

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



2021 Partial List of Benefit Allowances and Member Cost Sharing

Effective January 1, 2021 – December 31, 2021

Please refer to the **2021 Employer Group HMO Prime Summary of Benefits** booklet for further information.

PREMIUMS

| | |
|--------------|--------------------------------------|
| Plan Premium | See your employer for premium amount |
|--------------|--------------------------------------|

SERVICE AREA

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

COPAYS

| | |
|---|---|
| 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 for the same condition) |
| 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 per visit 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 rehab or 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, or a hospital-based weight loss program |

OUT-OF-POCKET MAXIMUM

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

PRESCRIPTION DRUG COVERAGE

NOTE: See Comprehensive Formulary for limitations and exclusions

No annual dollar limit on prescriptions.

Deductible Stage

There is a \$445 Medicare Part D deductible which is satisfied by your copays 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) total \$4,130. During this stage:

- You pay the appropriate copay 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 copay up to 25% of the cost of the drug.

You pay the following copays:

| 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

(1) For generic drugs on Tier 1 and Tier 2, **you pay the Tier 1 and Tier 2 copays**. 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 copays**. The Wrap will pay the balance of the cost of the brand name drug after your copay and the 70% manufacturer’s discount until you move into the Catastrophic Stage.

Catastrophic Coverage Stage

After your annual out-of-pocket costs reach \$6,550, you pay the following for your prescription drugs:

- \$3.70 per prescription for generic drugs (including brand drugs treated like generics).
- \$9.20 per prescription for brand drugs.
- The Wrap will pay the balance of the cost after your copay.

*In 2021, 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 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. Call 1-800-488-0229 (TTY: 711) for more information.