

# GIC Tufts Medicare Preferred HMO

## Plan Highlight Sheet

2026 Partial List of Benefit Allowances and Member Cost Sharing

Effective July 1, 2026 – June 30, 2027

Please refer to the **2026 GIC Summary of Benefits** booklet for further information.

Premiums	
Plan Premium	See the Group Insurance Commission for premium amount.
Service Area	
Counties of Residence	Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
Copayments	
Primary Care Physician (PCP) Office Visits	\$15 per visit; Except \$0 copay for Annual Routine Physical and Annual Wellness Visit
Specialist Office Visits	\$15 per visit <sup>†</sup>
Chiropractor	\$15 per visit <sup>**†</sup>
Podiatry	\$15 per visit <sup>†</sup>
Outpatient Behavioral Health/ Substance Use Disorder	\$15 per visit <sup>**†</sup>
Hearing Services	\$15 per visit
Vision Care	\$15 per visit
Routine Eye Exams (one per calendar year)	\$15 per visit
Outpatient Services/Surgery	\$0 copay
Emergency Room	\$50 per visit (waived if admitted within one day for the same condition) <sup>1</sup>
Ambulance Services	\$0 copay for Medicare-covered ambulance benefits per day <sup>**</sup>
Outpatient Rehabilitation Services	\$0 copay for Medicare-covered Occupational, Physical and Speech/Language therapies <sup>**†</sup>

## Allowances

<b>Eyewear Benefit</b>	\$150 per calendar year towards eyewear at an EyeMed Vision Care participating provider, or \$90 per calendar year at non-participating providers <sup>2</sup>
<b>Wellness Allowance</b>	\$150 per calendar year toward fitness club membership, instructional fitness classes, participation in online instructional fitness classes, nutritional counseling, acupuncture, and/or wellness programs such as memory fitness activities
<b>Hearing Aids</b>	Members 22 and over - First \$500 covered in full by the plan, then you pay 20% of the next \$1,500 (for both ears combined). Plan coverage is limited to \$1,700 per member every two years. Member is responsible for any amount over \$1,700 every two years.
<b>Weight Management Programs</b>	\$150 per calendar year towards program fees for weight loss programs such as WeightWatchers or a hospital-based weight loss program

## Prescription Drug Coverage

Your prescription drug benefits will be managed by CVS SilverScript®. If you have questions or would like information about the formulary (list of covered drugs), call the CVS SilverScript customer relations department at 877-876-7214 or visit [gic.silverscript.com](http://gic.silverscript.com).

\* Prior authorization may be required.

\*\* Prior authorization may be required for non-emergency transportation

† Referral may be required

<sup>1</sup> Emergency care copay is waived if admitted to observation or inpatient within one day for the same condition, in which case applicable observation or inpatient copay applies.

<sup>2</sup> Only one purchase is allowed per calendar year up to the benefit amount; any unused amount after the single purchase will expire and cannot be applied toward another purchase during the calendar year.

## Who can join?

To join Tufts Health Plan Medicare Preferred HMO GIC, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

The service area for the plan described in this document includes the following counties in Massachusetts: Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester.

## Which doctors, hospitals, and pharmacies can I use?

Tufts Health Plan Medicare Preferred HMO GIC has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services. You can see our plan's Provider Directory at our website [tuftshealthplan.com/gic](http://tuftshealthplan.com/gic). This document is available in other formats such as braille and large print.

## Referral circles

Your PCP works with certain plan specialists, called a "referral circle," to provide the medical care you need. Your PCP will provide most of your care and will help arrange the rest of the covered services you get as a plan member. In most cases, you must get a referral from your PCP before you see any other health care provider. This means you will not have access to the entire Tufts Health Plan Medicare Preferred HMO network, except in emergency or urgent care situations, or for out-of-area renal dialysis.

## What do we cover?

We cover everything that Original Medicare covers — and more.

- Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay less in our plan than you would in Original Medicare. For others, you may pay more.
- Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

This information is not a complete description of benefits. Call 1-855-852-1016 (TTY: 711) for more information. 8 a.m.–8 p.m., 7 days a week (Mon.–Fri. from Apr. 1–Sept. 30). 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 1-855-852-1016 (TTY: 711). H2256\_2025\_170\_C