

Tufts Medicare Complement

SUMMARY OF BENEFITS

TUFTS Health Plan

No one does more to keep you healthy.

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 absent for more than 90 consecutive days.
- You may have to disenroll from your previous plan.

You must choose a primary care physician (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 procedures. Also, TMC will pay for certain additional services, such as preventive care, 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. Your PCP will provide or arrange your follow-up care.

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 or check the Medicare Web site at www.medicare.gov.

2009 Benefits Summary

Provider Network Access	Tufts Health Plan's Provider Network with more than 20,000 Physicians
Doctor's office visits & routine physical exams	\$10 per visit
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 (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	
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.
Outpatient care	\$10 per visit

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 • Any tax, surcharge, assessment or similar fee imposed under any state or federal law or regulation on any provider, member, service supply or medication • Cosmetic surgery or any other cosmetic procedure except certain reconstructive procedures • Experimental or investigational drugs, services and procedures • Eyeglasses or contact lenses •

Whole blood, packed red blood cells and blood donor fees • Drugs for use outside of hospital except as covered under Prescription Drug Coverage • Personal comfort items • Custodial care • A service furnished to someone other than the member • Routine foot care • 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 • Dental services • Surgical treatments for obesity • Orthognathic surgery • Long-term outpatient physical and occupational therapy services • Routine foot care • 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 1-800-936-1902.**

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.