

well!

TUFTS  Health Plan
Medicare Preferred

Summer 2015

18

Important Tips *for Using Your Plan!*

**How to save on
prescription drugs**

...

**What's covered
when you travel?**

...

Stay fit for less

...

**How to save
on eyewear**

...

**Get your
documents online**



There is always something new to learn about your plan—even if you have been a member for years. From extra discounts and wellness reimbursements, to working with a Care Manager, there are many great ways your plan can help you stay healthy. In this issue, you'll find 18 of the most important things to know about your plan!

Let us know if your contact information changes

It's important to let us know if your address or phone number changes as soon as possible. That way, we'll always be able to contact you with important plan information. There are two ways you can update your contact information:

1. Call Customer Relations. One of our friendly Customer Relations representatives can make changes to your contact information over the phone.
2. Fill out the address change form included with your premium bill each month and mail it back to us.

Benefit information described in this issue is for Tufts Medicare Preferred HMO plan members.

Please note: Not all plan benefit information in this booklet is the same for Employer Group plans. If you receive your benefits from a current or former employer, please contact your benefits administrator or Customer Relations with any questions regarding plan benefits.

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, provider network, premium and/or copayments/coinsurance may change on January 1 of each year.

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► **Our building in
Watertown, MA**

1

Our Customer Relations team is located right here in Massachusetts

That's our building in Watertown Massachusetts. When you call us, you talk to representatives who understand your plan and are part of your community. You can expect to have your questions answered quickly with knowledge, honesty, and respect. Our Customer Relations team is one of the most helpful resources available to you as a member. If you have any questions about your coverage, choosing a doctor, a bill you received, or anything else about your plan, we can help. We are committed to helping you get the most out of your plan.

1-800-701-9000 // (TTY 1-800-208-9562)

Monday – Friday, 8:00 a.m. – 8:00 p.m. (From October 1 – February 14, representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m.) After hours and on holidays, please leave a message and a representative will return your call the next business day.

“

Tufts Health Plan Medicare Preferred is the kindest company I know.

They really think about their members. I've always been satisfied with the representatives I've spoken to. You can tell they want to help—it's not just a job.

I've always been satisfied when I hang up the phone.”

— **Elaine, Tufts Health Plan Medicare Preferred member since 2007**

2

How to use your plan to stay fit for less

Do you know you can join a gym or take a fitness class like Tai Chi or yoga and get up to \$150 back each year? With our Wellness Allowance Benefit, you can get up to a total of \$150 each year¹ for fees you pay for:

- Membership in a qualified health or fitness club
- Fitness classes such as yoga, Pilates, Tai Chi, and aerobics
- Memory fitness activities such as BrainHQ from Posit Science
- Nutritional counseling sessions
- Wellness programs such as the Arthritis Foundation Exercise Program

Plus, many more programs that qualify! For a complete list of programs, go to www.tuftsmedicarepreferred.org/healthy-living-essentials

To receive your \$150 reimbursement, fill out a Wellness Allowance Reimbursement form. The form has all the instructions you need for getting your \$150 reimbursement. You can find the form on the “Forms & Documents” page of our website or by calling Customer Relations.

¹\$150 is the total reimbursement amount each year (January 1 – December 31).



This year, we enrolled in the Better Body Fitness course for seniors at Quincy College. We feel great—and the fact that our Tufts Health Plan Medicare Preferred health plan helped pay for the course was the reason we could go! Our Tufts Medicare Preferred HMO plan gave us each a \$150 credit for the course.”

— Ann & Donald, Members since 2007



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Use your EOB to keep track of medical expenses

Each month you use your plan, you receive an Explanation of Benefits (EOB). Your EOB is a great way to keep track of the medical services you received. It shows you the costs for any medical services from the previous month, but it's not a bill. You don't need to send any payments or take any action. It's a reference tool to help you keep track of your medical services.

Did you know you can sign up for eDelivery and have your EOB sent electronically each month? See page 6 for details.

▶ Sample EOB

Provider: ANDERSON, PROVIDER						In-Network or Out-of-Network: In-Network Provider			
Claim Number: 00000000B6DZ									
Date of Service	Service / Procedure	Billing Code	Amount Providers Have Billed the Plan	Total Cost (amount the plan has approved)	Not Covered (amount the plan has denied)	Deductible	Your Share Copay / Coinsurance	Other Patient Responsibility	Plan's Share
06/02/14	Doctor's Office Visit	99214	\$250.00	\$78.48	\$0.00	\$0.00	\$25.00	\$0.00	\$52.41
NOTE: You pay a \$25 copayment for services from an in-network provider.									
TOTALS:			\$250.00	\$78.48	\$0.00	\$0.00	\$25.00	\$0.00	\$52.41
							Total Your Share: \$25.00		

4

How to save big on hearing aids

As a member of Tufts Health Plan Medicare Preferred you can save on a wide selection of hearing aids. Discounted prices can result in a savings of up to \$2,400 per hearing aid*! For complete discount details go to www.tuftsmedicarepreferred.org/hearing-aid-discount

How it works

This discount is available to members through Hearing Care Solutions (HCS). To get the discount, first call HCS toll-free at 1-866-344-7756 to schedule a hearing exam with an HCS-participating provider. HCS will locate the nearest clinic and schedule an appointment for a hearing exam. Before your appointment, you will receive an HCS Patient Handbook containing information about hearing loss, hearing aids, and pricing. If you decide to order hearing aids, your hearing care provider will place the order through HCS and schedule an appointment for the delivery and initial fitting of your new hearing aid(s). HCS will then contact you for payment prior to hearing aid delivery. If you have any questions, call HCS or Customer Relations.

**Savings is based on national retail average. Retail prices may fluctuate depending on region. Prices and savings are for each hearing aid. If you receive your benefits from a current or former employer, this discount is in addition to your hearing aid benefit.*

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You can get your documents online with eDelivery

If you're looking for an easier way to get plan documents, sign up for eDelivery! With eDelivery you get certain plan documents sent to you electronically instead of by mail. Plus, you'll also get tips on using your plan sent right to your email account. eDelivery is fast, convenient, and helps reduce clutter!

Signing up is easy

You create a secure online account that you can log in to any time to view or download your documents. When a new document is added to your account, we'll email you to let you know. It's that simple.

To sign up go to: thpmp.org/eDelivery

What you get

With eDelivery, you get the following documents electronically:

- Annual Notice of Changes (annual letter listing any changes to your coverage)
- Evidence of Coverage (benefit and cost information)
- Formulary (list of covered drugs)
- Provider Directory (list of doctors and pharmacies)
- Explanation of Benefits (monthly statement listing medical services and their costs)

You'll also get helpful plan information emails sent right to your email account!

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What is a prescription drug tier?

If your plan includes prescription drug coverage, your prescription drugs fall into one of five tier levels*. These tiers determine what you pay when you fill your prescription at the pharmacy. You can find the tier number listed next to each drug in our Formulary (drug list). The tier level of your medication is determined by a number of factors including safety, retail cost, number of members who use the drug, and if a lower-tier drug is available to treat the same condition. In general, the lower the tier the lower your cost for the drug. If you have any questions about tiers or your prescription drug information, call Customer Relations.

**If you receive your plan benefits from your current or former employer, your drugs will fall into one of three tier levels.*

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You get extra discounts with your plan

Did you know as a Tufts Health Plan Medicare Preferred member you get extra discounts? With Preferred Extras¹, you can save on great programs and services such as:

- **CVS/Caremark Extra[®] Care Health Card**—20% off certain CVS/pharmacy brand, non-prescription health-related items (some restrictions apply)
- **Jenny Craig[®]**—50% off² Jenny Craig All Access enrollment, plus your first month is free!²
- **Tufts Health Plan Fitness Facility Network**—20% off the annual membership fee when you join a fitness club in the Tufts Health Plan Network³
- **BrainHQ from Posit Science**—save 17% on a subscription to the BrainHQ application offered by Posit Science

And many more!

For a complete list of discounts, go to www.tuftsmedicarepreferred.org/preferred-extras or call Customer Relations for details.

¹Discounts and services included in the Preferred Extras program are not plan benefits and are not subject to the Medicare appeals process.

²Plus the cost of food. Plus the cost of shipping, if applicable. Valid at participating centers. No cash value. One offer per person. Not valid with any other program offers or discounts. Restrictions apply.

³For the location of participating fitness centers near you, call Customer Relations.

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Can the MTM Program help you with your medications?

The Medication Therapy Management (MTM) program helps members with multiple chronic conditions and high drug costs. The program helps to improve medication safety and lower prescription drug costs. Specially-trained pharmacists and nurses work with you and your doctor to make sure your medications are appropriate, safe, and effective. This program is a free service for eligible members. Participation in the program is voluntary, and members can disenroll at any time. It's important to make sure we have your current phone number and address so eligible members can be contacted. Call Customer Relations to update your phone number or address. For more information on the MTM program, visit our website at www.tuftsmedicarepreferred.org/mtm-program or call Customer Relations.



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What is covered when traveling?

Planning a trip this summer? If so, you'll have peace of mind knowing you are covered anywhere in the world for emergency or urgent care. You can even be outside our service area for up to six consecutive months and still be covered for emergency or urgent care. (Our service area is the state of Massachusetts except for Berkshire, Franklin, Dukes, and Nantucket counties.) You do not need a referral from your PCP before getting emergency or urgent care. Routine care, such as a physical, is not covered outside our service area so remember to schedule routine care before or after your travel plans.



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You can get vaccines at a pharmacy

Your plan enables you to get vaccines at a pharmacy. It's a great way to quickly get the vaccines you need. But if you are hesitant to get a vaccine at a pharmacy instead of a doctor's office, you should know that pharmacists have been administering vaccines for more than 25 years and receive special training and certification. Not only is it a safe, convenient way to get a vaccine, it's also easy. Just show your Tufts Health Plan Medicare Preferred ID card and pay only your copay*. No reimbursement or complicated paperwork is required. Vaccines available at pharmacy locations include the flu shot, shingles shot (Zostavax), pneumonia vaccine, and others. If you need more information or have any questions, call Customer Relations.

**Members may pay an amount different than their copay if they have reached the coverage gap or entered catastrophic coverage. Service may not be available at all pharmacies and a prescription may be required. Members should check with the pharmacy for specific information.*

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How to save on prescription drugs

1. Use generic drugs

Generic drugs generally cost less than brand name drugs and have the same active-ingredient formula as brand name drugs. In addition, generics are rated by the Food and Drug Administration (FDA) to be as safe and effective as brand name drugs. Talk to your doctor to see if generic drugs are right for you.

2. Use mail order

Using mail order for prescription medications you refill each month may be able to save you money. The amount you save depends on the plan you are in and the amount of the drug you order. Ordering a 90-day supply of a Tier 1 or Tier 2 drug through mail order may offer you the most savings. With mail order, your medications are conveniently mailed directly to your home. Signing up for mail order is easy. Simply call FastStart by Caremark¹. There are no forms to fill out, just call FastStart toll-free at 1-866-788-5144.

3. Call Prescription Advantage

Prescription Advantage is a program that helps Massachusetts seniors with the cost of Part D prescription drugs. They offer a variety of assistance depending on income. Call 1-800-AGE-INFO (1-800-243-4636) TTY 1-877-610-0241. Customer Service Representatives are available to answer your questions Monday-Friday, 9 a.m.- 5 p.m. EST or visit their website at: www.mass.gov/elders/healthcare/prescription-advantage

4. See if you qualify for Low Income Subsidy (LIS)

LIS is a federally-funded program that assists with monthly premiums and part D prescription copayments for those who meet certain income requirements. For information, call 1-800-772-1213 (TTY 1-800-325-0778) or visit their website at: www.socialsecurity.gov/prescriptionhelp

5. Use Mass Pharmacy Outreach Program

Mass Pharmacy Outreach Program is a free service of the Massachusetts College of Pharmacy and Health Sciences. It offers advice about prescription assistance programs, medication counseling, and more. For information, call toll free 1-866-633-1617 Monday - Friday 8:30 a.m.- 5:00 p.m.

6. Visit Needymeds.org

Needymeds.org is a website that allows you to search a drug by name or category (i.e. brand or generic), to find out if there is a Prescription Assistance Program available for that particular medication. For information, call 1-800-503-6897 or visit their website at: www.needymeds.org

Applies to members who have prescription drug coverage with their plan.

¹*If your drug is on a pharmacy program (such as prior authorization or step therapy), more information may be needed before processing your order. A representative will let you know if any additional steps are required. If your drug is not on a pharmacy program, a representative will call your doctor to get your prescription(s) set up for mail service.*

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A Care Manager is your partner for getting and staying healthy

The healthcare system can be overwhelming. There is a lot of information to keep track of and important decisions to make. Working with a Care Manager can help you make sure you understand your options and get the services and care you need. Care Managers are nurses who work closely with your doctor and help guide you through the healthcare system. From helping you understand your medications, to planning a recovery prior to joint replacement surgery, your Care Manager is there to support you. They can also help you get to your doctor's office, help prevent return trips to the hospital, and answer any questions or concerns you might have. As a member of a Tufts Medicare Preferred HMO plan, Care Management services are available at no cost to you! For more information about working with a Care Manager, call Customer Relations.



After my recent surgery, Pam, a Tufts Health Plan Medicare Preferred Care Manager, followed up with me twice to make sure I'd been given the care I needed. I didn't expect someone to help me like that, and it was a pleasure to work with her."

— Raymond, Tufts Health Plan Medicare Preferred Member since 2010

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If a service is “covered” does that mean there is no cost?

In addition to any monthly premium you pay, there is usually a cost to you when you use your plan. If a service is covered by your plan, we pay a portion of the cost and you pay a portion of the cost. The portion you pay is called your “copayment” or “cost-sharing.” Some of your benefits have a \$0 copay (in which case you would not have a copayment), but in most cases, when you use a medical service (such as seeing your doctor or a hospital stay), or fill a prescription, you pay a copayment. For example, you might pay \$10 or \$20 for a doctor visit or prescription drug. For a list of all copayment amounts, see your Evidence of Coverage (EOC) booklet. EOC booklets are available online on the “Forms & Documents” page of our website¹.

¹EOCs on our website are for individual plans. If you receive your benefits from a current or former employer call Customer Relations or your benefits administrator with questions about plan benefits.





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You can save up to \$150 on eyeglasses or contact lenses each year

Eyeglasses and contact lenses can be expensive. But you can save up to \$150 each year by using your vision benefit! Here's how it works; you can get up to \$150 toward the full retail price (not sale price) for one complete pair of prescription eyeglasses or contact lenses from a provider in the EyeMed network¹. Or, get up to \$90 toward the price for one complete pair of eyeglasses or contact lenses from a store not in the EyeMed network². (Discounts cannot be combined.)

What's EyeMed?

EyeMed Vision Care is the network we use to provide your eyewear benefit. The EyeMed network includes more than 26,000 eye care providers including national chains such as LensCrafters, Sears Optical, Target Optical, and JCPenney Optical. See your Provider Directory for a list of EyeMed providers by town.

How it works

- **\$150 in-network discount**¹—To get your \$150 discount from a provider in the EyeMed network, just present your Tufts Health Plan Medicare Preferred member ID card at the time of purchase, and the \$150 will automatically be deducted from the total cost of your eyewear purchase.
- **\$90 out-of-network discount**²—To get your \$90 discount at an out-of-network store, just fill out the out-of-network vision services claim form. You can get the form on the “Forms & Documents” page of our website or by calling Customer Relations. Examples of out-of-network stores include national chains such as BJ's, Costco, and Walmart.

¹Get up to \$150 toward the full retail price (not sale price) of one complete pair of prescription eyeglasses, or contact lenses once every calendar year from a provider in the EyeMed network, OR up to \$90 from a store not in the EyeMed network (discounts can't be combined). Can be applied to complete pair of eyeglasses (lens, frames, & lens options) or contact lenses, but not both. \$150 discount cannot be combined with any other discounted offer. Sale items excluded and cannot be combined with store discounts, coupons, or promotional codes.

²The \$90 out-of-network benefit cannot be combined with the \$150 in-network benefit. To receive the \$90, fill out the out-of-network vision services claim form found on the “Forms & Documents” page of our website. For more information, call EyeMed at 1-866-591-1863 (TDD/TTY 1-866-308-5375).



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How referrals help you stay healthy

The referral process is often misunderstood. At times, it may seem like an unnecessary step, but referrals actually help you get the care that is right for you.

Get the right care

As a member of an HMO plan, your Primary Care Physician (PCP) is responsible for coordinating all the care you receive. This includes referring you to a specialist for services your doctor can't provide. This process helps your doctor keep track of all the care you receive in order to make sure you get the care that is right for you. By coordinating your care, your PCP can also help you avoid unnecessary expenses such as duplicate tests, and identify any safety concerns such as harmful drug interactions.

You need a referral to see a specialist

In an HMO plan, you need to have a referral from your PCP before seeing a specialist. Only your PCP can refer you to a specialist. If a specialist refers you to another specialist, you need to check with your PCP first. By issuing all your referrals, your PCP is able to make informed decisions about your health. If you have any questions about which services require a referral, please call Customer Relations.

Your PCP works with certain specialists in a “referral circle”

A referral circle is the team of specialists your PCP works with. Not all of the specialists listed in the Provider Directory are in your PCP's referral circle. You are only able to see a specialist within your PCP's referral circle. Your PCP must give you a referral before you can see a specialist. This process helps your PCP keep track of all the care you receive. If you have any questions, call Customer Relations.

Which specialists are in your PCP's referral circle?

The Provider Directory lists PCPs by medical group. The medical group section in the Provider Directory tells you which specialists and facilities are in your PCP's referral circle. For the most up-to-date information, use the doctor search tool on our website www.tuftsmedicarepreferred.org/find-doctor

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Your plan is rated one of the best in the country

As your health plan, we have a responsibility to offer you our best. That's why we offer benefits and services that help you lead a healthy lifestyle. Our commitment to quality helped Tufts Medicare Preferred HMO plans receive 4.5 out of 5 stars for 2015*. That rating makes your plan one of the best in the country!

As part of this rating, we also received 5 stars (the highest possible rating) in 25 out of 41 categories including customer service, overall rating of plan, and overall rating of health care quality. The ratings are provided by the Medicare program and are based on a plan's quality and performance. Going forward, our commitment remains the same. We are honored to receive such a high rating and will continue to make providing excellent benefits and services our top priority.

**Medicare evaluates plans based on a 5-Star rating system. Star ratings are calculated each year and may change from one year to the next.*

Have a friend who might want to join Tufts Health Plan Medicare Preferred?

If you know someone who just retired, turned 65, or moved to Massachusetts they may be able to sign up now[†]. Ask them to call our sales department at 1-877-409-3496 (TTY 888-899-8977).

Our plans include multiple HMO and Medicare Supplement plans.

We have plans for people who want to pay less because they don't have a lot of health concerns, and plans that offer excellent coverage for people with more health issues.

[†]Enrollment in Medicare Parts A and B is required. Other restrictions may apply.



Does your prescription drug have any special requirements?

When you look up a drug on our Formulary (drug list), you'll notice that some drugs have abbreviations listed next to them indicating a "special requirement." Some of the most common abbreviations include PA, ST, or QL. If your drug has a special requirement, you or your doctor may need to take extra steps in order for your drug to be covered. In some situations you can ask us to remove a special requirement by requesting an "exception." We are not able to remove special requirements in all cases, but each request is reviewed to see if removing the requirement is possible. If you have any questions, call Customer Relations or check your Evidence of Coverage (EOC) booklet.

Common Special requirements

- **PA (Prior Authorization)**—Some drugs require you or your doctor to request special permission from us before you fill your prescription.
- **ST (Step Therapy)**—Some drugs require you to try a less expensive drug first. Medications with step therapy have at least one comparable medication that you must try first.
- **QL (Quantity Limit)**—For quality and safety reasons, certain drugs have a limit on the amount you can get at one time. For example, a medication may have a limit of 30 pills in 30 days.

Need more information? Watch our helpful video!

For everything you need to know about your prescription drug plan, watch our "Understanding Your Prescription Drug Plan" video. It's an easy-to-understand overview of how your drug plan works—including information on special requirements.

Just go to www.tuftsmedicarepreferred.org/prescription-drugs

4 Ways to protect yourself against fraud

Even if you are never the victim of healthcare fraud, it's important to be aware of the different types of fraud. Healthcare fraud affects everyone by contributing to the increase of healthcare costs. Here are some things to watch for:

1. Did you order that?

Medicare does not sell or mail medical supplies. If you receive medical supplies that you or your doctor did not order, you might be the target of a fraud scheme. What you can do:

- Refuse medical supplies you didn't order
- Return any unordered medical supplies that are shipped to you
- Report any companies that send you these items

2. Keep your identity safe

Things to watch for include:

- People using your Medicare or health plan member number for reimbursements of services you never received
- People calling to ask for your Medicare or health plan numbers, or offering you a new Medicare ID card
- People calling to ask for your social security number or banking account number

3. Make sure you are billed correctly

When you get a bill, check to make sure everything looks correct:

- Make sure you received the services or items billed
- Make sure the same service has not been billed more than once

4. Only use pharmacies in our network

Many online pharmacies promise discounted or free medications, but most are not safe or legal. To protect yourself:


- Only purchase your prescription medications at pharmacies in the Tufts Health Plan Medicare Preferred network
- The only online pharmacy we contract with is CVS/Caremark. Never use other online pharmacies because this could put your health at risk.

Use our Fraud Hotline to report concerns

If you have any concerns or complaints about possible fraud, call the Tufts Health Plan Fraud Hotline. The fraud hotline helps to answer questions, concerns, or complaints about possible health care fraud. You can report your concerns 24 hours a day, 7 days a week. If you call the fraud hotline, you can choose to give your name or remain anonymous. Reporting any concerns or complaints will not affect your right to health care coverage and services in any way. Call the Tufts Health Plan Fraud Hotline at 1-877-824-7123.

This newsletter is not intended to replace the advice of health care professionals. Please consult your physician for your health care needs. Services and medical technologies may not be covered, or may be subject to preauthorization.

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Important Tips for Using Your Plan!

How to save on
prescription drugs
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What's covered
when you travel?
...
And much more!

Health and wellness or prevention information