

# GIC Tufts Medicare Preferred HMO

## Plan Highlight Sheet



Commonwealth of Massachusetts  
Group Insurance Commission

### 2024 Partial List of Benefit Allowances and Member Cost Sharing

Effective July 1, 2024 – June 30, 2025

Please refer to the **2024 GIC Summary of Benefits** booklet for further information.

#### Premiums

<b>Plan Premium</b>	See the Group Insurance Commission for premium amount.
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#### Service Area

<b>Counties of Residence</b>	Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
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#### Copayments

<b>Primary Care Physician (PCP) Office Visits</b>	\$15 per visit; \$0 for Annual Routine Physical
<b>Specialist Office Visits</b>	\$15 per visit
<b>Chiropractor</b>	\$15 per visit
<b>Podiatry</b>	\$15 per visit
<b>Outpatient Behavioral Health/ Substance Use Disorder</b>	\$15 per visit
<b>Hearing Services</b>	\$15 per visit
<b>Vision Care</b>	\$15 per visit
<b>Routine Eye Exams (one per calendar year)</b>	\$15 per visit
<b>Outpatient Services/Surgery</b>	\$0 copay
<b>Emergency Room</b> (waived if admitted within 24 hours for the same condition)	\$50 per visit
<b>Ambulance Services</b>	\$0 copay for Medicare-covered ambulance benefits
<b>Outpatient Rehabilitation Services</b>	\$0 copay for Medicare-covered Occupational, Physical and Speech/Language therapies.

#### Allowances

<b>Eyewear Benefit</b>	\$150 per calendar year towards eyewear at an EyeMed Vision Care participating provider, or \$90 per calendar year at non-participating providers.
<b>Wellness Allowance</b>	\$150 per calendar year toward fitness club membership, instructional fitness classes, participation in online instructional fitness classes, nutritional counseling, acupuncture, and/or wellness programs such as memory fitness activities.
<b>Hearing Aids</b>	Members 22 and over - First \$500 covered in full by the plan, then you pay 20% of the next \$1,500 (for both ears combined). Plan coverage is limited to \$1,700 per member every two years. Member is responsible for any amount over \$1,700 every two years.
<b>Weight Management Programs</b>	\$150 per calendar year towards program fees for weight loss programs such as WeightWatchers or a hospital-based weight loss program.

#### Prescription Drug Coverage

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](https://gic.silverscript.com).

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. Contact the plan for more information. H2256\_2024\_163\_C