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2023 Summary of Benefits

Tufts Medicare Preferred PDP Plans

Employer Group

Tufts Medicare Preferred PDP Plus

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover, or list every limitation or exclusion. To get a complete list of services we cover, please visit www.thpmp.org to view the *Evidence of Coverage*. You can also request a printed copy by calling Member Services at 1-800-701-9000 (TTY: 711).

Effective January 1, 2023–December 31, 2023

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Summary of Benefits January 1, 2023–December 31, 2023

You have choices about how to get your Medicare prescription drug benefits

- One choice is to get your Medicare prescription drug benefits through a Medicare Advantage plan that offers prescription drug coverage.
- Another choice is to get your Medicare benefits by joining a Medicare prescription drug plan (such as Tufts Medicare Preferred PDP Plus).

Tips for comparing your prescription drug coverage choices

This *Summary of Benefits* booklet gives you a summary of what Tufts Medicare Preferred PDP Plus covers and what you pay.

- If you want to compare our plan with other prescription drug plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on www.medicare.gov.

Things to Know About Tufts Medicare Preferred PDP Plus

Who can join?

To join Tufts Medicare Preferred PDP Plus, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live anywhere in the United States, including Puerto Rico.

If you are enrolled in a MA coordinated care (HMO or PPO) plan or a MA PFFS plan that includes Medicare prescription drugs, you may not enroll in a PDP unless you disenroll from the HMO, PPO, or MA PFFS plan.

Enrollees in a private fee-for-service plan (PFFS) that does not provide Medicare prescription drug coverage or a MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in a 1876 Cost plan may enroll in a PDP.

Which pharmacies can I use?

Tufts Medicare Preferred PDP Plus has a network of pharmacies. If you use pharmacies that are not in our network, the plan may not pay for your prescriptions.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's *Pharmacy Directory* at our website (www.thpmp.org).

What do we cover?

We cover Part D drugs. Generally, we only cover drugs, vaccines, biological products, and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, www.thpmp.org.

How will I determine my drug costs?

Our plan groups each medication into one of three “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document, we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, the Coverage Gap, and Catastrophic Coverage.

Important Message About What you Pay for Vaccines - Our plan covers most Part D Vaccines at no cost to you. Call Member Services for more information.

Important Message About What you Pay for Insulin - You won’t pay more than \$20 for a one-month (30-day) supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on.

This document is available in other formats such as braille and large print.

Monthly Plan Premium

Please see your employer for your premium amount.

Prescription Drug Benefits

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 PDP plan and is offered through Tufts Insurance Company. Please see below for how the Wrap works in the different stages.**

Deductible Stage

You begin in this stage when you fill your first prescription of the year. During this stage:

- The Wrap will cover up to the Medicare Part D deductible (\$505).

You stay in this stage until your year-to-date “total drug costs” (your payments plus any Wrap payments) total \$505 (Medicare Part D deductible).

See cost share under the Initial Coverage Stage below.

Initial Coverage

You stay in this stage until your year-to-date total drug costs (your payments plus payments by the Part D and Wrap plan) total \$4,660. During this stage:

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

You may get your drugs at network retail pharmacies and mail order pharmacies.

You pay the following:

Retail Cost Sharing

Tier	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	\$10	\$20	\$30
Tier 2 (Generic)	\$20	\$40	\$60
Tier 2 (Vaccines)	\$0	N/A	N/A
Tier 3 (Preferred Brand)	\$35	\$70	\$105
Insulin	\$20	\$40	\$60

Mail Order Cost Sharing

Tier	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	\$7	\$14	\$20
Tier 2 (Generic)	\$13	\$27	\$40
Tier 2 (Vaccines)	N/A	N/A	N/A
Tier 3 (Preferred Brand)	\$23	\$47	\$70
Insulin	\$13	\$27	\$40
<p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy for up to a 31-day supply.</p> <p>You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.</p>			

Coverage Gap

Most Medicare drug plans have a coverage gap (also called the “Donut Hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,660.

- For generic drugs on Tier 1 or 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 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 copayment and the 70% manufacturer’s discount.
- Both copayments and the 70% manufacturer’s discount on brand name drugs will count towards your out-of-pocket costs.
- See the chart below for what you pay for covered vaccines and insulin in this stage.

After you enter the coverage gap, you pay the following until your costs total \$7,400, which is the end of the coverage gap.

Not everyone will enter the coverage gap.

Retail Cost Sharing

Tier	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	\$10	\$20	\$30
Tier 2 (Generic)	\$20	\$40	\$60
Tier 2 (Vaccines)	\$0	N/A	N/A
Tier 3 (Preferred Brand)	\$35	\$70	\$105
Insulin	\$20	\$40	\$60

Mail Order Cost Sharing

Tier	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	\$7	\$14	\$20
Tier 2 (Generic)	\$13	\$27	\$40
Tier 2 (Vaccines)	N/A	N/A	N/A
Tier 3 (Preferred Brand)	\$23	\$47	\$70
Insulin	\$13	\$27	\$40

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,400, you pay:

- \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copayment for all other drugs.
- After you pay your copay, the Wrap will pay the remaining balance up to 5% of the cost of the drug.



Questions

Visit us at www.thpmp.org, or call 1-800-936-1902 (TTY: 711).



1 Wellness Way
Canton, MA 02021

Tufts Health Plan is a PDP plan with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal. This information is not a complete description of benefits. Call 1-800-701-9000 (TTY: 711) for more information. Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-701-9000 (TTY: 711).