

Medicare Complement

SUMMARY OF BENEFITS

This Medicare Complement Plan (“MCP”) is designed to enhance your existing Medicare coverage. Your Medicare coverage is more fully described in your Medicare Handbook, and the same terms, conditions, exclusions and limitations of Medicare Covered Services apply to MCP, except when otherwise stated. Additions to Medicare Covered Services available under MCP are described in this chart and include coverage for prescription drugs.

Medicare provides primary coverage for Covered Services and receives claims first. This Medicare Complement Plan provides complementary coverage and receives claims for payment after Medicare has made its coverage determination. Medicare sets a fee schedule for Covered Services and pays according to its established fees, minus deductibles and/or coinsurance. MCP pays the deductible and/or coinsurance for most Medicare Covered Services. Neither Medicare nor MCP will pay charges that are higher than the Medicare Approved Amount (which is based on the Medicare fee schedule). Please refer to your Medicare Handbook for any questions pertaining to Medicare Covered Services.

It is important for you to present your Medicare card as well as your City of Newton MCP identification card to your health provider when you receive services.

Important Note About Medicare Health Care Reform: 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 a new Annual Wellness Visit that includes a “personalized prevention plan.”

| 2018 Medicare Complement Plan (MCP) Benefits Summary | |
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| MCP Coverage* | Your Coverage (after Medicare and MCP Pay) |
| *includes Medicare Part A and B Deductibles and Coinsurance | |
| Doctor’s office visits | \$10 per visit |
| Routine physical exams (includes Welcome to Medicare Visit and subsequent Annual Wellness visits) | Covered in full |
| PCP Physical exams | \$10 per visit |
| Specialist Care, consultations | \$10 per visit |
| Chiropractic care | \$10 per visit |
| Short term physical, occupational and speech therapy | \$10 per visit |
| Emergency Room Care | Covered in full |
| Laboratory tests, diagnostic, x-rays & therapy, pap smears, Mammograms | Covered in full |
| Ambulance | Covered in full, up to Medicare approved amount |
| Durable Medical Equipment | Covered in full, up to Medicare approved amount |
| Eyeglasses/contact lenses | Discounts available through network optometrists |
| Routine eye exams | Not covered |
| Hearing aids | Not covered |

Inpatient Hospital Care/Surgery (semi-private room unless a private room is medically necessary)

| MCP Coverage* *includes Medicare Part A and B Deductibles and Coinsurance | Your Coverage (after Medicare and MCP Pay) |
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| Illness or injury | Covered in full |
| Day surgery | Covered in full |
| Physician's and surgeon's care while hospitalized | Covered in full |
| Anesthesia while hospitalized | Covered in full |
| Medications, nursing care, z-ray lab services while hospitalized | Covered in full |
| Radiation therapy while hospitalized | Covered in full |
| Skilled Nursing in Skilled Nursing Facility | Covered in full, up to 100 days per benefit period |
| Blood services | Covered in full |

Mental Health/Substance Abuse

| MCP Coverage* *includes Medicare Part A and B Deductibles and Coinsurance | Your Coverage (after Medicare and MCP Pay) |
|--|---|
| Inpatient care | <p><u>Care in a psychiatric hospital:</u></p> <ul style="list-style-type: none"> • Days 1 to 190 (lifetime Medicare limit) are covered in full. • After the 190-day Medicare lifetime maximum is exhausted, covered in full up to 60 days per calendar year. <p><u>Care in a general hospital or substance abuse facility: Covered in full (no Medicare lifetime or calendar year limit applies).</u> Covered in full</p> |
| Outpatient care | \$10 per visit. |

Prescription Drug Benefit

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. And, 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 co-payment. 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 co-payment 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 co-payment levels.

- Tier-1 (\$10 co-payment, up to 30 day supply)—includes most generic drugs
- Tier-2 (\$20 co-payment, up to 30 day supply)—primarily includes selected brand-name drugs
- Tier-3 (\$35 co-payment, 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 two copayments off a three-month supply.

Exclusions and Limitations

There are some services that MCP 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 the City of Newton Medicare Complement Plan and your benefits, please call a Member Services coordinator at 800-462-0224. This is a summary only. Please refer to your member benefit document for more detailed information. Copies are available through your employer. In the case of a discrepancy, the member benefit document will govern.

Administered by Total Health Plan, Inc., a Tufts Health Plan company.