

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



2023 Partial List of Benefit Allowances and Member Cost Sharing

Effective January 1, 2023 – December 31, 2023

Please refer to the **2023 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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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 applies inpatient hospital admissions 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
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PRESCRIPTION DRUG COVERAGE

NOTE: See Comprehensive Formulary for limitations and exclusions

No annual dollar limit on prescriptions.

Deductible Stage

There is a \$505 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 \$4,660. 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 2 Vaccines	Tier 3	Insulin
30-day supply	\$10	\$25	\$0	\$50	\$25
60-day supply	\$20	\$50	N/A	\$100	\$50
90-day supply	\$30	\$75	N/A	\$150	\$75

Mail-Order	Tier 1	Tier 2	Tier 2 Vaccines	Tier 3	Insulin
30-day supply	\$7	\$17	N/A	\$33	\$17
60-day supply	\$14	\$33	N/A	\$67	\$33
90-day supply	\$20	\$50	N/A	\$100	\$50

Coverage Gap Stage

- You pay \$0 for Tier 2 Vaccines obtained at a retail pharmacy.
- You pay \$25 at a retail pharmacy or \$17 at a mail order pharmacy for a 30-day supply of covered insulin drugs.
- 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.
- 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 \$7,400, you pay the following for your prescription drugs:

- \$4.15 per prescription for generic drugs (including brand drugs treated like generics).
- \$10.35 per prescription for brand drugs.
- The Wrap will pay the balance of the cost after your copay up to 5% of the cost of the drug.

Important Message About What you Pay for Vaccines - Our plan covers most Part D Vaccines at no cost to you. Call Member Services for more information.

Important Message About What you Pay for Insulin - You won't pay more than \$25 for a one-month (30-day) supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

*In 2023, 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.