

TUFTS MEDICARE COMPLEMENT (TMC) WITH PRESCRIPTION DRUG COVERAGE—VALUE RX PLAN

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

Tufts Medicare Complement

with Prescription Drug Coverage—Value Rx Plan

2020 RATE: \$589

OUTPATIENT MEDICAL CARE	YOUR COVERAGE (after Medicare and TMC pay)
Doctor's office visits	\$15 per visit
Routine annual physical exam (including Welcome to Medicare visit and subsequent Annual Wellness visits)	Covered in full
Certain Part B preventive care screenings	Covered in full
Specialist care, consultations	\$15 per visit
Annual routine eye exams	\$15 per visit
Chiropractic care	\$15 per visit
Emergency room care	\$75 copay (waived if you are admitted)
Eye glasses / contact lenses	Discounts available through network optometrists
Physical, occupational, and speech therapy	\$15 per visit when referred by your PCP
Prescription Drug Coverage	Retail Pharmacy: 30 day supply Tier 1 - \$10 Tier 2 - \$30 Tier 3 - \$65 Mail Order: up to a 90 day supply Tier 1 - \$20 Tier 2 - \$60 Tier 3 - \$130
Hearing aids	Not covered
Dental care	Not covered
Laboratory tests, diagnostic X-rays & therapy, mammograms	Covered in full
Ambulance	Covered in full
INPATIENT HOSPITAL CARE / SURGERY	YOUR COVERAGE (after Medicare and TMC pay)
(semi-private room unless a private room is medically necessary)	
Illness or injury	\$200 per admission
Physician's care and services while hospitalized including diagnostic tests and surgery	Covered in full
Day surgery	\$75 per visit
MENTAL HEALTH / SUBSTANCE ABUSE	YOUR COVERAGE (after Medicare and TMC pay)
Inpatient care (services provided through a Designated Facility Program)	Covered in full for a combined lifetime limit of 190 days. After that, there may be additional state mandated benefits.
Outpatient care	\$15 per visit

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