

2017 EMPLOYER GROUP

Rx Prescription Drug Coverage Addendum



Your Tufts Medicare Preferred HMO employer group plan includes pharmacy coverage, providing you with a valuable benefit you can rely on. **More information on prescription drug coverage is in the Summary of Benefits.** This is an addendum to the Summary of Benefits. The following is an overview of your pharmacy benefits:

Medicare Coverage Gap Discount Program

The Medicare Coverage Gap Discount Program provides manufacturer discounts on brand name drugs in the Coverage Gap Stage. A 50% discount on the negotiated price (excluding dispensing fee) will be applied to the cost of the drug for those brand name drugs from manufacturers that have agreed to pay the discount.

In 2017, Tufts Health Plan will include Wrap coverage in conjunction with your Part D drug coverage. Depending on which benefit stage you are in, the Wrap covers a portion of the cost of the drug. **This Wrap is additional coverage to your Tufts Medicare Preferred HMO Plan and is offered through Tufts Insurance Company. Please refer to the updated table below for how the Wrap works in the different stages.**

There is no annual dollar limit on prescriptions.

DEDUCTIBLE STAGE

- There is a \$400 Medicare Part D deductible which is satisfied by your copayments and the Wrap coverage.

See cost share under the Initial Coverage Stage below.

INITIAL COVERAGE STAGE

You stay in this stage until your year-to-date "total drug costs" (your payments plus payments by the Part D plan and Wrap plan's) total \$3,700. During this stage:

- You pay the appropriate copayment based on the tier of drug that you obtain.
- Tufts Medicare Preferred HMO Plan will pay for 75% of the cost of the drug.
- The Wrap will pay the balance of the cost after your copayment up to 25% of the cost of the drug.

You pay the following copayments.

In-Network

30-Day Supply; Retail Pharmacy

Tier 1: \$10 Tier 2: \$25 Tier 3: \$50

30-Day Supply; Mail Order

Tier 1: \$7 Tier 2: \$17 Tier 3: \$33

60-Day Supply; Retail Pharmacy

Tier 1: \$20 Tier 2: \$50 Tier 3: \$100

60-Day Supply; Mail Order

Tier 1: \$14 Tier 2: \$33 Tier 3: \$67

90-Day Supply; Retail Pharmacy

Tier 1: \$30 Tier 2: \$75 Tier 3: \$150

90-Day Supply; Mail Order

Tier 1: \$20 Tier 2: \$50 Tier 3: \$100

Long Term Care Pharmacy (31-Day Supply)

Tier 1: \$10 Tier 2: \$25 Tier 3: \$50

Out-of-Network (30-Day Supply)

Plan drugs may be covered in special circumstances while a member is traveling outside of the plan's service area. You are responsible for the cost difference between the out-of-network pharmacy charge and the plan's in-network allowable amount.

Tier 1: \$10 Tier 2: \$25 Tier 3: \$50

COVERAGE GAP STAGE

- For generic drugs on Tier 1 and Tier 2, you pay the Tier 1 or Tier 2 copayment. The Wrap will pay the balance of the cost of the generic drug until you move into the Catastrophic Stage.
- For brand name drugs on Tier 2 or Tier 3, you pay the brand name Tier 2 or Tier 3 copayment. Until you move into the Catastrophic Stage, the Wrap will pay the balance of the cost of the brand name drug after your co-payment and the 50% manufacturer's discount.

Both copayments and the 50% manufacturer's discount on brand name drugs will count towards your out-of-pocket costs.

You stay in this stage until your year to date out-of-pocket costs reach a total of \$4,950.

CATASTROPHIC COVERAGE STAGE

After your yearly out-of-pocket costs reach \$4,950, you pay the following for your prescription drugs:

- \$3.30 per prescription for generic drugs (including brand drugs treated like generics) and
- \$8.25 per prescription for brand drugs
- The Wrap will pay the balance of the cost after your copayment up to 5% of the cost of the drug.

Some covered drugs don't count toward your out-of-pocket drug costs.

Tufts Health Plan is an HMO plan with a Medicare Contract. Enrollment in Tufts Health Plan depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or co-payments/coinsurance may change on January 1 of each year.

This information is available for free in other languages. Please contact our Customer Relations number at 1-800-701-9000 for additional information.

Esta información está disponible sin costo en otros idiomas. Para obtener más información, comuníquese a nuestro número de relaciones al cliente al 1-800-701-9000.