TUFTS MEDICARE COMPLEMENT MEMBER ENROLLMENT FORM

Please print or type. Please be sure application is completed in full to ensure enrollment. **Enrollment/Eligibility • PO Box 9186 • Watertown, Massachusetts 02471-9186**

Employer Section FAILURE TO COMPLETE AREAS MARKED IN BLUE MAY CAUSE A DELAY IN ENROLLMENT.

1. Name of Employer or Group	2. Group Number	3. Effective Date of Coverage

Member Section

4. Subscriber's Medicare #_____	5. Have you or anyone in your family used tobacco products e.g., cigarettes, chewing tobacco, etc. in the last 12 months? ❑ Yes ❑ No

6. Last Name	7. First Name	8. Middle Initial
9. Member's Social Security Number (SSN)	10. Date of Birth (MM/DD/YYYY) / /	11. Gender ❑ M ❑ F
12. Mailing Address (Home address)		13. Apt#
14. City	15. State	16. ZIP
17. Primary Care Provider	18. PCP ID#	19. Check if currently used for primary care ❑
20. Home Telephone ( )	21. Fitness Center	22. Primary Language

IMPORTANT: TO ENROLL, PLEASE ATTACH A COPY OF YOUR MEDICARE CARD.

23. Do you currently have Tufts Health Plan through a group plan? ❑ Yes ❑ No — If yes, what is your membership number?_____

24. Are you or your spouse actively working for the sponsoring employer? ❑ Yes ❑ No (YOU) ❑ Yes ❑ No (SPOUSE)

25. Has end stage renal disease qualified you for Medicare parts A & B? ❑ Yes ❑ No — If yes, please indicate your certification dates: Part A _____ / _____ / _____ Part B _____ / _____ / _____

26. Do you have other health care coverage (including Medicare)? ❑ Yes ❑ No — If yes, please indicate the plan: _____

The information supplied on this form is true and complete. I acknowledge that I must continue to be enrolled in Medicare Parts A & B or I will be ineligible forTufts Medicare Complement coverage effective as of the date I discontinue either Medicare Part A or B. I authorize my employer (sponsor) to remit my share of Tufts Medicare Complement (TMC) premium together with any contributions by my employer (sponsor). I assign benefits to Tufts Health Plan providers, which means that Tufts Health Plan is authorized to make payments directly to Tufts Health Plan providers for services rendered to me. I grant Tufts Health Plan any legal right that I may have to recover the cost of services for an illness or injury caused by someone else when these services have been or will be paid for by Tufts Health Plan. I agree that Tufts Health Plan and health care providers may obtain or release my medical records and medical services-related information for the following purposes: (a) administering benefits; (b) managing care, including utilization review, quality assurance and member satisfaction procedures; (c)conducting bona fide medical research; and (d) when required by law. I understand that, except in an emergency, all health services must be provided or authorized by the Tufts Health Plan primary care physician that I have designated. I understand that calls to the Member Services Department may be monitored for quality assurance. I understand that the benefits for which I will be eligible are those described in the Tufts Medicare Complement (TMC) Evidence of Coverage.

Signature (required): _____ Date: _____

WHITE - TUFTS HEALTH PLAN COPY **PINK** - EMPLOYER COPY **YELLOW** - SUBSCRIBER COPY. Please keep yellow copy as your temporary Tufts Health Plan ID.

TUFTS MEDICARE COMPLEMENT 2020 SUMMARY OF BENEFITS

Tufts Medicare Complement (TMC), offered by Tufts Health Plan, is a health maintenance organization (HMO) option that is designed to enhance your Medicare coverage.
To be eligible for TMC:

- You must have – and maintain – Medicare coverage Parts A and B (please note that Medicare must be your primary coverage).
- You must enroll in TMC through your employer. If your employer ceases to offer TMC, you will no longer be covered under this plan.
- You must live in the Tufts Health Plan service area, and you cannot be away from the service area for more than 90 consecutive days.
- You may have to disenroll from your previous plan.

You must choose a primary care provider (PCP) to provide or authorize your care. If you receive care or services that are not provided or authorized by your PCP (except in an emergency), you will be responsible for all charges after Medicare's payments. Tufts Health Plan has an extensive network of physicians throughout Massachusetts, Rhode Island and southern New Hampshire from which to choose.

If Medicare covers a service, TMC will pay the Medicare deductible and/or coinsurance, as long as you follow TMC's rules. Also, TMC will pay for certain additional services, such as certain preventive care and prescription drugs, that Medicare does not cover. In order to receive the full range of benefits under TMC, your care must be directed or authorized by your PCP.

Please note: In a medical emergency, you should seek care from the nearest medical facility. You, or someone acting on your behalf should notify your PCP within 48 hours of receiving emergency care, even if you are not admitted to a hospital. You PCP will provide or arrange your follow-up care.

Important Note: Certain preventive tests and services are covered in full by Medicare. This includes continued 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 member 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 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.

OUTPATIENT MEDICAL CARE	YOUR COVERAGE (after Medicare and TMC pay)
Doctor's office visits	$10 per visit
Routine annual physical exam (including Welcome to Medicare visit and subsequent Annual Wellness visits)	Covered in full
Certain Part B preventive care screenings	Covered in full
Specialist care, consultations	$10 per visit

Annual routine eye exams	$10 per visit
Chiropractic care	$10 per visit
Emergency room care	$50 copay (waived if you are admitted)
Inpatient hospital services	Covered in full
Eye glasses / contact lenses	Discounts available through network optometrists
Physical, occupational, and speech therapy	$10 per visit when referred by your PCP
Hearing aids	Not covered
Dental care	Not covered
Laboratory tests, diagnostic X-rays & therapy, mammograms	Covered in full
Ambulance	Covered in full
INPATIENT HOSPITAL CARE / SURGERY	**YOUR COVERAGE (after Medicare and TMC pay)**
(semi-private room unless a private room is medically necessary)	
Illness or injury	Covered in full
Physician's care and services while hospitalized including diagnostic tests and surgery	Covered in full
Day surgery	Covered in full
MENTAL HEALTH / SUBSTANCE ABUSE	**YOUR COVERAGE (after Medicare and TMC pay)**
Inpatient care (services provided through a Designated Facility Program)	Covered in full for a combined lifetime limit of 190 days. After that, there may be additional state mandated benefits.

PRESCRIPTION DRUG BENEFIT

As a Tufts Medicare Complement member, you have unlimited prescription drug coverage with applicable copayments. You do not have to enroll in a Medicare Part D drug plan. You can fill your prescriptions for most medications at any CVS Caremark-participating pharmacy—that's almost all pharmacies in Massachusetts, plus most pharmacies nationwide. In an emergency, you will be reimbursed for covered prescriptions filled at a non-participating pharmacy.

TO RECEIVE YOUR PRESCRIPTION DRUGS FROM A CVS CAREMARK-PARTICIPATING PHARMACY

When your prescription is written by a Tufts Health Plan-participating physician, except in cases of authorized referrals or emergencies, you just present your ID card and pay your copayment. The pharmacist will transmit your claim electronically and dispense the prescription.

Certain injectables not covered by Medicare when prescribed by your physician and obtained through a Tufts Health Plan designated retail or mail order are covered under this Prescription Drug Benefit pharmacy for the copayment indicated below. Certain medications under the Tufts Health Plan Prescription Drug Benefit are subject to pharmacy programs such as prior authorization and dispensing limitations. There are also a small number of drugs for certain conditions such as multiple sclerosis that are in the Special Designated Pharmacy program. You must obtain these drugs through a Special Designated Pharmacy for coverage. These pharmacies specialize in providing medications to treat certain conditions. This program may not apply to all members.

3-TIER PHARMACY COPAYMENT PROGRAM

The 3-tier program groups the thousands of prescription drugs covered by Tufts Health Plan into three copayment levels.

•Tier-1 ($8 copayment, up to 30 day supply)—includes most generic drugs
•Tier-2 ($20 copayment, up to 30 day supply)—primarily includes selected brand-name drugs
•Tier-3 ($35 copayment, up to 30-day supply)—includes the rest of Tufts Health Plan's covered drugs

Many Tier-3 drugs have Tier-1 or Tier-2 alternatives. If your doctor prescribes a Tier-3 or Tier-2 drug, you can work with him or her to determine if there is an appropriate and less costly drug available.

Tufts Health Plan does not cover a limited number of brand-name prescription drugs because there are safe and comparably effective alternatives that are covered.

MAINTENANCE MEDICATIONS

Through the mail-order pharmacy, CVS Caremark, Tufts Health Plan offers a convenient and cost-saving method for you to receive your maintenance medications (maintenance medications are used to treat long-term or chronic conditions such as high blood pressure or diabetes).

When ordering a 90-day supply through CVS Caremark, you can save up to 33% off a three-month supply. Please note: Not all employers offer this benefit. If you are unsure whether or not this benefit is available to you, check with your benefits administrator.

EXCLUSIONS AND LIMITATIONS

There are some services that TMC 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 TMC 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 TMC member benefit document • Dental services, except as described in your TMC 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 and your benefits, please call 800.936.1902.

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

Offered by Tufts Associated Health Maintenance Organization, Inc., a Tufts Health Plan company.

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. Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.
若需免費的中文版本, 請撥打ID卡上的電話號碼。

EMPLOYER GROUP RETIREE PLANS
TUFTS HEALTH PLAN

TUFTS MEDICARE COMPLEMENT (TMC)WITH PRESCRIPTION DRUG COVERAGE—RX PLUS OPTION

ELIGIBILITY AND ENROLLMENT

Employers must be based in Massachusetts or have a Massachusetts worksite.

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.

TMC members maintain their Medicare coverage. TMC benefits supplement Medicare covered services and cover some additional services.

Tufts Medicare Complement members must maintain primary residence in the Tufts Health Plan service area for at least nine months out of each 12 month period. With Tufts Medicare Complement, members must enroll through their former employer.

In order for a Working Aged (Medicare eligible) employee/spouse to enroll in a Tufts Medicare Complement plan, the employer group must meet the guidelines for Medicare Secondary Payer. These include that the employer group must have less than 20 full time and part-time employees and cannot have more than 20 employees for more than 20 weeks in the current or previous year. Employer Groups must complete a New Group Working Aged application.

INFORMATION

If you are interested in offering this plan, or if you would like more information, please contact:
Paula Giokas
Tufts Health Plan Retiree Senior Sales Executive
617.972.9040 or toll-free 800.208.8013, ext. 29040
paula_giokas@tufts-health.com

Tufts Medicare Complement is offered through Tufts Associated Health Maintenance Organization, Inc.

COM-20100009-201909-TMCRxPlusOption

Tufts Medicare Complement

with Prescription Drug Coverage—Rx Plus Option

2020 RATE: $614

INPATIENT CARE	In combination with Medicare coverage:
Inpatient hospitalization: Medicare-covered semi-private room and board and special services	Covered in full
Skilled Nursing	$0 copay. Covered 100 days per benefit period. No prior hospital stay required.
Mental Health Care in Psychiatric Hospital	$0 copay, 190 day lifetime maximum
Inpatient Rehabilitation	$0 copay. Covered 90 days per benefit period.
OUTPATIENT CARE	**In combination with Medicare coverage:**
Primary Care Physician Office Visit	$10 copay per visit
Specialist Office Visit	$10 copay per visit
Routine Physical Exam	Covered in full
Lab and Therapeutic Radiology	Covered in full
Diagnostic Radiology (MRI, PET scan, CAT scan, X-ray)	Covered in full
Outpatient Hospital/Ambulatory Care	Covered in full
Home Health Care	There is no copayment for Medicare-covered home health visits. Authorization rules may apply for services. Contact plan for details.
Durable Medical Equipment	$0 copay for Medicare-covered items
Urgent and Emergency	$10 copay for office visit $50 copay for emergency room visit
Ambulance Services	There is no copay for Medicare-covered ambulance services
Mental Health	$10 copay per visit
Substance Abuse	$10 copay per visit
Routine Eye Exams	$10 copay Discounts on lenses, frames and contacts.
Hearing Aids	Not covered
Physical, Occupational and Speech Therapy	$10 copay per visit
Prescription Drug Coverage $0 Deductible No annual dollar limit on prescriptions	Retail Pharmacy: 30 day supply Tier 1 - $8 Tier 2 - $20 Tier 3 - $35 Mail Order: up to a 90 day supply Tier 1 - $16 Tier 2 - $40 Tier 3 - $70

This chart provides benefit highlights. For more information, including benefit limitations and exclusions, please contact Paula Giokas (information on the preceding page).