

**2023 Group Retiree:
Tufts Medicare Preferred PDP Plus
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 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.

COPAYS

Prescription Drug Coverage

NOTE: See Comprehensive Formulary for limitations and exclusions.

There is no annual dollar limit on prescriptions.

Important Message About What you Pay for Vaccines

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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 \$20 for a one-month (30-day) supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Deductible Stage

There is a \$505 Medicare Part D deductible which is satisfied by your copays and the Wrap coverage*. See your 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 the 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 PDP 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	\$20	\$0	\$35	\$20
60-day supply	\$20	\$40	N/A	\$70	\$40
90-day supply	\$30	\$60	N/A	\$105	\$60
Mail-Order	Tier 1	Tier 2	Tier 2 Vaccines	Tier 3	Insulin
30-day supply	\$7	\$13	N/A	\$23	\$13
60-day supply	\$14	\$27	N/A	\$47	\$27
90-day supply	\$20	\$40	N/A	\$70	\$40

COPAYS (CONTINUED)

Prescription Drug Coverage

NOTE: See Comprehensive Formulary for limitations and exclusions.

Coverage Gap Stage

This stage begins when your total drug costs reach \$4,660 and ends when your out-of-pocket costs reach \$7,400.

- You pay \$0 for Tier 2 Vaccines obtained through a retail pharmacy.
- You pay \$20 at a retail pharmacy or \$13 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.

Both your copays and the 70% manufacturer's discount on brand name drugs will count towards your out-of-pocket costs.

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.

*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 may cover a portion of the cost of the drug. This Wrap is additional coverage to your Tufts Medicare Preferred PDP Plan and is offered through Tufts Insurance Company. Please refer to the table on the previous page for how the Wrap works in the different stages.

The Medicare Coverage Gap Discount Program provides manufacturer discounts on brand name drugs in the Coverage Gap Stage. A 70% discount on the negotiated price (excluding dispensing fee) will be applied to the cost of the drug for those brand name drugs from manufacturers that have agreed to pay the discount.

Tufts Health Plan is a PDP 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.