

3-TIER BENEFIT SUMMARY

For the HMO Value Plan

TUFTS  Health Plan



Brandeis University

You can fill your prescriptions for most medications at any 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. POS and PPO members may choose to obtain a covered prescription drug through a pharmacy which is not a Caremark affiliated pharmacy. If so, those members will receive the out of network or unauthorized level of benefits.

To Receive Your Prescription Drugs from a Caremark Participating Pharmacy

When your prescription is written by a Tufts Health Plan participating physician, except in cases of authorized referrals or emergencies, you must simply present your ID card and pay your copayment. The pharmacist will transmit your claim electronically and dispense the prescription.

There are a small number of prescription drugs that require prior authorization for coverage, and your physician should request the authorization before you visit the pharmacy.

There are also a small number of drugs for certain conditions such as infertility or multiple sclerosis that are in the Special Designated Pharmacy program. You must obtain these drugs at a Special Designated Pharmacy for coverage. These pharmacies specialize in providing medications to treat certain conditions. This program may not apply to all members.

The 3-Tier Copayment Plan

The 3-Tier program breaks down the thousands of prescription drugs covered by Tufts Health Plan into three copayment levels.

\$15 Tier-1 copayment, up to 30 day supply - includes most generic drugs

\$25 Tier-2 copayment, up to 30 day supply - primarily includes selected brand-name drugs

\$40 Tier-3 copayment, up to 30-day supply - includes the rest of Tufts Health Plan's covered drugs

Many of the Tier-3 drugs have Tier-1 or Tier-2 alternatives. If your doctor prescribes a Tier-2 or Tier-3 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 under the Prescription Alternative Program because there are safe and comparably effective alternatives which are covered.

Maintenance Medications

Through the mail order pharmacy, 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 Caremark, you will save one full 30-day retail copayment. (Please note, not all employers offer this benefit. If you are unsure whether or not this benefit is available to you, please check with your benefits administrator.)

Important Phone Numbers

Call a Tufts Health Plan member services coordinator if you have any questions about your benefits or the Caremark prescription mail service at 800-462-0224

You can also get more information in the Tufts Health Plan Drug Coverage Handbook, available online at www.tuftshealthplan.com, or by calling member services at the number above.

This is a summary and not a complete description of your pharmacy benefit. For a complete description of your benefit including limitations and exclusions, please refer to your Member Benefit Document. In the case of a discrepancy, the Member Benefit Document will prevail.

www.tuftshealthplan.com

Offered by Tufts Associated Health Maintenance Organization, Inc., and Total Health Plan, Inc.