



EMPLOYER GROUP: TUFTS MEDICARE PREFERRED *Prime Supplement Plan Highlights*

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 January 1 except for those grandfathered otherwise.

Tufts Medicare Preferred Prime 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/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 Prime Supplement Plan Certificate.

If you have any questions, please call us toll free and we will be happy to assist you. 1-800-936-1902. The hearing impaired may call: TTY 1-800-208-9562. Representatives are available Monday - Friday 8:00 a.m. - 8:00 p.m. (Representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m. from Nov. 15 - Mar. 1). After hours and on holidays, please leave a message and a representative will return your call the next business day. Or visit our Web site at tuftshealthplan.com/medicare.



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

Tufts Health Plan Medicare Preferred Group Retiree Prime Supplement Plan is offered by Tufts Insurance Company.

2010 TUFTS MEDICARE PREFERRED GROUP PRIME SUPPLEMENT PLAN

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	Covered in full after \$300 annual deductible
Skilled Nursing Facility Care Covered up to 100 days per benefit period	\$0 copayment
Mental Health Care* in Psychiatric Hospital 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	Covered in full

OUTPATIENT CARE

Physician Office Visit	\$15 copay
Annual Routine Physical Exam	\$15 copay
Annual Routine Hearing Exam	Covered up to \$100
Hearing Aids	Covered up to \$500 once every three years; covers purchase and repair
Annual Routine Vision Exam	Covered up to \$100; Purchase of glasses or contacts covered up to \$150 per year
Lab and Therapeutic Radiology	Covered in full
Diagnostic Radiology (MRI, PET scan, CAT scan, X-ray)	Covered in full
Outpatient Hospital/Ambulatory Care	\$50 per day
Home Health Care	Covered in full
Durable Medical Equipment & Prosthetics	Covered in full
Urgent and Emergency	\$50 copay
Oxygen & Equipment	Covered in full
Ambulance Services	\$50 per day
Mental Health	\$15 copay
Substance Abuse	\$15 copay
Physical, Occupational and Speech Therapy	\$15 copay
Wig prostheses for cancer and leukemia patients	Up to \$350 per year
Fitness	\$150 reimbursement for fitness facility membership per year

*Includes both Mental Health Care and Substance Abuse Services

**Additional days may be covered under Massachusetts Law after 190 day Medicare lifetime maximum exhausted.