

PCP Required	N/A	Referral Required	N/A
In-Network Coverage	N/A	Out-of-Network Coverage	N/A
Copayments	√	Deductible/Coinsurance	√

## Description

The Tufts Medicare Preferred Supplement Plan is offered to eligible individuals and employer groups for retirees who are enrolled in Medicare Parts A and B. As a Medigap policy, this plan covers some of the health care costs that Original Medicare does not cover.

Members do not have a contracted network and do not need to select a primary care provider.

## Coverage

The provider must bill Medicare for Medicare-covered services. Medicare will forward the claim directly to Tufts Health Plan Medicare Preferred. There is no need to bill Tufts Health Plan Medicare Preferred for Medicare-covered services.

The following services and items are covered by the Tufts Medicare Preferred Supplement Plan and are not covered by Medicare. Submit claims for these services and items directly to Tufts Health Plan Medicare Preferred:

- Annual routine physical exam (except for the one-time “Welcome to Medicare” physical exam)
- Annual routine hearing exam (covered up to \$100)
- Annual routine vision exam (covered up to \$100)
- Eye glasses (lenses and frames covered up to \$150 per year)
- Hearing aids (covered up to \$500 once every three calendar years)
- Wig prostheses for cancer and leukemia patients (up to \$350 per year)

Providers can contact the Tufts Health Plan Medicare Preferred Provider Relations Department at 800-279-9022 with any questions regarding our Medicare Supplement covered benefits.

## Authorization

Authorization is not required.