

well!

TUFTS  Health Plan
Medicare Preferred

Fall 2014

Get Ready *for* 2015!

**New memory
fitness activities**

...
**New weight
management
discount**

...
**Easy-to-use 2015
benefit chart**

...
**4 Ways to stay
healthy this winter**

...
**Your plan is rated
one of the best**



Table of Contents

New ways to use your plan in 2015	4
Is your plan the right one for you?	6
Refer a friend to Tufts Health Plan Medicare Preferred	7
Your 2015 benefit highlight chart	8
4 Ways to stay healthy this winter	12
Highest rating for Customer Service	15

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.



4.5 OUT OF 5 STARS Makes Your Plan ONE OF THE BEST!

Tufts Medicare Preferred HMO plans received 4.5 out of 5 stars for 2015*. That rating makes your plan one of the best in the country! We are honored to receive such a high rating and will continue to make providing excellent benefits and services our top priority. As part of this rating, we also received 5 stars (the highest possible rating) in 25 out of 41 categories including:

Overall Rating Of Health Care Quality

(Members' rating of the overall quality of health care they received)



Overall Rating of Plan

(Members' overall rating of the health plan)



Getting Needed Care

(The ease of getting the care you need)



Customer Service



Rating of Drug Plan



Where do the ratings come from?

The Medicare Program rates all health and prescription drug plans each year. The ratings are based on a plan's quality and performance. Medicare Plan Ratings help you know how well our plan is doing. We are honored to receive such high ratings for quality, satisfaction, and service. For more information on plan ratings, go to www.medicare.gov.

*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.

Good News for our Non-Medicare Plans Too!

Tufts Health Plan is Ranked #1 Private Health Plan and #1 Medicaid Plan in the Country

Tufts Health Plan has been ranked the #1 private health insurance plan¹ and the #1 Medicaid health insurance plan² (known as Network Health³) in the country by the National Committee for Quality Assurance's (NCQA) Health Insurance Plan Rankings 2014-2015. This recognition represents the first time that a health insurance company has been ranked #1 in more than one category by the NCQA!

NCQA is a private, non-profit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations. It also recognizes clinicians and practices in key areas of performance. NCQA's Healthcare Effectiveness Data and Information Set (HEDIS[®]) is the most widely used performance measurement tool in health care.

¹HMO/POS plans. NCQA's Private Health Insurance Plan Rankings 2014-2015. Tufts Associated Health Maintenance Organization is the formal name for Tufts Health Plan's HMO/POS products.

²NCQA's Medicaid Health Insurance Plan Rankings 2014-2015.

³Network Health is Tufts Health Plan's Medicaid/public plans division.



5 NEW WAYS TO USE YOUR PLAN

1

Stay fit: \$150 for Weight Management programs

Start 2015 off right by using your NEW \$150 Weight Management programs benefit¹ toward the program fees of Weight Watchers, Jenny Craig, Nutrisystems, or hospital-based weight loss programs! This benefit, available beginning January 1, 2015, is in addition to your \$150 Wellness benefit, so you have more great ways to stay healthy! For details, call Customer Relations.

Fill out a reimbursement form to get your \$150

You can get up to \$150 for Weight Management programs and \$150 for your Wellness benefit. These are separate benefits and have separate reimbursement forms. Beginning January 2015, find the form for each benefit with all the instructions you need to get your reimbursement on the plan documents page of our website or by calling Customer Relations.

2

Stay sharp: memory fitness activities added to Wellness benefit

Just as you can exercise your muscles, you can also exercise your memory, attention, and more. The right memory fitness program can help improve your attention, memory, brain speed, people skills, and intelligence. Starting January 1, 2015, you will be able to use your \$150 Wellness benefit² toward the membership fee of memory fitness activities programs such as BrainHQ from Posit Science. In addition, through our Preferred Extras program members can save 17% on a subscription to the BrainHQ application offered by Posit Science. For details, call Customer Relations.

What is BrainHQ?

Over time, the processing speed of the brain slows. The BrainHQ application is designed to improve your brain's speed and ability, strengthen memory, and enable learning. BrainHQ improves your memory and ability to capture information quickly and accurately, helping you to lead a more fulfilling and independent life. For more information on BrainHQ, call Customer Relations.

¹You can get up to a total of \$150 each year for fees you pay for Weight Watchers, Jenny Craig, Nutrisystem, or hospital based weight loss program. \$150 is the total reimbursement amount each year for this benefit (Jan. 1 – Dec. 31).

²You can get up to a total of \$150 each year for fees you pay for joining a qualified health or fitness club, instructor led fitness classes (such as yoga, Pilates, Tai Chi, or aerobics), wellness programs including memory fitness activities and more! For more information, call Customer Relations. \$150 is the total reimbursement amount each year for this benefit (Jan. 1 – Dec. 31).

IN 2015



3

Go paperless with improved eDelivery service

If you're looking for an easier way to get your plan documents, sign up for eDelivery! We recently improved our eDelivery service to make it even easier to use. With eDelivery you get certain plan documents sent to you electronically instead of by mail. Plus, you'll also get monthly tips on using your plan! eDelivery is fast, convenient, and helps reduce clutter. Sign up today! For more information or to sign up, go to: thmp.org/eDelivery

4

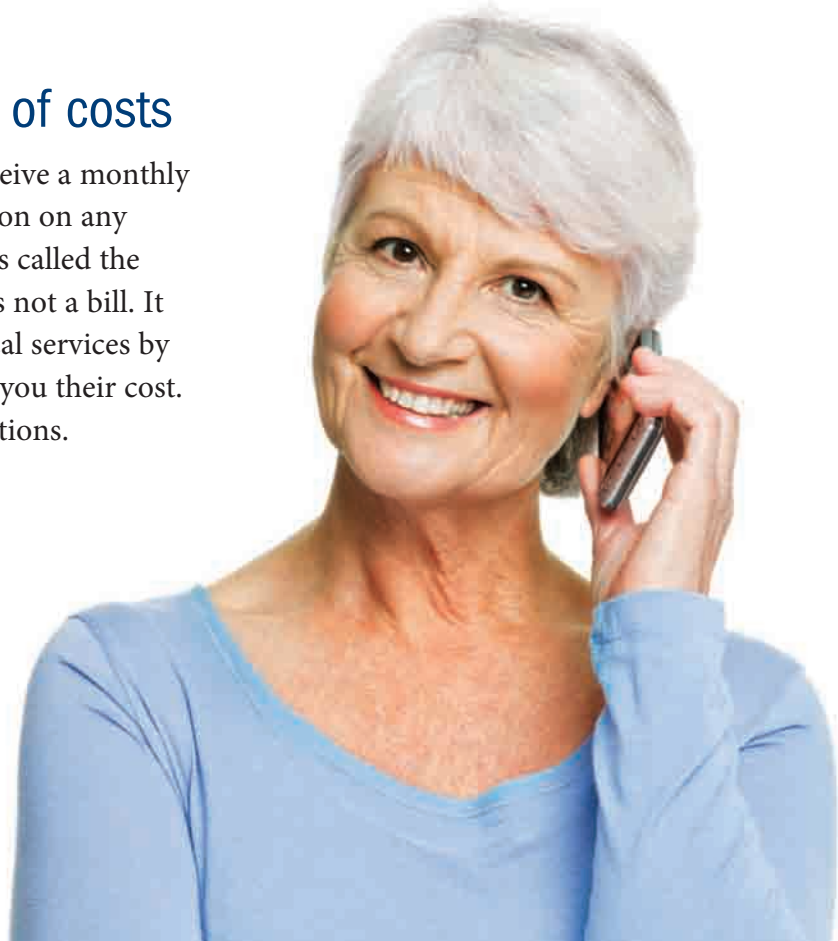
A better way to keep track of costs

Beginning in November 2014, you will receive a monthly statement that provides detailed information on any medical services received. This statement is called the Explanation of Benefits (EOB). The EOB is not a bill. It simply helps you keep track of your medical services by listing any services provided and showing you their cost. For more information, call Customer Relations.

5

Calling us just got easier

We made some big improvements to our phone system! Tufts Health Plan Medicare Preferred members can now enjoy new features including speech recognition, easier to use call menus, and more self-service options.



“

I've got nothing but good things to say about Tufts Health Plan Medicare Preferred.

They've given me excellent service ever since I've had them.”

— John, Member since 1996



**NOW IS
THE TIME TO
MAKE SURE
YOUR PLAN
is right
FOR YOU**

Why now?

Every year from October 15th to December 7th, Medicare Advantage members can change their plan. This time period is known as the Annual Election Period. During the Annual Election Period you can switch to a new plan, add or remove prescription drug coverage, or stay in the plan you are in now and not make any changes. (You don't have to make a change to your plan or take any action during the Annual Election Period if you are happy with your plan.)

We have 4 types of HMO plans to choose from

If your health care needs have changed over the past year and you are thinking about switching plans, give us a call. We have different plans for you to choose from. We offer 4 types of HMO plans at different costs to help you find the one that fits your needs. To compare the cost of benefits for our HMO plans, see the easy-to-use charts on pages 8 – 11.

Our HMO plans

In an HMO plan you choose a Primary Care Physician (PCP) to provide and coordinate your care. Our HMO plans are designed to give you excellent benefits and value. The general difference between our HMO plans is the copayment (or cost-share)* amount and the monthly premium amount. You can choose to pay a higher monthly premium to have lower copayments for most services, or pay a lower monthly premium and have higher copayments for most services.



I've had great experiences with Tufts Health Plan Medicare Preferred.

Other people have offered me insurance, and I won't go to any other insurance!"

— Kathleen, Member since 2011

1 | HMO Saver Rx¹

Our Saver Rx plan has a \$0 monthly premium² and includes prescription drug coverage. It's a great value for someone who is looking to lower their premium payment but doesn't mind paying higher copayments for medical services.

2 | HMO Basic

Our Basic plan has a higher premium² than Saver Rx¹ but has lower copayments. It's available with or without prescription drug coverage³ and is a great value for someone looking for a low cost plan.

3 | HMO Value

Our Value plan offers more of a balance between monthly premium² and copayments. It's available with or without prescription drug coverage and is an excellent choice for someone looking for a balance in cost between premium and copayments.

4 | HMO Prime

Our most popular plan, the Prime plan offers our lowest copayments for a higher monthly premium². It's an excellent choice for someone looking for the lowest copayments for medical services. Our Prime plan is available with or without prescription drug coverage (including an enhanced prescription drug coverage¹ option for those who want to pay even less for generic drugs in the coverage gap stage).

► **Have questions? Give us a call!**

Please note: If you receive your benefits from a current or former employer, please contact your benefits administrator regarding plan options and enrollment information.

¹Available in most counties.

²You must continue to pay your part B premium.

³Available in some counties.

^{*}Cost-share is the amount you pay for medical services. The dollar amount can be in the form of a copayment or coinsurance.

Know someone who might want to join a Tufts Medicare Preferred HMO plan?

Now is the time they can join!*

Our sales team can explain our plan options, explain how to enroll, and send them a free information packet. Ask them to call today at 1-800-517-9556 (TTY 888-899-8977)!

Representatives are available Mon – Fri, 8 a.m. – 8 p.m. (From Oct 1 – Feb 14, representatives are available 7 days a week, 8 a.m. – 8 p.m.) After hours and on holidays, please leave a message and a representative will return your call on the next business day.

**Enrollment in Medicare Parts A and B is required. Other restrictions may apply.*



YOUR 2015 BENEFITS *At a glance*

Monthly Plan Premium ¹ by County	HMO Saver Rx ²	HMO Basic No Rx ²	HMO Basic Rx
Barnstable & Bristol	\$0	Not Offered	\$35.90
Essex & Suffolk	\$0	\$34.00	\$55.90
Hampden & Hampshire	Not Offered	Not Offered	\$0
Middlesex, Norfolk & Plymouth	\$0	Not Offered	\$35.90
Worcester	\$0	\$33.00	\$65.60

Medical Coverage

Plan Medical Costs	HMO Saver Rx ²	HMO Basic No Rx ²	HMO Basic Rx
Medical Deductibles	No medical deductible		
Annual Out-of-Pocket Maximum ³	\$3,400	\$3,400	\$3,400

Co-Pays	HMO Saver Rx ²	HMO Basic No Rx ²	HMO Basic Rx
Doctor Office Visits			
Primary Care Physician (PCP)	\$20 per visit	\$15 per visit	
Specialist	\$40 per visit	\$30 per visit	
Preventive Care			
Annual Physical	\$0 per visit	\$0 per visit	
Cancer Screening (Colorectal, Prostate, Breast)	\$0 per visit	\$0 per visit	
Vision and Hearing			
Annual Routine Vision Exam	\$40 per visit	\$30 per visit	
Annual Eyewear Benefit	\$150 per year towards eyewear at an EyeMed participating provider or \$90 per year at non-participating providers.		
Annual Routine Hearing Exam	\$40 per visit	\$30 per visit	
Outpatient and Lab Services			
Outpatient Services / Surgery	\$250 per day	\$200 per day	
Physical Therapy ⁴	\$40 per visit	\$0 for visits 1-6; \$30 per visit after 6 visits	
Occupational Therapy ⁴	\$40 per visit	\$30 per visit	
Speech Therapy	\$40 per visit	\$30 per visit	
Laboratory Services, X-rays, Diagnostic Procedures	\$0 per visit	\$0 per visit	
Diagnostic Radiology Services	\$200 per day	\$150 per day	
Emergency Services			
Emergency Room	\$65 per visit	\$65 per visit	
Urgently Needed Care	\$20-\$65 per visit	\$15-\$65 per visit	
Ambulance Services	\$225 per day	\$200 per day	

¹You must continue to pay your Medicare Part B premium.

²Not available in all counties.

³Comprised of all your medical co-pays/co-insurance—your out of pocket costs will never exceed this amount.

The charts on pages 8-11 are a quick reference guide to services and costs for our plans¹ beginning January 1, 2015. Use this chart to compare plans. For comprehensive benefit information, see your Evidence of Coverage (EOC) booklet.

HMO Value No Rx	HMO Value Rx	HMO Prime No Rx	HMO Prime Rx	HMO Prime Rx Plus ²
\$96.00	\$120.30	\$130.00	\$154.40	\$188.20
\$117.00	\$141.30	\$154.00	\$178.40	\$212.20
\$22.00	\$46.30	\$52.00	\$76.40	\$110.20
\$96.00	\$120.30	\$130.00	\$154.40	\$188.20
\$109.00	\$144.60	\$148.00	\$183.50	Not Offered

HMO Value No Rx	HMO Value Rx	HMO Prime No Rx	HMO Prime Rx	HMO Prime Rx Plus ²
No medical deductible				
\$3,400	\$3,400	\$3,400	\$3,400	\$3,400

HMO Value No Rx	HMO Value Rx	HMO Prime No Rx	HMO Prime Rx	HMO Prime Rx Plus ²
\$15 per visit			\$10 per visit	
\$20 per visit			\$15 per visit	
\$0 per visit			\$0 per visit	
\$0 per visit			\$0 per visit	
\$20 per visit			\$15 per visit	
\$150 per year towards eyewear at an EyeMed participating provider or \$90 per year at non-participating providers.				
\$20 per visit			\$15 per visit	
\$150 per day			\$100 per day	
\$0 for visits 1-6; \$20 per visit after 6 visits			\$0 for visits 1-6; \$15 per visit after 6 visits	
\$20 per visit			\$15 per visit	
\$20 per visit			\$15 per visit	
\$0 per visit			\$0 per visit	
\$75 per day			20% up to \$75 per day	
\$65 per visit			\$65 per visit	
\$15-\$65 per visit			\$10-\$65 per visit	
\$100 per day			\$50 per day	

¹You pay \$0 for a post-outpatient surgical procedure physical therapy or occupational therapy consultation of up to 15 minutes, prior to discharge.

Please note: costs may differ if you receive your benefits from a current or former employer.

Medical Coverage cont.

Copays	HMO Saver Rx ²	HMO Basic No Rx ²	HMO Basic Rx
Inpatient Care Inpatient Hospital Coverage	Days 1-5: \$325 per day, \$0 per day after day 5	Days 1-5: \$250 per day, \$0 per day after day 5	Days 1-5: \$250 per day (Worcester county residents) Days 1-5: \$225 per day (all other county residents), \$0 per day after day 5
Additional Benefits Wellness Allowance	\$150 per year towards fitness club membership, instructional fitness classes, nutritional counseling, or wellness programs such as memory fitness activities		
Weight Management Programs	\$150 annual reimbursement towards program fees for Weight Watchers®, Jenny Craig®, Nutrisystem® or hospital-based weight management programs		

Prescription Drug (Rx) Coverage

Plan Drug (Rx) Costs	HMO Saver Rx ²		HMO Basic Rx (all counties except Worcester)		HMO Basic Rx (Worcester county)	
Deductible	\$0 for Tiers 1-2; \$200 for Tiers 3-5		\$0 for Tiers 1-2; \$150 for Tiers 3-5		\$0 for Tiers 1-2; \$100 for Tiers 3-5	
Copays	Retail 30-day supply	Mail Order 90-day supply	Retail 30-day supply	Mail Order 90-day supply	Retail 30-day supply	Mail Order 90-day supply
Tier 1: Preferred Generic	\$6	\$15	\$4	\$10	\$4	\$10
Tier 2: Non-Preferred Generic	\$12	\$30	\$8	\$21	\$6	\$15
Tier 3: Preferred Brand	\$45	\$135	\$45	\$135	\$35	\$105
Tier 4: Non-Preferred Brand	\$95	\$285	\$95	\$285	\$65	\$195
Tier 5: Specialty Tier	28%	28%	29%	29%	30%	30%
Coverage Gap Stage: After your total prescription drug costs reach \$2,960, and until your payments reach \$4,700, you pay:	<ul style="list-style-type: none"> • 65% for Part D generic drugs • 45% of costs for Part D brand drugs plus a portion of the dispensing fee⁵ 					
Catastrophic Coverage Stage: After the coverage gap, when your payments for the year are greater than \$4,700, you pay the greater of:	<ul style="list-style-type: none"> • 5% per prescription or • \$2.65 per prescription for Part D generic drugs • \$6.60 per prescription for Part D brand drugs 					

²Not available in all counties.

HMO Value No Rx	HMO Value Rx	HMO Prime No Rx	HMO Prime Rx	HMO Prime Rx Plus ²
Days 1-5: \$170 per day, \$0 per day after day 5		\$200 per stay; you will not pay more than \$400 per year		
\$150 per year towards fitness club membership, instructional fitness classes, nutritional counseling, or wellness programs such as memory fitness activities				
\$150 annual reimbursement towards program fees for Weight Watchers®, Jenny Craig®, Nutrisystem® or hospital-based weight management programs				

HMO Value & Prime Rx (all counties except Worcester)		HMO Value & Prime Rx (Worcester county)		HMO Prime Rx Plus ²	
No deductible		No deductible		No deductible	
Retail 30-day supply	Mail Order 90-day supply	Retail 30-day supply	Mail Order 90-day supply	Retail 30-day supply	Mail Order 90-day supply
\$4	\$10	\$4	\$10	\$2	\$5
\$8	\$21	\$6	\$15	\$5	\$12
\$45	\$135	\$35	\$105	\$30	\$90
\$95	\$285	\$65	\$195	\$80	\$240
33%	33%	33%	33%	33%	33%
<ul style="list-style-type: none"> • 65% for Part D generic drugs • 45% of costs for Part D brand drugs plus a portion of the dispensing fee⁵ 				<ul style="list-style-type: none"> • Tier 1 copayments for generic drugs on Tier 1 • Tier 2 copayments for generic drugs on Tier 2 • 65% for all other generic drugs • 45% of costs for Part D brand drugs plus a portion of the dispensing fee⁵ 	
<ul style="list-style-type: none"> • 5% per prescription or • \$2.65 per prescription for Part D generic drugs • \$6.60 per prescription for Part D brand drugs 					

⁵The amount discounted by the manufacturer in the Coverage Gap counts toward your out-of-pocket costs as if you had paid the total amount of the drug yourself. This helps you move through the gap.

Please note: costs may differ if you receive your benefits from a current or former employer.

4 Tips *for* Staying Healthy This Winter

Tufts Health Plan Medicare Preferred is committed to helping you stay mentally and physically healthy. With the winter season just around the corner, we encourage you to take advantage of services that are offered to you at no cost.

1

You're covered when traveling

If you're travelling somewhere warm this winter, you'll have peace of mind knowing you are covered anywhere in the world for emergency or urgent care. You can be outside our service area* for up to six consecutive months and still be covered for emergency or urgent care. (For example, if you go to Florida for the winter you could stay there for up to six consecutive months and be covered for urgent or emergency care.) 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.

**Our service area is the state of Massachusetts except for Berkshire, Franklin, Dukes, and Nantucket counties.*



2

Prevent winter falls

With winter comes the danger of slipping on patches of snow or ice. These hazards are especially dangerous for older adults. Falls are the leading cause of both fatal and nonfatal injuries among older adults. The Centers for Disease Control reported that falls were the number one reason adults over the age of 45 visit the emergency room. Fractured ankles and broken hips are some of the most common injuries from slipping on snow or ice.

To avoid winter falls:

- Wear the right footwear. Shoes with rubber soles and good tread provide better traction than leather or plastic soles
- When walking on slippery surfaces, bend your body slightly forward and take shorter strides
- Allow extra time to get to your destination. Avoid rushing or taking shortcuts across slippery areas
- Use clear pathways that have been treated with sand or salt
- Make sure your footing is solid when getting into or out of a car



Concerned about falling in your home?

If you're concerned about falling in your home, remember your plan has a \$0 copay for an in-home safety assessment. If your doctor or Care Manager recommends it, a nurse employed by Lifeplans will come to your home to assess your risk of falling*.

Should you have a Bone Mineral Density (BMD) test?

If you have had a recent fracture, experts highly recommend that you have a BMD test if you haven't had one within the past two years. Doing so helps determine if you have a future risk for fractures or osteoporosis. Talk to your doctor. A BMD test is offered at no charge to you.

**This assessment evaluates your risk of falling. It is not a safety inspection of your home.*

3

Get your flu shot

Flu shots are important to reducing your risk of illness and stopping the spread of the flu virus. The best way to prevent the flu is to get a vaccine each season, preferably early in the flu season. Experts recommend that everyone age six months and older get a flu shot each year. Adults older than 65 are especially at risk for serious complications if they get the flu. Even among healthy older people, the flu can result in heart attacks, strokes, pneumonia, and other serious illnesses.

It's covered

The flu vaccine is available at no charge to you. As a Tufts Medicare Preferred HMO member, you are covered for a flu shot each year with no out-of-pocket cost.

Where can you get a flu shot?

You can get a flu shot at your doctor's office. If your doctor is unable to schedule you for a flu shot before the end of the year, we will cover flu vaccines given at certain retail clinics including Massachusetts CVS pharmacy locations and MinuteClinics within CVS pharmacy. There is no charge at these locations when you show your member ID card, and you don't need an appointment. For location information go to CVS.com or call Customer Relations. If you get a flu shot from a clinic, make sure you let your doctor's office know so it can be noted in your medical record. For information on other clinics, go to www.mylocalclinic.com or call Customer Relations.

4

Avoid the winter blahs

With shorter days, fewer hours of daylight, and colder temperatures it is common to occasionally feel down in the winter. But if you experience a feeling of sadness that lasts for more than a week or two, it could be Seasonal Affective Disorder (SAD), a form of depression that cycles with the seasons. The symptoms are similar to depression, including loss of energy, and an increased feeling of lethargy and tiredness. However, SAD only occurs during certain times of the year. For people with SAD, the reduced amount of daylight causes hormonal changes that lead to depressive symptoms. Here are some things you can do to prevent or reduce the effect of SAD:

- **Go outside**—If conditions allow it, try and go outside for a few minutes of daylight every day. If you are unable to get outside regularly, using a light box (a lamp that gives off light similar to natural sunlight) may help.
- **Get enough Vitamin D**—Sunlight is the best source of vitamin D but it can also be obtained from certain foods such as salmon, tuna, milk, egg yolks, and fortified cereals. Vitamin D can also help with bone health, cancer prevention, and diabetes prevention.
- **Stay active**—Staying active by exercising, socializing, and doing things you enjoy is the best way to beat the blues in any season. Taking a short walk each day is an easy way to improve your mood. Visiting your local Senior Center is a great way to stay connected and find activities that interest you.
- **Talk to your doctor**—If you are concerned about depression, talk to your doctor. Your plan has a \$0 copay for one depression screening each year. Your doctor can check for signs and symptoms of depression by talking to you about your mood and lifestyle.





Five Stars *for* Customer Service

Tufts Medicare Preferred HMO plans received 4.5 out of 5 stars* for 2015! As part of this rating we also received 5 stars (the highest possible rating) for Customer Service. We're honored to receive such a high rating for Customer Service. We look forward to continuing to provide service that is professional, knowledgeable, courteous, and respectful.

Have questions about your plan?

Call us! We understand how your plans works and can answer your questions about your prescription drugs, a bill you received, your benefits, other types of plans we offer, changing your doctor, requesting a new ID card, signing up for eDelivery, and much more!

Call us: 1-800-701-9000 (TTY 1-800-208-9562)

Mon. – Fri. 8:00 a.m. – 8:00 p.m. (From Oct. 1 – Feb. 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 on the next business day.

**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.*



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, Member since 2007

Working with Providers to Improve Quality!

Quality is important to us and the providers in our network. We are always looking for ways to improve your experience with Tufts Health Plan Medicare Preferred. Our Quality Innovation Award was created to recognize providers for improving health care quality through innovation, collaboration, and programs that assist you. The 2014 Quality Innovation Award recipients are New England Inpatient Specialists, Partners HealthCare, and Signature Healthcare. Congratulations to the winners and thank you to all the providers in our network for constantly working to improve your medical care experience.



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.

© 2014. Printed in U.S.A.  Printed on Recyclable Paper 543M

Get Ready *for* 2015!



Take advantage of new memory fitness activities

...

Stay fit with new weight management discount

...

Easy-to-use 2015 benefit chart

...

4 Ways to stay healthy this winter

...

Your plan is rated one of the best

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, and copayments/coinsurance may change on January 1 of each year.