

**2012 Group Retiree:
Tufts Medicare Preferred PDP Plus
Plan Highlight Sheet**

**TUFTS  Health Plan
Medicare Preferred**

2012 Partial List of Benefit Allowances and Member Cost Sharing

Effective January 1, 2012 – December 31, 2012

Please refer to the **2012 Group Retiree PDP Plus Summary of Benefits** booklet for further information.

PREMIUMS

Plan Premium See your employer for premium amount.

SERVICE AREA

Residence Members can live anywhere in the United States, including Puerto Rico.

COPAYMENTS

Prescription Drug Coverage **\$0 Deductible; No annual dollar limit on prescriptions**

NOTE: See Comprehensive Formulary for limitations and exclusions

You pay the following copayments:

Retail Pharmacy	Tier 1	Tier 2	Tier 3
30-day supply	\$10	\$20	\$35
60-day supply	\$20	\$40	\$70
90-day supply	\$30	\$60	\$105

Mail-Order	Tier 1	Tier 2	Tier 3
30-day supply	\$7	\$13	\$23
60-day supply	\$14	\$27	\$47
90-day supply	\$20	\$40	\$70

When your own payments for the year are greater than \$4,700, you pay the greater of:

- 5% per prescription **OR**
- \$2.60 per prescription for generic drugs (including brand drugs treated like generics) and
- \$6.50 per prescription for brand drugs

Tufts Health Plan Medicare Preferred is a Medicare approved Part D sponsor. The Medicare Prescription Drug Plan contract between Tufts Health Plan Medicare Preferred and the Centers for Medicare & Medicaid Services (CMS) is valid for one calendar year. The benefits, premiums, copayments, and service area offered by Tufts Health Plan Medicare Preferred are subject to change on an annual basis.