

# TUFTS MEDICARE COMPLEMENT (TMC) WITH PRESCRIPTION DRUG COVERAGE—RX PLUS OPTION

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## ELIGIBILITY AND ENROLLMENT

Employers must be based in Massachusetts or have a Massachusetts worksite.

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.

TMC members maintain their Medicare coverage. TMC benefits supplement Medicare covered services and cover some additional services.

Tufts Medicare Complement members must maintain primary residence in the Tufts Health Plan service area for at least nine months out of each 12 month period. With Tufts Medicare Complement, members must enroll through their former employer.

In order for a Working Aged (Medicare eligible) employee/spouse to enroll in a Tufts Medicare Complement plan, the employer group must meet the guidelines for Medicare Secondary Payer. These include that the employer group must have less than 20 full time and part-time employees and cannot have more than 20 employees for more than 20 weeks in the current or previous year. Employer Groups must complete a New Group Working Aged application.

## INFORMATION

If you are interested in offering this plan, or if you would like more information, please contact:  
Paula Giokas  
Tufts Health Plan Retiree Senior Sales Executive  
617.972.9040 or toll-free 800.208.8013, ext. 29040  
[paula\\_giokas@tufts-health.com](mailto:paula_giokas@tufts-health.com)

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Tufts Medicare Complement is offered through Tufts Associated Health Maintenance Organization, Inc.

# Tufts Medicare Complement

with Prescription Drug Coverage—Rx Plus Option

2020 RATE: \$614

INPATIENT CARE	In combination with Medicare coverage:
Inpatient hospitalization: Medicare-covered semi-private room and board and special services	Covered in full
Skilled Nursing	\$0 copay. Covered 100 days per benefit period. No prior hospital stay required.
Mental Health Care in Psychiatric Hospital	\$0 copay, 190 day lifetime maximum
Inpatient Rehabilitation	\$0 copay. Covered 90 days per benefit period.
OUTPATIENT CARE	In combination with Medicare coverage:
Primary Care Physician Office Visit	\$10 copay per visit
Specialist Office Visit	\$10 copay per visit
Routine Physical Exam	Covered in full
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	There is no copayment for Medicare-covered home health visits. Authorization rules may apply for services. Contact plan for details.
Durable Medical Equipment	\$0 copay for Medicare-covered items
Urgent and Emergency	\$10 copay for office visit \$50 copay for emergency room visit
Ambulance Services	There is no copay for Medicare-covered ambulance services
Mental Health	\$10 copay per visit
Substance Abuse	\$10 copay per visit
Routine Eye Exams	\$10 copay Discounts on lenses, frames and contacts.
Hearing Aids	Not covered
Physical, Occupational and Speech Therapy	\$10 copay per visit
Prescription Drug Coverage \$0 Deductible No annual dollar limit on prescriptions	Retail Pharmacy: 30 day supply Tier 1 - \$8    Tier 2 - \$20    Tier 3 - \$35 Mail Order: up to a 90 day supply Tier 1 - \$16    Tier 2 - \$40    Tier 3 - \$70

This chart provides benefit highlights. For more information, including benefit limitations and exclusions, please contact Paula Giokas (information on the preceding page).