

**Massachusetts Medical Society
 PLAN COMPARISON - Tufts
 For Members Who Are Eligible For Medicare**

Reflects plan changes effective January 1, 2017

	Tufts	Tufts
	Medicare Preferred "HMO Prime" w/Group Rx	Medicare Preferred "Group Premier Supplemental Plan" with Rx "Preferred PDP"
	Requires	Requires
	<i>Medicare Parts A and B</i>	<i>Medicare Parts A and B</i>
Quarterly rate per person	\$968.55	\$1,498.05
Rates effective:	1/1/15 through 12/31/15	1/1/17 through 12/31/17
Eligibility Service Area; restricted to residents of:	Certain areas of Massachusetts only	United States
Provider Network	Limited network within Massachusetts	Any doctor in the US who accepts Medicare
Part A Deductible; \$1316 for 1st 60 days per benefit period in 2017	Covered 100%	Covered 100%
Part B Deductible; \$183 for 2017	Covered 100%	Covered 100%
Prescription Drugs From Pharmacy (30 day supply)		
Deductible	None	None
Maximum Benefit	Unlimited	Unlimited
Copay:		
Generic	\$10	\$10
Brand Name	\$25	\$30
"Non-preferred Drug"	\$50	\$65
Rx "Coverage Gap"	After \$4,950 in out of pocket drug payments, you pay greater of 5%/Rx or \$3.30 generic, \$8.25 brand	After \$4,950 in out of pocket drug payments, you pay greater of 5%/Rx or \$3.30 generic, \$8.25 brand
Mail Order Service (90 day supply)		
Deductible	None	None

* of approved charges

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Copay:		
Generic	\$20	\$20
Brand Name	\$50	\$60
"Non-preferred Drug"	\$100	\$130
Rx "Coverage Gap"	After \$4,950 in out of pocket drug payments, you pay greater of 5%/Rx or \$3.30 generic, \$8.25 brand	After \$4,950 in out of pocket drug payments, you pay greater of 5%/Rx or \$3.30 generic, \$8.25 brand
Hospital Services		
Inpatient Coverage	\$300 calendar year deductible, then 100%	Covered 100%
Outpatient Coverage	\$50 copay for each Medicare covered ambulatory surgical or outpatient hospital facility center visit	Covered 100%
Emergency Room Care	\$50 copay (waived if admitted)	Covered 100%
Ambulance Service	\$50 copay per day	Covered 100%
Diagnostic Tests	100%	Covered 100%
Physician Services (including Surgery)	100%	Covered 100%
Ambulatory Services		
Physician Office Visits	\$10 copay	Covered 100%
Specialist	\$15 copay	Covered 100%
Physical Therapy	\$15 copay with pcp referral	Covered 100%
Chiropractic Services	\$15 Spine Manipulation	Covered 100%
Preventive Care		
Annual Physical Exam	100% once per year	100% once per year
Annual Mammography/PAP Smear	100% once per year	100% once per year
Immunizations	Flu & Pneumonia - 100 %	Flu & Pneumonia - 100 %

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Mental Health / Substance Abuse		
<i>Inpatient Coverage</i>	\$300 per year then 100%	Covered 100%
Lifetime Limit	190 Days Combined	190 Days Combined
<i>Outpatient Coverage</i>		
Copay	\$15	100%
# of visits	Unlimited	Unlimited
Other Facilities & Services If Medically Necessary		
Hospice Care	100%	100%
Skilled Nursing Facility	100% (100 days)	100% (100 days)
Home Health Care	100%	100%
Private Duty Nursing Services	Not covered	Not Covered
Durable Medical Equipment	100%	100%
Wellness Benefit	\$150	\$150
Prosthetics	100%	100%
Routine Eye Exams	\$15 copay	\$0 copay
Eyeglasses	\$100 per year allowed	\$90 per year allowed
Hearing Exams	\$15 copay	\$0 copay

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	<i>Requires</i>	<i>Requires</i>
	<i>Medicare Parts A and B</i>	<i>Medicare Parts A and B</i>
Hearing Aids	\$500 allowed per 3 yrs.	\$500 allowed per 3 yrs.

Please Note: This outline of benefits is intended to be a broad overview and is subject to change. Final determination of covered services and exclusions will be made by Medicare and Tufts health plan.

Tufts Medicare Preferred HMO is NOT available to individuals who reside in Massachusetts less than nine months per year.

Tufts Medicare Preferred HMO is a "Managed Care" plan that requires you to use participating providers in order to receive benefits.

A restricted number of hospitals and physicians are included in the network. Make sure

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