

Tufts Health Plan Options

Group Insurance Commission - Medicare Retirees

Tufts Medicare Preferred HMO and Tufts Medicare Complement Plan

Eligibility

To be eligible for Tufts Health Plan Medicare Preferred HMO and Tufts Medicare Complement Plan GIC retirees must be enrolled in Medicare Part A and Part B, and must continue to pay their Medicare Part B premiums.

Service area

Tufts Medicare Preferred HMO members must live in the Tufts Medicare Preferred HMO service area and cannot be out of the area for more than six consecutive months. The Tufts Medicare Preferred HMO service area includes Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties in Massachusetts.

Tufts Medicare Complement Plan members may reside anywhere in the United States.

Provider network

Tufts Medicare Preferred is a limited network plan. For a plan with a lower premium, check to see if your provider is in the Tufts Medicare Preferred HMO network. Members must select a primary care provider, and must receive covered health care services from the plan's provider network.

Members enrolled in the Tufts Health Plan Medicare Complement Plan may utilize any provider that accepts Medicare.

Tufts Health Plan Medicare Preferred is an HMO plan with a Medicare contract. Enrollment in Tufts Health Plan Medicare Preferred depends on contract renewal. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, premium, and copayments/coinsurance may change. Tufts Medicare Preferred HMO is offered through Tufts Associated Health Maintenance Organization, Inc.

Tufts Medicare Complement Plan is administered through Tufts Benefits Administrators, a Tufts Health Plan company.



GIC Plan Benefits Comparison July 1, 2022	Tufts Medicare Preferred HMO	Tufts Medicare Complement Plan
	More than 10,000 providers, 48 hospitals Service area includes Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties in Massachusetts.	Any provider that accepts Medicare.
INPATIENT CARE		
Inpatient hospitalization, including Substance Abuse: semi-private room and board and special services for Medicare-covered hospital stays	\$0 copay	\$0 copay
Skilled Nursing	\$0 copay per day	\$0 copay per day
Mental Health Care in Psychiatric Hospital	\$0 copay	\$0 copay
Inpatient Rehabilitation	\$0 copay	\$0 copay
OUTPATIENT CARE		
Primary Care Physician Office Visit	\$15 copay per visit	\$15 copay per visit
Specialist Office Visit	\$15 copay per visit	\$15 copay per visit
Routine Physical exam	Covered 100% for Medicare-covered preventive services	Covered 100% for Medicare-covered preventive services
Lab and Therapeutic Radiology	\$0 copay	\$0 copay
Diagnostic Radiology (MRI, PET scan, CT scan, X-ray)	\$0 copay	\$0 copay
Outpatient Hospital/Ambulatory Care	\$0 copay	\$0 copay
Home Health Care	\$0 copay per visit for Medicare-covered home health visits. Authorization rules may apply for services. Contact plan for details.	\$0 copay
Durable Medical Equipment	\$0 copay for Medicare-covered items	\$0 copay for Medicare-covered items
Urgent and Emergency Care	\$15 copay for office visit, \$50 copay for emergency room	\$15 copay for office visit, \$50 copay for emergency room
Ambulance Services	There is no copay for Medicare-covered ambulance services	There is no copay for Medicare-covered ambulance services
Behavioral Health	\$15 copay per visit	\$15 copay per visit
Substance Use Disorder	\$15 copay per visit	\$15 copay per visit
Routine Eye Exams	\$15 copay Up to \$150 per year at an EyeMed participating provider or \$90 per year at a non-participating provider, toward eyewear (lenses, frames and upgrades) or contact lenses, but not both One routine eye exam every 12 months One pair of eyeglasses covered after each cataract surgery (separate from the \$150 eyewear benefit)	\$15 copay Discounts on lenses, frames, and contacts One routine eye exam every 24 months
Hearing Aids	First \$500 covered in full, then 20% of the next \$1,500 (plus any balance). Limit of \$1,700 per member every 24 months	Members 22 and over - First \$500 covered in full, then 20% of the next \$1,500, plus any balance (for both ears combined). Limit of \$1,700 per member every 24 months.
Physical, Occupational, and Speech Therapy	\$0 copay	\$15 copay per visit
Fitness Reimbursement	Up to \$150 toward fitness club membership and instructional fitness classes and/or nutritional counseling and other wellness programs such as memory fitness activities.	Up to \$150 toward fitness club membership
Prescription Drugs	Your prescription drug benefits will be managed by CVS SilverScript®. If you have questions or would like information about the formulary (list of covered drugs), call the CVS SilverScript customer relations department at 877.876.7214 or visit gic.silverscript.com.	Your prescription drug benefits will be managed by CVS SilverScript®. If you have questions or would like information about the formulary (list of covered drugs), call the CVS SilverScript customer relations department at 877.876.7214 or visit gic.silverscript.com.

