

# CITY OF WORCESTER

## TUFTS MEDICARE COMPLEMENT

### 2017 SUMMARY OF BENEFITS



Tufts Medicare Complement (TMC), offered by Tufts Health Plan, is a health maintenance organization (HMO) option that is 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 your employer. If your employer 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 may have to disenroll from your previous plan.

**You must choose a primary care provider (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 deductible and/or coinsurance, as long as you follow TMC’s rules. Also, TMC will pay for certain additional services, such as certain preventive care and prescription drugs, that Medicare does not cover. In order 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.

**Important Note:** Certain preventive tests and services are covered in full by Medicare. This includes continued coverage for the one-time Welcome to Medicare physical exam, and an Annual Wellness visit that includes a “personalized prevention plan”.

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 [medicare.gov](http://medicare.gov).

This health plan, alone, does not meet Minimum Creditable Coverage standards and will not satisfy the individual mandate that you have health insurance. However, Medicare is a plan that meets MCC standards. Because you have Medicare Part A and Part B, you meet MCC standards.	
OUTPATIENT HOSPITAL CARE	YOUR COVERAGE (AFTER MEDICARE AND TMC PAY)
Doctor’s office visits	\$10 per visit
Routine annual physical exam (including Welcome to Medicare visit and subsequent Annual Wellness visits)	Covered in full
Certain Part B preventive care screenings	Covered in full
Specialist care, consultations	\$10 per visit
Annual Routine Eye Exams	\$10 per visit
Chiropractic care	\$10 per visit
Emergency Room Care	\$50 copay (waived if you are admitted)
Eye glasses / contact lenses	Discounts available through network optometrists
Physical, occupational, and speech therapy	\$10 per visit when referred by your PCP
Hearing Aids	Not covered
Dental Care	Not covered
Laboratory tests, diagnostic X-rays & therapy, mammograms	Covered in full
Ambulance	\$50 deductible per year

INPATIENT HOSPITAL CARE / SURGERY		YOUR COVERAGE (AFTER MEDICARE AND TMC PAY)
(semi-private room unless a private room is medically necessary)		
Illness or injury		\$50 per visit (you pay maximum of 4 copays per year)
Physician's care and services while hospitalized including diagnostic tests and surgery		Covered in full
Day surgery		\$50 per day
MENTAL HEALTH / SUBSTANCE ABUSE		YOUR COVERAGE (AFTER MEDICARE AND TMC PAY)
Inpatient care (services provided through a Designated Facility Program)		Covered in full for a combined lifetime limit of 190 days. After that, there may be additional state mandated benefits.
Outpatient care		\$10 per visit
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 • Blood, blood donor fees, blood storage fees, or blood substitutes; blood banking, core blood banking, and blood products, except as described in your TMC member benefit document. • Personal comfort items • Custodial care • A service furnished to someone other than the member • 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, except as described in your TMC member benefit document • Dental services, except as described in your TMC member benefit document • Long-term outpatient physical and occupational therapy services • Routine foot care, except for members diagnosed with diabetes • 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 1-800-936-1902.**

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

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