TUFTS Health Plan

a Point32Health company

P.O. Box 483
Canton, MA 02021-9936

2024 Tufts Medicare Preferred Supplement/PDP Group Retiree Election Form

Employer or Union name: City of Waltham

Group #: 2 2 5 2 S/D

Requested effective date:
(mm/dd/yyyy; must be in the future) ___ / 0 1 / ____

A To enroll in Tufts Medicare Preferred Supplement/PDP, please provide the following information

First name: | Middle initial: | Last name:

Title: (optional) ◯ Mr. ◯ Mrs. ◯ Ms.

Birth date: (mm/dd/yyyy) ___ / ___ / ____

Sex: ◯ M ◯ F

Do you or your spouse work? ◯ Yes ◯ No

Primary phone number: ___ - ___ - ____

☐ This is a mobile number

Alternate phone number: (optional) ___ - ___ - ____

☐ This is a mobile number

We suggest providing your mobile number and email address so that we can provide the most timely information and updates.

Email address:

Permanent street address: (P.O. Box not allowed unless you do not have a permanent residence)

City: | State: | Zip code:

Mailing address: (only if different from your permanent address)

City: | State: | Zip code:

Emergency contact: (optional)

Phone number: ___ - ___ - ____

Relationship to you:

B Please provide your Medicare insurance information

Please take out your red, white, and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.
- **Or** attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name: (as it appears on your Medicare card)

Medicare number:

- -

Is entitled to:

HOSPITAL (Part A) / 0 1 /

MEDICAL (Part B) / 0 1 /

Effective date (mm/dd/yyyy):

You must have Medicare Part A and Part B to join a Medicare Supplement plan or a Medicare prescription drug plan.

C Please read and answer these important questions

◯ **Yes**
◯ **No**

1. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs. Will you have other prescription drug coverage in addition to Tufts Medicare Preferred PDP?
If yes, please list your other coverage and your identification (ID) number(s) for this coverage.

Name of other coverage:

ID # for this coverage:

Group # for this coverage:

◯ **Yes**
◯ **No**

2. Are you a resident in a long-term care facility, such as a nursing home?
If yes, please provide the following information.

Name of institution:

Phone number: - -

Street address:

City:

State:

Zip code:

D Ethnicity and race, alternative languages, and accessible formats

Are you of Hispanic, Latino/a, or Spanish origin? Select all that apply.

- ☐ No, not of Hispanic, Latino/a, or Spanish origin
- ☐ Yes, Mexican, Mexican American, Chicano/a
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino/a, or Spanish origin
- ☐ I choose not to answer.

What's your race? Select all that apply.

- ☐ American Indian or Alaska Native

Asian:

- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian

- ☐ Black or African American

Native Hawaiian and Pacific Islander:

- ☐ Guamanian or Chamorro
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Other Pacific Islander

- ☐ White
- ☐ I choose not to answer

Preferred written language:

Preferred spoken language:

Select one if you want us to send you information in an accessible format: ◯ Braille ◯ Large print ◯ Audio CD

*Please contact Tufts Medicare Preferred Supplement/PDP at **1-800-936-1902 (TTY: 711)** if you need information in an accessible format or language other than what is listed above. Representatives are available 8 a.m.–8 p.m., 7 days a week (Mon.–Fri. from Apr. 1–Sept. 30).*

Please Read This Important Information

If you are a member of a Medicare Advantage plan (like an HMO or PPO), you may already have prescription drug coverage from your Medicare Advantage plan that will meet your needs. By joining Tufts Medicare Preferred Supplement/PDP, your membership in your Medicare Advantage plan may end. This will affect both your doctor and hospital coverage as well as your prescription drug coverage. Read the information that your Medicare Advantage plan sends you and if you have questions, contact your Medicare Advantage Plan.

E Please read the below and sign on the next page

By completing this enrollment application, I agree to the following:

1. Tufts Medicare Preferred PDP is a Medicare drug plan and has a contract with the Federal government. I understand that this prescription drug coverage is in addition to my coverage under Medicare, therefore, I will need to keep my Medicare Part A or Part B coverage.
2. It is my responsibility to inform Tufts Medicare Preferred PDP of any prescription drug coverage that I have or may get in the future.
3. I can only be in one Medicare Prescription Drug Plan at a time - if I am currently in a Medicare Prescription Drug Plan, my enrollment in Tufts Medicare Preferred PDP will end that enrollment.
4. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year if an enrollment period is available, or under certain special circumstances.
5. I understand that if I leave this plan and don't have or get other Medicare prescription drug coverage or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty in addition to my premium for Medicare prescription drug coverage in the future.
6. I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Tufts Medicare Preferred PDP, he/she may be paid based on my enrollment in Tufts Medicare Preferred PDP.
7. Counseling services may be available in my state to provide advice concerning Medicare supplement insurance or other Medicare Advantage or Prescription Drug Plan options, medical assistance through the state Medicaid program, and the Medicare Savings Program.

Release of Information

1. By joining this Medicare prescription drug plan, I acknowledge that Tufts Medicare Preferred PDP will release my information to Medicare and other plans as is necessary for treatment, payment, and health care operations.
2. I also acknowledge that Tufts Medicare Preferred PDP will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations.
3. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Signature:

Today's date (mm/dd/yyyy): / /

If you are the authorized representative, you must sign above and provide the following information.

Full name:

Street address:

City:

State:

Zip code:

Phone number: - -

Relationship to Enrollee:

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 1-800-701-9000 (TTY: 711).

OFFICE/BROKER USE ONLY

Name of staff member/agent/broker, if assisted in enrollment: (please print)

Agent NPN:

Agency Name:

Date application received (mm/dd/yyyy): / /

Effective date of coverage (mm/dd/yyyy): / /

Plan ID#:

Enrollment period:

☐ ICEP/IEP ☐ AEP ☐ OEP ☐ SEP (type:) ☐ Not eligible

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Plan Highlights

2024 Group Retiree:
Tufts Medicare Preferred PDP Plus

2024 Partial List of Benefit Allowances and Member Cost Sharing

Effective January 1, 2024–December 31, 2024. Please refer to the 2024 Employer Group PDP Plus Summary of Benefits booklet for further information.

Premiums	
Plan Premium	See your employer for premium amount.
Service Area	
Counties of Residence	Members can live anywhere in the United States, including Puerto Rico.
Copays	

Prescription Drug Coverage

NOTE: See Comprehensive Formulary for limitations and exclusions.

No annual dollar limit on prescriptions.

Deductible Stage
There is a $545 Medicare Part D deductible which is satisfied by your copays and the Wrap coverage*. See your cost share under the Initial Coverage Stage below.

Initial Coverage Stage
You stay in this stage until your year-to-date "total drug costs" (your payments plus payments by the Part D plan and the Wrap* plan) total $5,030. During this stage:

- You pay the applicable copay based on the tier of drug that you obtain.
- Tufts Medicare Preferred PDP plan will pay for 75% of the cost of the drug.
- The Wrap* will pay the balance of the cost after your copay up to 25% of the cost of the drug.

You pay the following copays:

Retail Pharmacy	Tier 1	Tier 2	Vaccines	Tier 3
30-day supply	$10	$20	$0	$35
60-day supply	$20	$40	N/A	$70
90-day supply	$30	$60	N/A	$105
Mail-Order	**Tier 1**	**Tier 2**	**Vaccines**	**Tier 3**
30-day supply	$7	$13	N/A	$23
60-day supply	$14	$27	N/A	$47
90-day supply	$20	$40	N/A	$70

Over Please..

Coverage Gap Stage

This stage begins when your total drug costs reach $5,030 and ends when your out-of-pocket costs reach $8,000.

- You pay $0 for covered vaccines obtained at a retail pharmacy.
- You pay the applicable Tier cost share (for Tier 1, Tier 2, or Tier 3) or $35 for a 30-day supply of covered insulin drugs ($70 for a 60-day supply, and $105 for a 90-day supply), whichever is lower.
- For generic drugs on Tier 1 and Tier 2, you pay the Tier 1 and Tier 2 copays. The Wrap* will pay the balance of the cost of the generic drug until you move into the Catastrophic Stage.
- For brand name drugs, you pay the brand name Tier 2 or Tier 3 copays. The Wrap* will pay the balance of the cost of the brand name drug after your copay and the 70% manufacturer's discount until you move into the Catastrophic Stage.

Both your copays and the 70% manufacturer's discount on brand name drugs will count towards your out-of-pocket costs.

Catastrophic Coverage Stage

After your annual out-of-pocket costs reach $8,000, you pay nothing. During this payment stage, the plan pays the full cost for your covered Part D drugs.

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*In 2024, Tufts Health Plan will include Wrap coverage in conjunction with your Part D drug coverage. Depending on which benefit stage you are in, the Wrap may cover a portion of the cost of the drug.

This Wrap is additional coverage to your Tufts Medicare Preferred PDP Plan and is offered through Tufts Insurance Company. Please refer to the table on the previous page for how the Wrap works in the different stages.

The Medicare Coverage Gap Discount Program provides manufacturer discounts on brand name drugs in the Coverage Gap Stage. A 70% discount on the negotiated price (excluding dispensing fee) will be applied to the cost of the drug for those brand name drugs from manufacturers that have agreed to pay the discount.

Tufts Health Plan is a PDP plan with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal. This information is not a complete description of benefits. Call 1-800-488-0229 (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 1-800-701-9000 (TTY: 711). S0655_2024_17_M

TUFTS Health Plan

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2024 Summary of Benefits

Tufts Medicare Preferred PDP Plans

Employer Group
Tufts Medicare Preferred PDP Plus

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover, or list every limitation or exclusion. To get a complete list of services we cover, please visit **www.thpmp.org** to view the *Evidence of Coverage*. You can also request a printed copy by calling Member Services at 1-800-701-9000 (TTY: 711), 8:00 a.m. – 8:00 p.m., 7 days a week from October 1 to March 31 and Monday-Friday from April 1 to September 30.

Effective January 1, 2024–December 31, 2024

S0655_2024_10_M

Summary of Benefits January 1, 2024–December 31, 2024

You have choices about how to get your Medicare prescription drug benefits

- One choice is to get your Medicare prescription drug benefits through a Medicare Advantage plan that offers prescription drug coverage.
- Another choice is to get your Medicare benefits by joining a Medicare Prescription Drug Plan (such as Tufts Medicare Preferred PDP Plus).

Tips for comparing your prescription drug coverage choices

This *Summary of Benefits* booklet gives you a summary of what Tufts Medicare Preferred PDP Plus covers and what you pay.

- If you want to compare our plan with other Prescription Drug Plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on **www.medicare.gov**.

Things to Know About Tufts Medicare Preferred PDP Plus

Who can join?

To join Tufts Medicare Preferred PDP Plus, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live anywhere in the United States, including Puerto Rico.

If you are enrolled in a MA coordinated care (HMO or PPO) plan or a MA PFFS plan that includes Medicare prescription drugs, you may not enroll in a PDP unless you disenroll from the HMO, PPO, or MA PFFS plan.

Enrollees in a private fee-for-service plan (PFFS) that does not provide Medicare prescription drug coverage or a MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in a 1876 Cost plan may enroll in a PDP.

Which pharmacies can I use?

Tufts Medicare Preferred PDP Plus has a network of pharmacies. If you use pharmacies that are not in our network, the plan may not pay for your prescriptions.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's *Pharmacy Directory* at our website (**www.thpmp.org**).

What do we cover?

We cover Part D drugs. Generally, we only cover drugs, vaccines, biological products, and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, **www.thpmp.org**.

How will I determine my drug costs?

Our plan groups each medication into one of three "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document, we discuss the benefit stages that occur after you meet the Medicare Part D deductible: Initial Coverage, the Coverage Gap, and Catastrophic Coverage.

This document is available in other formats such as Braille and large print.

Monthly Plan Premium

Please see your employer for your premium amount.

Prescription Drug Benefits

Tufts Health Plan will include Wrap coverage in conjunction with your Part D drug coverage. Depending on which benefit stage you are in, the Wrap covers a portion of the cost of the drug. **This Wrap is additional coverage to your Tufts Medicare Preferred PDP plan and is offered through Tufts Insurance Company. Please see below for how the Wrap works in the different stages.**

Deductible Stage

You begin in this stage when you fill your first prescription of the year. During this stage:

- The Wrap will cover up to the Medicare Part D deductible ($545).

You stay in this stage until your year-to-date "total drug costs" (your payments plus any Wrap payments) total $545 (Medicare Part D deductible).

See cost share under the Initial Coverage Stage below.

Initial Coverage

You stay in this stage until your year-to-date total drug costs (your payments plus payments by the Part D and Wrap plan) total $5,030. During this stage:

- You pay the applicable copayment based on the tier of the drug that you obtain.
- The Wrap will pay the balance of the cost after your copayment up to 25% of the cost of the drug.
- Tufts Medicare Preferred will pay for 75% of the cost of the drug.

You may get your drugs at network retail pharmacies and mail order pharmacies.

You pay the following:

Retail Cost Sharing			
Tier	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	$10	$20	$30
Tier 2 (Generic)	$20	$40	$60
Vaccines	$0	N/A	N/A
Tier 3 (Preferred Brand)	$35	$70	$105

Mail Order Cost Sharing			
Tier	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	$7	$14	$20
Tier 2 (Generic)	$13	$27	$40
Vaccines	N/A	N/A	N/A
Tier 3 (Preferred Brand)	$23	$47	$70

If you reside in a long-term care facility, you pay the same as at a retail pharmacy for up to a 31-day supply.

You may get drugs from an out-of-network pharmacy, but you may pay more than you pay at an in-network pharmacy.

Coverage Gap

Most Medicare drug plans have a coverage gap (also called the "Donut Hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches $5,030.

- You pay the applicable Tier cost share (for Tier 1, Tier 2, or Tier 3) or $35 for a 30-day supply of covered insulin drugs ($70 for a 60-day supply, and $105 for a 90-day supply), whichever is lower.
- For generic drugs on Tier 1 or Tier 2, you pay the Tier 1 or Tier 2 copayment. The Wrap will pay the balance of the cost of the generic drug until you move into the Catastrophic Stage.
- For brand name drugs on Tier 2 or Tier 3, you pay the Tier 2 or Tier 3 copayment. Until you move into the Catastrophic Stage, the Wrap will pay the balance of the cost of the brand name drug after your copayment and the 70% manufacturer's discount.
- Both copayments and the 70% manufacturer's discount on brand name drugs will count towards your out-of-pocket costs.

After you enter the coverage gap, you pay the following until your costs total $8,000, which is the end of the coverage gap.

Not everyone will enter the coverage gap.

Retail Cost Sharing			
Tier	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	$10	$20	$30
Tier 2 (Generic)	$20	$40	$60
Vaccines	$0	N/A	N/A
Tier 3 (Preferred Brand)	$35	$70	$105
Mail Order Cost Sharing			
Tier	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	$7	$14	$20
Tier 2 (Generic)	$13	$27	$40
Vaccines	N/A	N/A	N/A
Tier 3 (Preferred Brand)	$23	$47	$70

Catastrophic Coverage	
	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $8,000, you pay nothing. During this payment stage, the plan pays the full cost for your covered Part D drugs.

Questions

Visit us at **www.thpmp.org,** or call 1-800-936-1902 (TTY: 711).

TUFTS Health Plan
1 Wellness Way
Canton, MA 02021

Top 100 Most Utilized Drugs

TUFTS Health Plan
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Below is a list of the top 100 utilized drugs covered under our Group Retiree) plans. This is not a complete list of drugs covered by our plan. For a complete list, visit **thpmp.org/drug-coverage**.

Tier 1: Generic
Tier 2: Preferred Brand
Tier 3: Non-Preferred Brand

CAPS: brand-name drugs

QL: Quantity Limit Applies. These drugs have dispensing limitations and the pharmacy will only dispense a certain quantity of a drug within a given time period.

PA: Prior Authorization Required. The Prior Authorization process encourages rational prescribing of drug products with significant safety and/or financial concerns. A provider can submit a request for coverage based on a member's medical need for a particular drug. If approved, the member pays the designated tier copayment. An appeal process exists for denied requests.

Drug Name	Tier/Limits
albuterol sulfate hfa inhaler	Tier-1; QL
alendronate tablets	Tier-1
allopurinol	Tier-1
alprazolam immediate-release tablets	Tier-1
amlodipine	Tier-1
amoxicillin capsules and tablets	Tier-1
amoxicillin-clavulanate immediate-release tablets	Tier-1
atenolol	Tier-1
atorvastatin	Tier-1
azithromycin tablets	Tier-1
brimonidine tartrate eye drops (solution)	Tier-1
budesonide-formoterol fumarate inhaler	Tier-2; QL
bupropion extended-release	Tier-1
carvedilol tablets	Tier-1
cefpodoxime tablets	Tier-1
celecoxib	Tier-1

Drug Name	Tier/Limits
cephalexin capsules	Tier-1
chlorhexidine gluconate mouth/throat solution	Tier-1
chlorthalidone	Tier-1
ciprofloxacin tablets	Tier-1
citalopram tablets	Tier-1
clonazepam tablets	Tier-1
clopidogrel	Tier-1
cyclobenzaprine	Tier-2; PA
diclofenac topical gel	Tier-2; QL
diltiazem extended-release capsules	Tier-1
donepezil tablets	Tier-1
dorzolamide-timolol eye drops (solution)	Tier-1
doxycycline hyclate 100mg capsules	Tier-2
doxycycline monohydrate capsules	Tier-1
duloxetine	Tier-1; QL
ELIQUIS	Tier-2
erythromycin ophthalmic ointment	Tier-1

Drug Name	Tier/Limits
escitalopram tablets	Tier-1
ezetimibe	Tier-1
famotidine tablets	Tier-1
finasteride	Tier-1
fluoxetine capsules	Tier-1
fluticasone propionate nasal spray	Tier-1; QL
furosemide tablets	Tier-1
gabapentin capsules and tablets	Tier-1
glipizide extended-release	Tier-1
glipizide immediate-release	Tier-1
hydrochlorothiazide capsules & tablets	Tier-1
hydrocodone-acetaminophen tablets	Tier-1; QL
ibuprofen tablets	Tier-1
isosorbide mononitrate extended-release	Tier-1
JARDIANCE	Tier-2
ketorolac eye drops (solution)	Tier-1
LANTUS SOLOSTAR	Tier-2
latanoprost eye drops (solution)	Tier-1
levothyroxine tablets	Tier-1
lisinopril	Tier-1
lisinopril-hydrochlorothiazide	Tier-1
lorazepam tablets	Tier-1
losartan	Tier-1
lovastatin	Tier-1
meloxicam tablets	Tier-1
metformin extended-release	Tier-1
metformin immediate-release	Tier-1
methylprednisolone tablets therapy pack	Tier-1
metoprolol succinate	Tier-1
metoprolol tartrate	Tier-1
mirtazapine tablets	Tier-1
montelukast tablets	Tier-1
mupirocin ointment	Tier-1; QL
naproxen tablets	Tier-1
nitrofurantoin monohydrate capsules	Tier-1
nitroglycerin sublingual tablets	Tier-1
ofloxacin eye drops (solution)	Tier-1

Drug Name	Tier/Limits
omeprazole capsules	Tier-1
oxybutynin extended-release tablets	Tier-1
oxycodone tablets	Tier-1; QL
oxycodone-acetaminophen tablets	Tier-1; QL
pantoprazole	Tier-1
potassium chloride extended-release tablets	Tier-1
pravastatin	Tier-1
prednisolone acetate eye drops (suspension)	Tier-2
prednisone tablets	Tier-1
quetiapine immediate-release	Tier-1; QL
QVAR REDIHALER	Tier-2; QL
rosuvastatin	Tier-1
sertraline tablets	Tier-1
SHINGRIX	Tier-2
simvastatin	Tier-1
spironolactone	Tier-1
sulfamethoxazole-trimethoprim tablets	Tier-1
SYNTHROID	Tier-3
tamsulosin	Tier-1
timolol eye drops (solution)	Tier-1
torsemide	Tier-1
tramadol 50mg immediate-release tablets	Tier-1; QL
trazodone	Tier-1
triamcinolone cream and ointment	Tier-1
TRULICITY	Tier-2
valsartan	Tier-1
warfarin	Tier-1
wixela inhaler	Tier-2; QL
XARELTO	Tier-2
zolpidem immediate-release	Tier-1