## 2014 Partial List of Benefit Allowances and Member Cost Sharing
Effective January 1, 2014 – December 31, 2014

Please refer to the 2014 Employer Group HMO Prime Summary of Benefits booklet for further information.

### PREMIUMS

**Plan Premium**
See your employer for premium amount.

### SERVICE AREA

**Counties of Residence**
Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester

### COPAYMENTS

**Prescription Drug Coverage**
Please see benefits administrator for details about prescription drug coverage.

**Primary Care Physician (PCP) Office Visits**
$10 per visit, except for $0 copay for annual physical

**Specialist Office Visits**
$15 per visit

**Emergency Room**
(waived if admitted within 24 hours)
$50 per visit

**Annual Routine Eye Exam**
$15 per visit

**Outpatient Services/Surgery**
$50 per day

### ALLOWANCES

**Annual Eyewear Benefit**
$150 per year towards eyewear at an EyeMed participating provider, or $90 per year at non-participating providers.

**Annual Wellness Allowance**
$150 per year toward fitness club membership, instructional fitness classes and/or nutritional counseling and other wellness programs

**Hearing Aids**
Up to $500 toward purchase or repair every three (3) years

Over, please
**DEDUCTIBLES**

<table>
<thead>
<tr>
<th>Acute Inpatient Hospital Deductible</th>
<th>$300 per calendar year</th>
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<tr>
<td><strong>NOTE:</strong> Deductible only applies to the first acute inpatient hospital admission of the calendar year, and does not apply to inpatient mental health admissions.</td>
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**OUT OF POCKET MAXIMUM**

$3,400 per calendar year excluding plan premiums.

Tufts Health Plan Medicare Preferred is an HMO plan with a Medicare Contract. Enrollment in Tufts Health Plan Medicare Preferred depends on contract renewal.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan.

Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or co-payments/coinsurance may change on January 1 of each year.

This information is available for free in other languages. Please contact our Customer Relations number at 1-800-701-9000 for additional information.

Esta información está disponible sin costo en otros idiomas. Para obtener más información, comuníquese a nuestro número de relaciones al cliente al 1-800-701-9000.