

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



**2020 Partial List of Benefit Allowances and Member Cost Sharing**

Effective January 1, 2020 – December 31, 2020

Please refer to the **2020 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)
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 for Medicare-covered Occupational, Physical, and Speech/Language therapies
Acute Inpatient Hospital Deductible (Note: Deductible only applies to the first acute inpatient hospital admission of the calendar year, and does not apply to inpatient 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

## PRESCRIPTION DRUG COVERAGE

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

No annual dollar limit on prescriptions.

### Deductible Stage

There is a \$415 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’s) total \$4,020. 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:

<b>Retail Pharmacy</b>	<b>Tier 1</b>	<b>Tier 2</b>	<b>Tier 3</b>
30-day supply	\$10	\$25	\$50
60-day supply	\$20	\$50	\$100
90-day supply	\$30	\$75	\$150
<b>Mail-Order</b>	<b>Tier 1</b>	<b>Tier 2</b>	<b>Tier 3</b>
30-day supply	\$7	\$17	\$33
60-day supply	\$14	\$33	\$67
90-day supply	\$20	\$50	\$100

### Coverage Gap Stage

(1) 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.

(2) 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 \$6,350, you pay the following for your prescription drugs:

- \$3.60 per prescription for generic drugs (including brand drugs treated like generics) and
- \$8.95 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 2020, 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.