

**2018 Group Retiree:
Tufts Medicare Preferred PDP
Plan Highlight Sheet**



2018 Partial List of Benefit Allowances and Member Cost Sharing

Effective January 1, 2018 – December 31, 2018

Please refer to the **2018 Group Retiree PDP Summary of Benefits** booklet for further information.

PREMIUMS

Plan Premium See your employer for premium amount.

SERVICE AREA

Residence Members can live anywhere in the United States, including Puerto Rico.

COPAYMENTS

Prescription Drug Coverage
NOTE: See Comprehensive Formulary for limitations and exclusions
There is no annual dollar limit on prescriptions.

Deductible Stage

There is a \$405 Medicare Part D deductible which is satisfied by your copayments and the Wrap coverage*. See your 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 \$3,750. During this stage:

- You pay the appropriate copayment based on the tier of drug that you obtain.
- Tufts Medicare Preferred PDP 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:

Retail Pharmacy	Tier 1	Tier 2	Tier 3
30-day supply	\$10	\$30	\$65
60-day supply	\$20	\$60	\$130
90-day supply	\$30	\$90	\$195
Mail-Order	Tier 1	Tier 2	Tier 3
30-day supply	\$7	\$20	\$43
60-day supply	\$14	\$40	\$87
90-day supply	\$20	\$60	\$130

COPAYMENTS (CONTINUED)

Prescription Drug Coverage

NOTE: See Comprehensive Formulary for limitations and exclusions

Coverage Gap Stage

This stage begins when your total drug costs reach \$3,750 and ends when your out-of-pocket costs reach \$5,000.

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

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

Catastrophic Coverage Stage

After your annual out-of-pocket costs reach \$5,000, you pay the following for your prescription drugs:

- \$3.35 per prescription for generic drugs (including brand drugs treated like generics) and
- \$8.35 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.

*In 2018, 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 may cover a portion of the cost of the drug. This Wrap is additional coverage to your Tufts Medicare Preferred PDP Plan and is offered through Tufts Insurance Company. Please refer to the table on the previous page for how the Wrap works in the different stages.

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.

Tufts Health Plan is a PDP plan with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal. Enrollment in Tufts Health Plan Medicare Preferred 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.

Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-276-8493 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-844-276-8493 (TTY: 711).