowances and Member Cost Sharing**

Effective January 1, 2018 - December 31, 2018

Please refer to the **2018 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	\$50 per visit (waived if admitted within 24 hours)
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.
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

**ALLOWANCES**

Annual Eyewear Benefit	\$150 per year towards eyewear at an EyeMed Vision Care participating provider, or \$90 per year at non-participating providers.
Annual Wellness Allowance	\$150 per year toward fitness club membership, instructional fitness classes, nutritional counseling, acupuncture and/or wellness programs such as memory fitness activities
Hearing Aids	Up to \$500 toward purchase or repair every three (3) years
Weight Management Programs	\$150 per year towards program fees for weight loss programs such as WeightWatchers, Jenny Craig, iDiet, or a hospital-based weight loss program

**OUT-OF-POCKET MAXIMUM**

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

## PRESCRIPTION DRUG COVERAGE

**NOTE:** See Comprehensive Formulary for limitations and exclusions

No annual dollar limit on prescriptions.

### Deductible Stage

There is a \$405 Medicare Part D deductible which is satisfied by your copayments and the Wrap coverage\*. See cost share under the Initial Coverage Stage below.

### Initial Coverage Stage

You stay in this stage until your year-to-date “total drug costs” (your payments plus payments by the Part D plan and Wrap\* plan’s) total \$3,750. During this stage:

- You pay the appropriate copayment based on the tier of drug that you obtain.
- Tufts Medicare Preferred HMO Plan will pay for 75% of the cost of the drug.
- The Wrap will pay the balance of the cost after your copayment up to 25% of the cost of the drug.

You pay the following copayments:

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

### Coverage Gap Stage

(1) For generic drugs on Tier 1 and Tier 2, **you pay the Tier 1 and Tier 2 copayments**. The Wrap\* will pay the balance of the cost of the generic drug until you move into the Catastrophic Stage.

(2) For brand name drugs, **you pay the brand name Tier 2 or Tier 3 co-payments**. The Wrap\* will pay the balance of the cost of the brand name drug after your co-payment and the 50% manufacturer’s discount until you move into the Catastrophic Stage.

### Catastrophic Coverage Stage

After your annual out-of-pocket costs reach \$5,000, you pay the following for your prescription drugs:

- \$3.35 per prescription for generic drugs (including brand drugs treated like generics) and
- \$8.35 per prescription for brand drugs
- The Wrap\* will pay the balance of the cost after your copayment up to 5% of the cost of the drug.

\*In 2018, 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 table above for how the Wrap works in the different stages.**

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, premiums, and/or co-payments/coinsurance may change on January 1 of each year.