

## 2013 Group Retiree: Tufts Medicare Preferred PDP Plus Plan Highlight Sheet

# TUFTS Health Plan Medicare Preferred

### 2013 Partial List of Benefit Allowances and Member Cost Sharing

Effective January 1, 2013 – December 31, 2013

Please refer to the **2013 Group Retiree PDP Plus Summary of Benefits** booklet for further information.

#### PREMIUMS

Plan Premium	See your employer for premium amount.
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#### SERVICE AREA

Residence	Members can live anywhere in the United States, including Puerto Rico.
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#### 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 \$2,970.

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

##### Coverage Gap Stage

This stage begins when your total drug costs reach \$2,970 and ends when your out-of-pocket costs reach \$4,750. (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 PDP 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.

Over, please

## COPAYMENTS (CONTINUED)

### Prescription Drug Coverage

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

### Catastrophic Coverage Stage

After your annual out-of-pocket costs reach \$4,750, you pay the following for your prescription drugs:

- \$2.65 per prescription for generic drugs (including brand drugs treated like generics) and
- \$6.60 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.