

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

Description

The Tufts Medicare Complement (TMC) plan is a managed care plan that complements a Member's Medicare coverage. It is offered to Tufts Health Plan Members in eligible employer groups who are enrolled in Medicare Parts A and B. The TMC plan requires Members to choose a primary care physician (PCP) who is responsible for managing or providing the Member's care.

Coverage

The provider must first bill Medicare for Medicare covered services. For supplemental payment, send Tufts Health Plan a copy of the Medicare Explanation of Benefits (EOB) along with the claim. Tufts Health Plan will reimburse 100% of the Medicare deductible and/or coinsurance, minus a copayment for any medically necessary services provided or authorized by the Member's PCP.

Providers can contact the Coordination of Benefits (COB) Department at 1-888-880-2699, option 6, ext. 1098, with any questions regarding TMC Members.

Authorization

The PCP must authorize specialty care with either an electronic or written referral, with some exceptions. In most cases the Member will be directed to Tufts Health Plan contracted specialists within the Member's PCP's hospital affiliation.

Tufts Health Plan does not require preregistration for inpatient admissions **unless** the Medicare benefits, including lifetime reserve days, are exhausted, at which time [preregistration](#) is required.