

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

Reflects plan changes effective January 1, 2018

	Tufts	Tufts
	<u>Medicare Preferred "HMO Prime" w/Group Rx</u>	<u>Medicare Preferred "Group Premier Supplemental Plan" with Rx "Preferred PDP"</u>
	<i>Requires</i>	<i>Requires</i>
	<i>Medicare Parts A and B</i>	<i>Medicare Parts A and B</i>
Quarterly rate per person	\$1,027.11	\$1,532.55
Rates effective:	1/1/18 through 12/31/18	1/1/18 through 12/31/18
Eligibility Service Area; restricted to residents of:	<i>Certain areas of Massachusetts only</i>	<i>United States</i>
Provider Network	<i>Limited network within Massachusetts</i>	<i>Any doctor in the US who accepts Medicare</i>
Part A Deductible; \$1316 for 1st 60 days per benefit period in 2017 (2018 pending)	Covered 100%	Covered 100%
Part B Deductible; \$183 for 2017 (2018 pending)	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 \$5,000 in out of pocket drug payments, you pay greater of 5%/Rx or \$3.30 generic, \$8.25 brand	After \$5,000 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)	Physicians Insurance Agency of Massachusetts Page 1 of 4	

* of approved charges

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	<i>Medicare Parts A and B</i>	<i>Medicare Parts A and B</i>
Deductible	None	None
<i>Copay:</i>		
Generic	\$20	\$20
Brand Name	\$50	\$60
"Non-preferred Drug"	\$100	\$130
Rx "Coverage Gap"	After \$5,000 in out of pocket drug payments, you pay greater of 5%/Rx or \$3.35 generic, \$8.35 brand	After \$5,000 in out of pocket drug payments, you pay greater of 5%/Rx or \$3.35 generic, \$8.35 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	Physicians Insurance Agency of Massachusetts	
Annual Physical Exam	100% once per year	100% once per year

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	<i>Medicare Parts A and B</i>	<i>Medicare Parts A and B</i>
<u>Annual Mammography/PAP Smear</u>	100% once per year	100% once per year
Immunizations	Flu & Pneumonia - 100 %	Flu & Pneumonia - 100 %
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

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	<i>Medicare Parts A and B</i>	<i>Medicare Parts A and B</i>
Eyeglasses	\$90 per year allowed	\$90 per year allowed
Hearing Exams	\$15 copay	\$0 copay
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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