

2012 GROUP RETIREE: TUFTS MEDICARE PREFERRED Supplement Plan Highlights

TUFTS  Health Plan
Medicare Preferred

ELIGIBILITY AND ENROLLMENT

To be eligible for retiree products, members must be entitled to Medicare Part A and enrolled in Part B. Members must continue to pay their Medicare Part B premiums if they are not otherwise paid for under Medicaid or by another third party. All groups renew January 1 except for those grandfathered otherwise.

Tufts Medicare Preferred Supplement members can live anywhere in the United States. In order to be covered (except in emergencies), members must see providers that accept Medicare.

PRESCRIPTION DRUG COVERAGE

In order to avoid a late enrollment premium penalty, you must elect a Medicare prescription drug plan or have creditable prescription drug coverage through your employer. Tufts Health Plan Medicare Preferred offers a Part D prescription drug plan. You may/may not receive this option from your employer.

WE'RE HERE TO HELP

Plan benefit highlights are on the reverse side. For a full description of the benefits, including benefit limitations and exclusions, please ask for an Employer Group Tufts Medicare Preferred Supplement Plan Certificate.

If you have any questions, please call 1-800-936-1902 (TTY 1-800-208-9562). Representatives are available Monday - Friday 8:00 a.m. - 8:00 p.m. (From Oct. 15 - Feb. 14 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.). After hours and on holidays, please leave a message and a representative will return your call on the next business day. Or visit our Web site at tuftsmedicarepreferred.org.



This health plan, alone, does not meet Minimum Creditable Coverage standards and will not satisfy the individual mandate that you have health insurance. However, Medicare is a plan that meets MCC standards. Because you have Medicare Part A and Part B, you meet MCC standards.

Tufts Medicare Preferred Supplement Plan is offered by Tufts Insurance Company.

**2012 Group Retiree:
Tufts Medicare Preferred
Supplement Plan**

**TUFTS  Health Plan
Medicare Preferred**

INPATIENT CARE

Inpatient general hospital, including Mental Health Care*: Semi-private room and board and special services for Medicare-covered hospital stays up to 90 days per benefit period, an additional 60 lifetime Medicare-covered days and an additional 365 lifetime days after Medicare days are exhausted	Covered in full
Skilled Nursing Facility Care Covered up to 100 days per benefit period after 3 day inpatient hospital stay	\$0 copayment
Mental Health Care* in inpatient Psychiatric Hospital Covered up to 190 day lifetime maximum**	\$0 copayment
Inpatient Rehabilitation in a rehabilitation or long term acute care, hospital, up to 90 days per benefit period	Covered in full

OUTPATIENT CARE

Physician Office Visit	\$10 copay
Annual Routine Physical Exam	\$0 copay
Annual Routine Hearing Exam	\$10 copay
Hearing Aids	Covered up to \$1,700 once every two years; covers purchase and repair
Annual Routine Vision Exam	\$10 copay once every 24 months; \$150 per year towards eyewear (lenses, frames, and upgrades) or contact lenses but not both
Lab and Therapeutic Radiology	Covered in full
Diagnostic Radiology (MRI, PET scan, CAT scan, X-ray)	Covered in full
Outpatient Hospital/Ambulatory Care	Covered in full
Home Health Care	Covered in full
Durable Medical Equipment & Prosthetics	Covered in full
Urgent/Emergency	\$10/\$50 copay
Oxygen & Equipment	Covered in full
Ambulance Services	Covered in full
Mental Health	\$10 copay
Substance Abuse	\$10 copay
Physical, Occupational and Speech Therapy	\$10 copay
Wig prostheses for cancer and leukemia patients	Up to \$350 per year
Fitness	\$150 per year towards fitness club membership, instructional fitness classes and/or nutritional counseling

*Includes both Mental Health Care and Substance Abuse Services

**Additional days may be covered under Massachusetts Law after 190 day Medicare lifetime maximum is exhausted.