

**Employer Group: Tufts Medicare Preferred  
HMO Prime Rx Plus  
Plan Highlight Sheet**



**2012 Partial List of Benefit Allowances and Member Cost Sharing**

Effective January 1, 2012 – December 31, 2012

Please refer to the **2012 Employer Group HMO Prime Summary of Benefits** booklet for further information.

**PREMIUMS**

Plan Premium See your employer for premium amount.

**SERVICE AREA**

Counties of Residence Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester

**NOTE:** Towns in Bristol and Plymouth counties excluded from our service area are listed on the back.

**COPAYMENTS**

Prescription Drug Coverage **\$0 Deductible; No annual dollar limit on prescriptions**

**NOTE:** See Comprehensive Formulary for limitations and exclusions

You pay the following copayments:

<b>Retail Pharmacy</b>	<b>Tier 1</b>	<b>Tier 2</b>	<b>Tier 3</b>
30-day supply	\$10	\$20	\$35
60-day supply	\$20	\$40	\$70
90-day supply	\$30	\$60	\$105
<b>Mail-Order</b>	<b>Tier 1</b>	<b>Tier 2</b>	<b>Tier 3</b>
30-day supply	\$7	\$13	\$23
60-day supply	\$14	\$27	\$47
90-day supply	\$20	\$40	\$70

**When your own payments for the year are greater than \$4,700, you pay the greater of:**

- 5% per prescription **OR**
- \$2.60 per prescription for generic drugs (including brand drugs treated like generics) and
- \$6.50 per prescription for brand drugs

Over, please

<b>COPAYMENTS (CONTINUED)</b>	
Primary Care Physician (PCP) Office Visits	\$10 per visit, except \$0 copay for annual physical
Specialist Office Visits	\$15 per visit
Emergency Room (waived if admitted within 24 hours)	\$50 per visit
Routine Eye Exams (one per calendar year)	\$15 per outpatient visit
Outpatient Services/Surgery	\$50 per day; copayment depends on procedure performed
<b>ALLOWANCES</b>	
Annual Eyewear Benefit	\$150 per year towards eyewear (lenses, frames and upgrades) or contact lenses, but not both.
Annual Fitness and Nutritional Counseling Benefit	\$150 per year towards fitness club membership, instructional fitness classes, and/or nutritional counseling.
Hearing Aids	Up to \$500 toward purchase or repair every three (3) years
<b>DEDUCTIBLES</b>	
Acute Inpatient Hospital Deductible NOTE: Deductible only applies to the first acute inpatient hospital admission of the calendar year, and does not apply to inpatient mental health admissions.	\$300 per calendar year
<b>OUT-OF-POCKET MAXIMUM</b>	
\$3,400 per calendar year excluding plan premiums and prescription drug copayments.	

**TOWNS EXCLUDED FROM SERVICE AREA:**

**Bristol County:**

Berkeley (02779); Dighton (02715, 02764); East Taunton (02718); Taunton (02780, 02783)

**Plymouth County:**

Lakeville (02347); Middleborough (02344, 02346, 02348, 02349)

Tufts Health Plan Medicare Preferred is a Medicare Advantage organization with a Medicare contract. The Medicare Advantage contract between Tufts Health Plan Medicare Preferred and the Centers for Medicare & Medicaid Services (CMS) is renewed annually. The benefits, premiums, copayments, and service area offered by Tufts Health Plan Medicare Preferred are subject to change on an annual basis. The availability of coverage beyond the current contract year is not guaranteed.