2021 Summary of Benefits

Tufts Health Plan Medicare Preferred PDP Plans

Employer Group
Tufts Health Plan Medicare Preferred PDP V

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover, or list every limitation or exclusion. To get a complete list of services we cover, please visit **www.thpmp.org** to view the *Evidence of Coverage.* You can also request a printed copy by calling Customer Relations at 1-800-701-9000 (TTY: 711).

Effective January 1, 2021–December 31, 2021

S0655_2021_11_M

Summary of Benefits January 1, 2021–December 31, 2021

You have choices about how to get your Medicare prescription drug benefits

- One choice is to get your Medicare prescription drug benefits through a Medicare Advantage plan that offers prescription drug coverage.
- Another choice is to get your Medicare benefits by joining a Medicare prescription drug plan (such as Tufts Health Plan Medicare Preferred PDP V).

Tips for comparing your prescription drug coverage choices

This *Summary of Benefits* booklet gives you a summary of what Tufts Health Plan Medicare Preferred PDP V covers and what you pay.

- If you want to compare our plan with other prescription drug plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on **www.medicare.gov**.

Things to Know About Tufts Health Plan Medicare Preferred PDP V

Who can join?

To join Tufts Health Plan Medicare Preferred PDP V, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live anywhere in the United States, including Puerto Rico.

If you are enrolled in a MA coordinated care (HMO or PPO) plan or a MA PFFS plan that includes Medicare prescription drugs, you may not enroll in a PDP unless you disenroll from the HMO, PPO, or MA PFFS plan.

Enrollees in a private fee-for-service plan (PFFS) that does not provide Medicare prescription drug coverage or a MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in a 1876 Cost plan may enroll in a PDP.

Which pharmacies can I use?

Tufts Health Plan Medicare Preferred PDP V has a network of pharmacies. If you use pharmacies that are not in our network, the plan may not pay for your prescriptions.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's *Pharmacy Directory* at our website (**www.thpmp.org**).

This document is available in other formats such as braille and large print.

What do we cover?

We cover Part D drugs. Generally, we only cover drugs, vaccines, biological products, and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, **www.thpmp.org**.

How will I determine my drug costs?

Our plan groups each medication into one of three “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document, we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, the Coverage Gap, and Catastrophic Coverage.

Monthly Plan Premium

Please see your employer for your premium amount.

Prescription Drug Benefits

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 Tufts Medicare Preferred PDP plan and is offered through Tufts Insurance Company. Please see below for how the Wrap works in the different stages.**

Deductible Stage

You begin in this stage when you fill your first prescription of the year. During this stage:

- The Wrap will cover up to the Medicare Part D deductible ($445).

You stay in this stage until your year-to-date "total drug costs" (your payments plus any Wrap payments) total $445 (Medicare Part D deductible).

See cost share under the Initial Coverage Stage below.

Initial Coverage

You stay in this stage until your year-to-date total drug costs (your payments plus payments by the Part D and Wrap plan) total $4,130. During this stage:

- You pay the appropriate copayment based on the tier of the drug that you obtain.
- The Wrap will pay the balance of the cost after your copayment up to 25% of the cost of the drug.
- Tufts Medicare Preferred will pay for 75% of the cost of the drug.

You may get your drugs at network retail pharmacies and mail order pharmacies.

You pay the following:

Retail Cost Sharing			
Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	$10	$20	$30
Tier 2 (Generic)	$25	$50	$75
Tier 3 (Preferred Brand)	$45	$90	$135
Mail Order Cost Sharing			
Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	N/A	N/A	$20
Tier 2 (Generic)	N/A	N/A	$50
Tier 3 (Preferred Brand)	N/A	N/A	$115

If you reside in a long-term care facility, you pay the same as at a retail pharmacy for up to a 31-day supply.

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

Coverage Gap

Most Medicare drug plans have a coverage gap (also called the “Donut Hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches $4,130.

- For generic drugs on Tier 1 or Tier 2, you pay the Tier 1 or Tier 2 copayment. The Wrap will pay the balance of the cost of the generic drug until you move into the Catastrophic Stage.
- For brand name drugs on Tier 2 or Tier 3, you pay the Tier 2 or Tier 3 copayment. Until you move into the Catastrophic Stage, the Wrap will pay the balance of the cost of the brand name drug after your copayment and the 70% manufacturer’s discount.
- Both copayments and the 70% manufacturer’s discount on brand name drugs will count towards your out-of-pocket costs.

After you enter the coverage gap, you pay the following until your costs total $6,550, which is the end of the coverage gap.

Not everyone will enter the coverage gap.

Retail Cost Sharing			
Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	$10	$20	$30
Tier 2 (Generic)	$25	$50	$75
Tier 3 (Preferred Brand)	$45	$90	$135
Mail Order Cost Sharing			
Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	N/A	N/A	$20
Tier 2 (Generic)	N/A	N/A	$50
Tier 3 (Preferred Brand)	N/A	N/A	$115

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $6,550, you pay:

- $3.70 copay for generic (including brand drugs treated as generic) and a $9.20 copayment for all other drugs.
- After you pay your copay, the Wrap will pay the remaining balance up to 5% of the cost of the drug..

Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Tufts Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - — Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - — Qualified interpreters
  - — Information written in other languages

If you need these services, contact Tufts Health Plan at 1-800-701-9000 (TTY: 711).

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Tufts Health Plan, Attention:

Civil Rights Coordinator, Legal Dept.
705 Mount Auburn St., Watertown, MA 02472
Phone: 1-888-880-8699 ext. 48000, (TTY: 711)
Fax: 1-617-972-9048
Email: OCRCoordinator@tufts-health.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
1-800-368-1019 (TDD: 1-800-537-7697)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-701-9000 (TTY: 711).

Arabic: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-701-9000 (رقم هاتف الصم والبكم: 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-701-9000 (TTY: 711)。

Farsi: **توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.
(TTY: 711) 1-800-701-9000 فراهم می باشد. با تماس بگیرید.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-701-9000 (TTY: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-701-9000 (TTY: 711).

Greek: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-701-9000 (TTY: 711).

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-701-9000 (TTY: 711).

Haitian Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-701-9000 (TTY: 711).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-701-9000 (TTY: 711).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-701-9000 (TTY: 711）まで、お電話にてご連絡ください。

Khmer (Cambodian): ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-701-9000 (TTY: 711)

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-701-9000 (TTY: 711) 번으로 전화해 주십시오.

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-800-701-9000 (TTY: 711).

Navajo: Díí baa akó nínízin: Díí saad bee yáníłti'go **Diné Bizaad**, saad bee áká'ánída'áwo'dę́ę́', t'áá jiik'eh, éí ná hóló, koji' hódíílnih 1-800-701-9000 (TTY: 711).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-701-9000 (TTY: 711).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-701-9000 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-701-9000 (TTY: 711).

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-701-9000 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-701-9000 (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-701-9000 (TTY: 711).

Questions

Visit us at **www.thpmp.org,** or call 1-800-936-1902 (TTY: 711).

705 Mount Auburn Street
Watertown, MA 02472

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 1-800-701-9000 (TTY: 711) for more information.