



TUFTS MEDICARE COMPLEMENT
PLAN SUMMARY

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SUMMARY OF BENEFITS - effective July 1, 2021

Tufts Medicare Complement Plan offered by Tufts Health Plan, is a Medicare Complement option designed to enhance your Medicare coverage.


To be eligible for Tufts Medicare Complement Plan:

- You must have – and maintain – Medicare coverage Parts A and B (please note that Medicare must be your primary coverage).
- You must enroll in Tufts Medicare Complement Plan through the Group Insurance Commission. If the Group Insurance Commission ceases to offer Tufts Medicare Complement Plan, you will no longer be covered under this plan.

If Medicare covers a service, Tufts Medicare Complement Plan will pay the Medicare Part A or B deductible and/or coinsurance (less your copayment, if any) Also, Tufts Medicare Complement Plan will pay for certain additional services that Medicare does not cover. For a full description of your benefits, please contact customer relations to request a copy of your plan document.

Important Note: Certain preventive tests and services are covered in full by Medicare. These include coverage for the one-time Welcome to Medicare physical exam and an Annual Wellness Visit that includes a “personalized prevention plan.”

Please familiarize yourself with Medicare’s benefits and refer to your Medicare beneficiary benefit document for more detailed information. Your local Social Security Administration office should be able to answer any Medicare questions, or you can check the Medicare web site at www.medicare.gov.

|  | 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. | |
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| Outpatient Medical Care | Tufts Medicare Complement Plan Coverage (includes Medicare Part A and B Deductibles and Coinsurance) | |
| Doctor's office visits | \$15 per visit | |
| Routine physical exams (includes Welcome to Medicare Visit and subsequent Annual Wellness visits) | \$0 copay | |
| Specialist care, consultations | \$15 per visit | |
| Walk-in, limited service clinic visits | \$15 per visit | |
| Routine Eye Exams (one exam per 24 months) | \$15 per visit | |
| Chiropractic care | \$15 per visit | |
| Emergency Room Care | \$50 copayment (waived if you are admitted) | |
| Eyeglasses/Contact lenses | Discounts available through network optometrists | |
| Physical, occupational, and speech therapy | \$15 per visit | |
| Hearing Aids | Members 22 and over - First \$500 covered in full, then 20% of the next \$1,500, plus any balance (for both ears combined). Limit of \$1,700 per member every 24 months. | |
| Dental Care | Not covered | |
| Certain Part B Preventive care screenings | \$0 copay | |
| Mammograms and pap smears | \$0 copay | |
| Laboratory tests | \$0 copay | |
| Diagnostic X-rays | \$0 copay | |
| Ambulance | \$0 copay | |

| Inpatient Hospital Care/Surgery (semi-private room unless a private room is medically necessary) | Tufts Medicare Complement Plan Coverage (includes Medicare Part A and B Deductibles and Coinsurance) |
|--|--|
| Inpatient Hospital Services | \$0 copay |
| Physician's care and services while hospitalized including diagnostic tests and surgery | \$0 copay |
| Day surgery | \$0 copay |
| Behavioral Health/Substance Use Disorder | |
| Inpatient care | \$0 copay |
| Outpatient care | \$15 per visit |
| Prescription Drug Benefit | |
| 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 . | |

Exclusions and Limitations

There are some services that GIC Tufts Medicare Complement Plan does not cover. These include, but are not limited to: A service or supply that is not medically necessary and is not described as covered in the member's benefit document or the Medicare Handbook • Exams required by a third party, such as your employer, a court, or an insurance company • Cosmetic surgery or any other cosmetic procedure except certain reconstructive procedures • Experimental or investigational drugs, services and procedures • Eyeglasses or contact lenses • Blood, blood donor fees, blood storage fees, or blood substitutes; blood banking, core blood banking, and blood products, except as described in your GIC Tufts Medicare Complement Plan member benefit document. • Personal comfort items • Custodial care • A service furnished to someone other than the member • Charges incurred for stays in a covered facility beyond the discharge hour • Care for conditions that state or local law requires to be treated in public facility • Transportation, except as described in your GIC Tufts Medicare Complement Plan member benefit document • Dental services, except as described in your GIC Tufts Medicare Complement Plan member benefit document • Long-term outpatient physical and occupational therapy services • Routine foot care, except for members diagnosed with diabetes • Foot orthotics except therapeutic/molded shoes for an individual with severe diabetic foot disorder • Meals delivered to your home • Private duty nursing • Personal emergency response systems.

If you have specific questions regarding Tufts Medicare Complement Plan and your benefits, please call a member specialist at 1.800.870.9488 or visit tuftshealthplan.com/gic

This is a summary and not a complete description of your benefits. For a complete description of your benefits including limitations and exclusions, please refer to your member benefit document. In the case of a discrepancy, the member benefit document will prevail.

Offered by Tufts Benefits Administrators a Tufts Health Plan company.