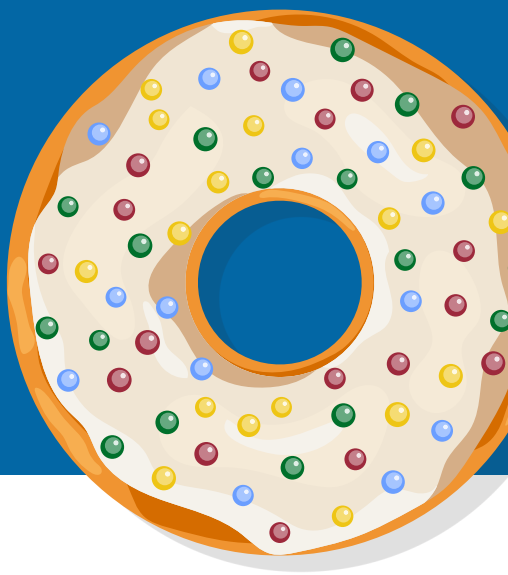
TUFTS Health Plan

Understanding the Medicare Donut Hole



As a member of a Medicare Part D prescription drug plan, there are four stages that determine the amount you pay for your prescription drugs:

1. **Deductible Stage**
2. **Initial Coverage Stage**
3. **Coverage Gap Stage**
4. **Catastrophic Coverage Stage**

The Coverage Gap Stage, also known as the "Donut Hole," can be the most complex. Below, you'll find an explanation of each stage, including details on how the Donut Hole works.

1 Deductible Stage

Members of Saver Rx and Basic Rx plans have an annual deductible for prescription drugs and begin in the Deductible Stage each year on January 1.

If you are a member of one of these plans, you pay your deductible (see right) for your Tier 3, Tier 4, and Tier 5 drugs before the Initial Coverage Stage begins (see next page).

Members of Prime Rx, Prime Rx Plus, Value Rx, Smart Saver Rx, and Access PPO plans do not have a prescription drug deductible and start each coverage year in the Initial Coverage Stage.

2024 Plan Drug Deductibles

Basic Rx
$225

Saver Rx
$250

2 Initial Coverage Stage

After you reach your deductible (or at the beginning of the year for Prime Rx, Prime Rx Plus, Value Rx, Smart Saver Rx, and Access PPO), your plan starts sharing the cost of your drugs. You remain in the Initial Coverage Stage until the total cost of your drugs (what you pay plus what we pay) reaches **$5,030**. This amount is called the Initial Coverage Limit.

- You pay your copays
- Plan pays the remaining cost

up to **$5,030**

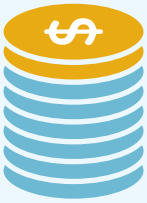
3 The Donut Hole

You enter the Donut Hole once the total cost of your drugs reaches **$5,030**. In the Donut Hole, you pay a percentage of the cost for your prescription drugs.

For generic drugs, you pay 25% of the drug and the dispensing fee, and your plan pays the remaining cost. For brand name drugs, you pay 25% of the drug and the dispensing fee, and the drug manufacturer and your plan share the remaining cost (see right). For generic drugs on Tier 1 and Tier 2, Prime Rx Plus members pay the same copay as in the Initial Coverage Stage.

During this stage, only your share and the drug manufacturer's share contribute toward your out-of-pocket total. You remain in the Donut Hole until your out-of-pocket total during the calendar year reaches **$8,000**.

Generic Drugs:



- You pay **25%**
- Plan pays **75%**

Brand Name Drugs:

- You pay **25%**
- Drug manufacturer pays **70%**
- Plan pays **5%**

up to **$8,000**

4 Catastrophic Coverage Stage

This stage begins when your out-of-pocket total reaches **$8,000**. During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit. You pay nothing. You remain in the Catastrophic Coverage Stage until January 1, 2025.

Generic Drugs:
You pay **$0**

Brand Name Drugs:
You pay **$0**

For complete details, see your Evidence of Coverage (EOC) booklet at **thpmp.org/documents**.

The amounts above are for the 2024 calendar year only. Amounts may change on January 1 of each year. The Formulary and/or pharmacy network may change at any time. You will receive notice when necessary. For more information, call Member Services at 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711). 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 (HMO)/1-866-623-0172 (PPO) (TTY: 711).
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