

Tufts Medicare Complement 2009 SUMMARY OF BENEFITS



Tufts Medicare Complement (TMC), offered by Tufts Health Plan, is a health maintenance organization (HMO) option designed to enhance your Medicare coverage.

To be eligible for TMC:

- You must have – and maintain – Medicare coverage Parts A and B (please note that Medicare must be your primary coverage).
- You must enroll in TMC through the Group Insurance Commission. If the Group Insurance Commission ceases to offer TMC, you will no longer be covered under this plan.
- You must live in the Tufts Health Plan service area, and you cannot be away from the service area for more than 90 consecutive days.

You must choose a primary care physician (PCP) to provide or authorize your care. If you receive care or services that are not provided or authorized by your PCP (except in an emergency), you will be responsible for all charges after Medicare’s payments. Tufts Health Plan has an extensive network of physicians throughout Massachusetts, Rhode Island and southern New Hampshire from which to choose.

If Medicare covers a service, TMC will pay the Medicare Part A or B deductible and/or coinsurance (less your copayment, if any), as long as you follow TMC’s rules. Also, TMC will pay for certain additional services, such as preventive care, that Medicare does not cover. To receive the full range of benefits under TMC, your care must be directed or authorized by your PCP.

Please note: In a medical emergency, you should seek care from the nearest medical facility. You, or someone acting on your behalf, should notify your PCP within 48 hours of receiving emergency care, even if you are not admitted to a hospital. Your PCP will provide or arrange your follow-up care.

Please familiarize yourself with Medicare’s benefits and refer to your member benefit document for more detailed information. Your local Social Security Administration office should be able to answer any Medicare questions, or you can check the Medicare web site at www.medicare.gov.

Outpatient Medical Care	
Doctor's office visits & routine physical exams	\$10 per visit
Specialist care, consultations	\$10 per visit
Walk-in, limited service clinic visits	\$10 per visit
Routine Eye Exams (one exam per 24 months)	\$10 per visit
Chiropractic care	\$10 per visit
Emergency Room Care	\$50 copayment (waived if you are admitted)
Eyeglasses/Contact lenses	Discounts available through network optometrists
Physical, occupational, and speech therapy	\$10 per visit when referred by your PCP
Hearing Aids	Plan pays first \$500, then 80% of next \$1,500, up to a maximum benefit of \$1,700 in each 24-month period
Dental Care	Not covered
Laboratory tests, diagnostic X-rays & therapy, mammograms	Covered in full
Ambulance	Covered in full
Inpatient Hospital Care/Surgery (semi-private room unless a private room is medically necessary)	
Inpatient Hospital Services	Covered in full
Physician's care and services while hospitalized including diagnostic tests and surgery	Covered in full
Day surgery	Covered in full
Mental Health/Substance Abuse	
Inpatient care	Covered in full
Outpatient care	\$10 per visit

Prescription Drug Benefit

You can fill your prescriptions for most medications at any CVS Caremark-participating pharmacy. That's almost all pharmacies in Massachusetts, plus most pharmacies nationwide. And, in an emergency, you will be reimbursed for covered prescriptions filled at a non-participating pharmacy.

TO RECEIVE YOUR PRESCRIPTION DRUGS FROM A CVS CAREMARK-PARTICIPATING PHARMACY

When your prescription is written by a Tufts Health Plan participating physician, except in cases of authorized referrals or emergencies, you must simply present your ID card and pay your copayment. The pharmacist will transmit your claim electronically and dispense the prescription.

Certain medications are subject to pharmacy management programs such as prior authorization and dispensing limitations.

There are also a small number of drugs for certain conditions, such as multiple sclerosis, that are covered by our Special Designated Pharmacy program. You must obtain these drugs through a Special Designated Pharmacy for coverage. These pharmacies specialize in providing medications to treat certain conditions.

60- and 90-day prescriptions are only available through mail order.

3 TIER PHARMACY COPAYMENT PROGRAM

The 3 Tier Pharmacy Copayment program groups thousands of prescription drugs covered by Tufts Health Plan into three copayment levels:

- **Tier 1** (\$10 copayment, up to 30 day supply)—includes most generic drugs
- **Tier 2** (\$25 copayment, up to 30 day supply)—primarily includes selected brand-name drugs
- **Tier 3** (\$50 copayment, up to 30-day supply)—includes the rest of Tufts Health Plan's covered drugs

Many Tier-3 drugs have Tier-1 or Tier-2 alternatives. If your doctor prescribes a Tier-3 or Tier-2 drug, you can work with him or her to determine if there is an appropriate and less costly drug available.

Tufts Health Plan does not cover a limited number of prescription drugs under the Non-Covered Drugs with Suggested Alternatives Program because there are safe, effective, and more affordable alternatives available.

MAINTENANCE MEDICATIONS

Through the CVS Caremark mail-order pharmacy service, Tufts Health Plan offers a convenient and cost-saving method for you to receive your maintenance medications. Maintenance medications are used to treat long-term or chronic conditions, such as high blood pressure or diabetes.

Up to a **90-Day Supply**
Tier 1: \$20 ; Tier 2: \$50; Tier 3: \$110

Exclusions and Limitations

There are some services that TMC does not cover. These include, but are not limited to: A service or supply that is not medically necessary and is not described as covered in the member's benefit document or the Medicare Handbook • Exams required by a third party, such as your employer, a court, or an insurance company • Cosmetic surgery or any other cosmetic procedure except certain reconstructive procedures • Experimental or investigational drugs, services and procedures • Eyeglasses or contact lenses • Whole blood, packed red blood cells and blood donor fees • Drugs for use outside of hospital except as covered under Prescription Drug Coverage • Personal comfort items • Custodial care • A service furnished to someone other than the member • Routine foot care, except for members diagnosed with diabetes • Charges incurred for stays in a covered facility beyond the discharge hour • Care for conditions that state or local law requires to be treated in public facility • Transportation • Dental services • Long-term outpatient physical and occupational therapy services • Foot orthotics, except therapeutic/molded shoes for an individual with severe diabetic foot disorder • Meals delivered to your home • Private duty nursing • Personal emergency response systems

**If you have specific questions regarding Tufts Medicare Complement and your benefits, please call a member specialist at 1-800-870-9488.
tuftshealthplan.com/gic**

This is a summary and not a complete description of your benefits. For a complete description of your benefits including limitations and exclusions, please refer to your member benefit document. In the case of a discrepancy, the member benefit document will prevail.

Offered by Tufts Associated Health Maintenance Organization, Inc., a Tufts Health Plan company.