



## Eligibility and Enrollment

To be eligible for retiree products, members must be entitled to Medicare Part A and enrolled in Part B. Members must continue to pay their Medicare Part B premiums if they are not otherwise paid for under Medicaid or by another third party. All groups renew on January 1 except for those grandfathered otherwise.

Tufts Medicare Preferred Supplement members can live anywhere in the United States. In order to be covered (except in emergencies), members must see providers that accept Medicare.

## Prescription Drug Coverage

In order to avoid a late enrollment premium penalty, you must elect a Medicare Prescription Drug Plan or have creditable prescription drug coverage through your employer. Tufts Medicare Preferred offers a Part D Prescription Drug Plan. You may or may not receive this option from your employer.

## We're Here to Help

Plan benefit highlights are on the reverse side. For a full description of the benefits, including benefit limitations and exclusions, please ask for an Employer Group Tufts Medicare Preferred Supplement Plan Certificate.

If you have any questions, please call **1-800-936-1902 (TTY: 711)**. Representatives are available 8 a.m.–8 p.m., 7 days a week (Mon.–Fri. from Apr. 1–Sept. 30). After hours and on holidays, please leave a message and a representative will return your call on the next business day. Or visit our website at [www.thpmp.org](http://www.thpmp.org).



This health plan, alone, does not meet Minimum Creditable Coverage (MCC) 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.

### Inpatient Care

**Inpatient General Hospital, Including Mental Health Care\***: Semi-private room and board, and special services for Medicare-covered hospital stays up to 90 days per benefit period, an additional 60 lifetime Medicare-covered days, and an additional 365 lifetime days after Medicare days are exhausted

\$50 per stay up to \$200 per year

**Skilled Nursing Facility Care**

Covered up to 100 days per benefit period after 3-day inpatient hospital stay

\$0 copayment

**Mental Health Care\***

Inpatient psychiatric hospital stay covered up to 190-day lifetime maximum\*\*

\$0 copayment

**Inpatient Rehabilitation** in a rehabilitation or long-term acute care hospital, up to 90 days per benefit period

\$0 copayment

\*Includes both Mental Health Care and Substance Abuse Services.

\*\*Additional days may be covered under Massachusetts law after 190-day Medicare lifetime maximum is exhausted.

Outpatient Care	
<b>Physician Office Visit</b>	\$15 per visit
<b>Annual Routine Physical Exam</b>	\$0 copayment
<b>Annual Routine Hearing Exam</b>	\$15 per visit
<b>Hearing Aids</b>	Covered for the first \$500, then 80% of the next \$1500 every 2 years; covers purchase and repair
<b>Routine Vision Exam</b>	\$15 copay once every 24 months. \$150 per year towards eyewear (lenses and frames) and/or contact lenses
<b>Labs and Diagnostic Radiology</b> (MRI, PET scan, CAT scan, X-ray)	\$0 copayment
<b>Outpatient Hospital/Ambulatory Care</b>	\$0 copayment
<b>Home Health Care</b>	\$0 copayment
<b>Durable Medical Equipment &amp; Prosthetics</b>	\$0 copayment
<b>Urgent/Emergency Care</b>	\$15/\$50 per visit
<b>Oxygen &amp; Equipment</b>	\$0 copayment
<b>Ambulance Services</b>	\$0 copayment
<b>Mental Health &amp; Substance Abuse</b>	\$15 per visit
<b>Physical, Occupational, and Speech Therapy</b>	\$15 per visit
<b>Wig Prostheses for Cancer and Leukemia Patients</b>	Up to \$350 per year
<b>Annual Fitness &amp; Nutritional Counseling Benefit</b>	\$150 per year toward fitness club membership, instructional fitness classes, and/or nutritional counseling
<b>Weight Management Programs</b>	\$150 per year towards program fees for weight loss programs such as WeightWatchers or a hospital-based weight loss program

Tufts Medicare Preferred Supplement plans are offered in accordance with Massachusetts law. Members must have Medicare Parts A and B to enroll in this plan.

Contact Tufts Medicare Preferred for more information. Members must continue to pay Medicare Part B premiums. Please see the Employer Group Tufts Medicare Preferred Supplement Plan Certificate for full information on covered services — what Medicare pays, what each Tufts Medicare Preferred Supplement plan pays, and what you pay. 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 (including pregnancy, sexual orientation, and gender identity). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-701-9000 (TTY: 711). 7-MSPHCOB-24