

Tufts Medicare Complement (TMC)

Highlights	
PCP required	✓
Referral required	✓
Copayments/coinsurance	✓
Out-of-network coverage	X
Deductible	X
Tiered plan	X
Authorized benefits	✓
Unauthorized benefits ¹	X

¹Unauthorized care is limited to emergency services only.

Note: This information is intended to provide an overview of the plan. Providers are reminded to check the member's ID card to verify the plan in which the member is enrolled. Services and subsequent payment are pursuant to the member's benefit plan document. Prior to initiating services, member eligibility and benefits should be verified by logging on to the secure Provider website.

Overview

Tufts Medicare Complement (TMC) plan is a Medicare-retiree Health Maintenance Organization (HMO) plan that complements a member's primary Medicare coverage. To maintain eligibility and qualify for this plan, members must maintain Medicare Parts A and B coverage, and must enroll in TMC through the GIC.

Providers must first bill Medicare for Medicare-covered services. TMC provides secondary coverage and receives claims for payment after Medicare has made its coverage determination. If Medicare covers a service, Tufts Health Plan reimburses 100 percent of the Medicare Part A or B deductible and/or coinsurance (minus a copayment), for medically necessary services provided or authorized by the member's PCP. Refer to the [Coordination of Benefits Policy](#) for additional information.

The plan year begins on July 1.

Service Area

The TMC service area includes all of Massachusetts and Rhode Island, and parts of New Hampshire, Vermont, Connecticut and New York.

For more information, visit tuftshealthplan.com/gic.