TUFTS Health Plan

a Point32Health company

City of Cambridge and City of Cambridge Schools Retiree Medical Plan Options 2027

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Group Retiree Plan Option

Tufts Medicare Preferred
HMO Prime Rx Plan

- Enrollment in Medicare A & B required
- Must continue to pay Part B premium

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Tufts Medicare Preferred HMO

- Medicare Advantage plan
- Members must reside in service area
- May be away up to 6 consecutive months
- Designated primary care physician
- Obtain referrals for services
- Care Management Service, Staying Healthy, Chronic Conditions, Leaving the hospital, Navigating the health care system
- Prescription drug coverage built in

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Tufts Medicare Preferred HMO

Plan Extras

- Worldwide coverage for emergency & urgent care
- $150 annual fitness/nutritional counseling reimbursement
- $150 annual reimbursement for weight management programs
- $150 annual reimbursement for eyeglasses/contacts
- Hearing Aid Allowance
- Discounts on hearing aids & hearing services through TruHearing Inc

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Plan Highlights

PLAN BENEFITS	HMO Prime Rx
IP hospitalization	Covered after one-time annual deductible of $300
Skilled nursing	Covered in full 100 days per benefit period
Physician office visits	$10 PCP $15 Specialist
Annual Routine Physical	Covered at 100%
Annual Routine Eye Exam	$15 copay
Annual Routine Hearing Exam	$15 copay

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Plan Highlights

PLAN BENEFITS	HMO Prime Rx
Lab & therapeutic radiology	Covered at 100%
Diagnostic radiology (MRI, Pet Scan, Cat scan, x-ray)	Covered at 100%
Outpatient Hospital	$50 copay
Home health care	Covered at 100%
Durable medical equipment	Covered at 100%
Urgent & emergency care	$15 $50

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Plan Highlights

PLAN BENEFITS	HMO Prime Rx
Ambulance	$50 per day Medicare-Covered ambulance services
Physical, occupational & speech therapy	$15 copay
Eyeglasses	$150 annually
Hearing aids	$500 every 3 years towards purchase or repair
Fitness reimbursement	$150 annually

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TMP HMO

Optum RX Benefit Manager
Prescriptions may be purchased:

- Local retail pharmacy
- Mail order

Formulary

- Not all drugs we cover are listed
- If a drug you take is not included on the formulary, contact Customer Relations to see if your drug is covered.

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Pharmacy Benefit

PLAN BENEFITS	30 Day Supply – Retail	90 Day Supply – Retail	90 Day Supply – Mail Order
HMO Prime Rx	Tier 1 - $10 Tier 2 - $25 Tier 3 - $50	Tier 1 - $30 Tier 2 - $75 Tier 3 - $150	Tier 1 - $20 Tier 2 - $50 Tier 3 - $100

Catastrophic Coverage Stage

After your annual out-of- pocket costs reach $2,400, you pay nothing. During this payment stage, the plan pays the full cost for your covered Part D drugs.

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For additional information, or help choosing a primary care physician please call:

Tufts Medicare Preferred HMO: Inside Sales Prospective members: 800-246-2400

For additional information visit our website:
Tufts Medicare Preferred: **www.tuftshealthplan.com**

Thank you!

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