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Wellness Guide

Tufts Health Plan Medicare Advantage HMO and PPO plans
2025

Staying Healthy in 2025

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Use your Wellness Guide to stay healthy!

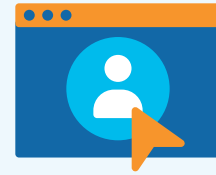
As your health plan, we want to make it as easy as possible to get the care you need.

From preventive health, to managing existing conditions, to maintaining your physical and mental health, your Wellness Guide shows you how to use your Tufts Health Plan Medicare Advantage plan to stay healthy in 2025. Refer to it throughout the year for health tips, benefit information, and details on extra discounts.

Your satisfaction with your plan is important to us. If you have any questions or need additional information, visit our website or contact our Member Services team at the numbers provided below.

We're here to help you get the most out of your plan.

Benefit information described in this issue is for Tufts Medicare Advantage HMO and PPO 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 Member Services with any questions regarding plan benefits.



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Whether you're looking for information about medical benefits, drug coverage, choosing a doctor, or finding the right form or document, get the answers you need on our website.

 thpmp.org/member

Email us: TuftsHealthPlanMemberExperience@point32health.org

Or call Member Services:

HMO members: **1-800-701-9000 (TTY: 711)**

PPO members: **1-866-623-0172 (TTY: 711)**



Share with a friend!

Help your friends stay healthy!

Share your copy of the Wellness Guide with a friend or loved one, or view online at thpmp.org/2025-wellness-guide.

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How to Keep Bones Healthy As You Age

Eat calcium-rich foods

Calcium makes up much of the structure of your bones and teeth, and a deficiency can reduce bone strength and lead to osteoporosis. Good sources of calcium include low-fat dairy, leafy green vegetables (like kale, broccoli, and Chinese cabbage), canned sardines and salmon with bones, and fortified juices, milk, grains, and tofu.

Get your vitamin D

Adequate levels of vitamin D help the body absorb calcium, but your ability to synthesize vitamin D declines with age. Food sources of vitamin D include fatty fish, fish liver oils, fortified dairy products, and fortified cereals. If you are at risk for a vitamin D deficiency, talk to your doctor about supplementing.

Eat enough protein

A healthy diet includes protein from seafood, lean meats and poultry, eggs, beans and peas, nuts, seeds, and soy products.

Exercise

Weight-bearing exercise—strength training, walking, climbing stairs, tennis, etc.—can help build and strengthen your bones. Yoga and tai chi can help improve your balance and prevent falls.

Stop smoking and cut down on alcohol

Smoking and heavy use of alcohol each increase your risk of weakened bones.

Check your medicines

Certain medications can make bones weaker. Talk to your doctor about what you can do to help protect your bones.

How Your Plan Helps

\$0 copay for osteoporosis screening

If you are at risk of osteoporosis, you are covered for the following bone mass measurement tests every 24 months (or more frequently if necessary):

- Identifying bone mass
- Detecting bone loss
- Determining bone quality

(Access PPO members pay 45% coinsurance out of network.)

Use your OTC benefit (Saver Rx, Smart Saver Rx, and Access PPO plan members only)

Saver Rx, Smart Saver Rx, and Access PPO plan members

can use their OTC benefit of \$160 (Saver Rx members), \$140 (Smart Saver Rx members), and \$130 (Access PPO members) per calendar quarter, respectively, towards vitamins such as vitamin D, and calcium chews. Visit thpmp.org/mybenefitscenter or Walmart.com to place an order with your OTC card (HMO) or Visa® Flex Advantage spending card (PPO).¹ Or swipe your card at participating physical retailers including CVS, Walmart, Walgreens, Dollar General, Rite Aid, Stop & Shop, and more.

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

Osteoporosis and fractures

Osteoporosis is a bone disease that occurs when the body loses too much bone, makes too little bone, or both. As a result, bones become brittle and are more prone to fracture.

The good news is osteoporosis is treatable. Besides calcium, vitamin D, and lifestyle changes, there are new medications that can reduce the chance of a fracture. It's important to see your doctor as soon as possible after having a fracture to assess the need for a bone mineral density scan or medication. If you have a fracture from osteoporosis, you are 20 times more likely to have another.

Osteoporosis generally doesn't have any symptoms until a fracture occurs. But some warning signs to discuss with your doctor include bones that break easily, height loss or stooping, and unexplained bone or joint pain.

Your Care Management team can help!

You have access to a Care Management team that can help you manage osteoporosis. For more information about working with this team, see page 28 of this guide or call Member Services.



Where to get care?

When to see your doctor

When you or a loved one is sick or injured, you may be unsure where to go for care.

The facility best equipped to care for your medical situation depends on the severity of your condition.

In non-emergency situations NOT requiring immediate care

In these cases, your primary care provider (PCP) or health care provider can diagnose and treat illnesses and injuries, and answer any general questions you have about your health. Seeing your PCP or health care provider usually requires making an appointment in advance.

Your PCP or health care provider typically sees patients Monday through Friday during regular business hours. Outside of regular business hours, you can call your PCP or health care provider and the on-call physician will help you.

How Your Plan Helps

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. Our service area is the state of Massachusetts except for Berkshire, Franklin, Dukes, and Nantucket Counties (Access PPO is also not offered in Barnstable County). Our plan cannot cover a prescription drug purchased outside of the United States and its territories.

If you receive emergency or urgent care outside our service area, you may need to pay out of pocket. Simply save your receipts and call Member Services for reimbursement details.²



When to visit urgent care

In non-emergency situations requiring immediate care

Urgent care centers provide medical care for non-life threatening illnesses and injuries that require immediate care (treatment within 24 hours). Urgent care centers typically see patients on a walk-in basis, meaning you do not need to make an appointment. They are usually open during and after regular business hours, on weekends, and during holidays, but not usually overnight.

Here are some conditions that urgent care centers are equipped to treat:

- Sprains and strains
- Fevers
- Sinus infections
- Ear infections
- Non-life threatening allergic reactions
- Minor cuts and burns
- Rashes
- Non-severe headaches
- Urinary tract infections (UTIs)

If you require urgent care, start by calling your PCP or health care provider. If you are unable to see your PCP or health care provider, you are covered for urgent care provided by another doctor in or outside of our network (you do not need a referral for urgent care). Many practices have a built-in urgent care capacity or affiliated urgent care clinic that has access to your medical records.

Typically, urgent care visits cost less than emergency room visits, and you can usually be seen more quickly.

When to go to the emergency room

In emergency situations

If you believe your health is in serious danger, call 911 or go to your nearest emergency room. Emergency rooms treat serious illness and injuries, including:

- Heart attack/ chest pain
- Trouble breathing
- Stroke or sudden paralysis
- Loss of consciousness
- Uncontrolled bleeding
- Broken bones
- Large wounds
- Head injuries
- Severe burns
- Poisoning
- Seizures
- Mental health emergencies
- Car accident injuries

You do not need to get approval or a referral from your PCP or health care provider if you have a medical emergency. You are covered anywhere in the world for emergency or urgent care.



4 things to ask your doctor at your next checkup



Seeing your doctor each year for a physical exam makes it easier to spot problems earlier, maintain a healthy lifestyle, and ensure your medications are up to date. In addition to any concerns you have, make sure to discuss these 4 topics that are especially relevant as you age.

Use your Doctor Visit Book!

Bring your Doctor Visit Book to your next appointment to remember your questions and review your medications.



1

Ask about physical activity

Ask your doctor if you need to increase your activity. If so, ask which types of activities are safe for you.

2

Discuss any bladder control problems

Bladder control issues are common for both men and women, but most are treatable.

3

Tell your doctor about any falls

If you have fallen since your last appointment, make sure to tell your doctor. You may need to adjust your medication or do simple exercises to prevent future falls.

4

Review your medications

Bring your medications or a list of your medications to your appointment so your doctor can make sure your prescriptions are safe, current, and still necessary.

Your two \$0 annual checkups

Tufts Health Plan makes it easy to see your doctor each year by covering you for both a physical exam and an Annual Wellness Visit. These checkups cover different aspects of your health but are equally important. Having both each year is recommended, and they can be done at the same visit. Just ask to schedule them together when you make your appointment.

1



Annual Wellness Visit

At an Annual Wellness Visit, your primary care provider (PCP) or health care provider and staff will review your health status in depth and spend time learning about your lifestyle, daily activities, nutrition, and any stress you may have.

2



Annual Physical

At an annual physical, your PCP or health care provider will do a thorough check of your physical health including checking your vital signs, examining your head, neck, and lungs, and reviewing all of your medications.

The advantage of a primary care provider

A primary care provider (PCP) is a doctor, nurse practitioner, clinical nurse specialist, or physician assistant who provides, coordinates, and helps you access a range of health care services. Having your annual physical and Annual Wellness Visit with a PCP is good for your health! A PCP uses these checkups to assess your overall health, review preventive screenings, make recommendations, and help you stay healthy. Plus, a PCP can help you avoid unnecessary expenses such as duplicate tests and can develop a personalized plan to support your needs and goals.



How Your Plan Helps

\$0 annual physical

You pay \$0 for a physical exam with your primary care provider or health care provider once every calendar year.

\$0 Annual Wellness Visit

You pay \$0 for an Annual Wellness Visit with your primary care provider or health care provider once every calendar year.

Use your Doctor Visit Book

The enclosed Doctor Visit Book makes it easy to list all your questions for your doctor, list your medications, and write down any important information discussed at your visit. Make sure to take it with you to your next appointment!

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

Antihistamines and your risk of falling

Antihistamines are a common over-the-counter (OTC) drug used to fight allergies, coughs, and colds. They can also be found in sleep aids and pain relievers.

Though these medications are helpful, some can increase your risk of falls and fractures as you get older.

Why certain antihistamines increase your fall risk

Because of the way they work, first-generation H1 antihistamines can cause drowsiness and other side effects that can lead to falls and fractures.

- **H1 antihistamines** block the H1 histamine receptors. When triggered by an allergen, these receptors are what produce allergy and anaphylaxis symptoms.
- **First-generation antihistamines** are a category of H1 antihistamines. Compared to second-generation antihistamines, they can more easily cross the blood-brain barrier into your central nervous system, causing drowsiness.

Medications that contain these antihistamines

First-generation H1 antihistamine medications include:

- Brompheniramine (BroveX CT)
- Chlorpheniramine (Ahist, Aller-Chlor, and Chlor-Trimeton)
- Clemastine (Dayhist and Tavist Allergy)
- Cyproheptadine (Periactin)
- Dimenhydrinate (Dramamine)
- Diphenhydramine (Alka-Seltzer Plus Allergy, Benadryl, Nytol, Sominex, and Vicks ZzzQuil Nighttime Sleep-Aid)
- Doxylamine (Unisom, Vicks NyQuil, and Tylenol Cold and Cough Nighttime)
- Hydroxyzine (Atarax, Rezine, and Vistaril)

Other side effects

According to the American Academy of Allergy, Asthma & Immunology, additional side effects of first-generation H1 antihistamines in older adults include:

- Anxiety
- Confusion
- Sedation
- Blurred vision
- Reduced mental alertness
- Reduced urinary retention
- Constipation

What to do if you're concerned about falling

Falling is a big concern for older adults. More than one in four older adults fall each year, according to the Centers for Disease Control and Prevention.

Falls can lead to injuries, hospitalization, and even death. Even if you are not injured, falling can reduce your independence by making you afraid of falling again. This can lead you to withdraw from everyday activities.

It's important to tell your doctor if you have fallen, even if you are not injured. Your doctor can review the side effects of your medications and help you implement strategies to reduce your risk of falling.

Talk to your doctor about alternatives

Second-generation H1 antihistamines have fewer side effects than first-generation H1s, and your doctor may recommend that you switch to one of these non-drowsy allergy medications:

- Azelastine (Optivar, Astelin, and Astepro)
- Cetirizine (Zyrtec)
- Desloratadine (Clarinex)
- Fexofenadine (Allegra)
- Loratadine (Claritin)

Keep in mind that all medications have side effects, and you should talk to your doctor before starting a new medication.



What to Do if You Fall

Get immediate medical attention.

Even if you do not have an obvious injury, seek immediate medical attention if you have any loss of consciousness or any sign of confusion after falling.

Notify your primary care physician (PCP) or health care provider

Even if you have no injury, make an appointment with your PCP or health care provider. Your fall could be related to a medical problem, and a falls evaluation will be needed to find the cause and help prevent another fall.

How Your Plan Helps

\$0 copay for an in-home safety assessment

If your doctor or Care Management team recommends it, you may be eligible for an in-home safety assessment to evaluate your risk of falling. (Access PPO members pay 50% coinsurance out of network.)³

Up to \$300 for fitness classes

Activities such as tai chi are especially good at helping you improve your strength to reduce your risk of falling. With your Wellness Allowance benefit, you can get reimbursed up to \$300⁴ for fitness classes such as tai chi. You can also use your Wellness Allowance benefit for pool-based classes and pool facilities.

You're covered for routine eye exams

Poor vision can increase your chances of falling. Your plan covers you for a routine eye exam once every calendar year. You pay \$15 for one annual routine eye exam. (Access PPO members pay \$0 in network/\$40 out of network.)

You're covered for equipment that can help prevent falls

If you have fallen recently or are concerned about falling, your doctor may prescribe certain durable medical equipment, such as wheelchairs, walkers, crutches, or bathroom grab bars to help prevent falls. Your coinsurance varies depending on the plan you are in.

Get up to \$250 for eyewear

Good vision is an important part of preventing falls. Get up to \$150 (\$250 for Saver, Smart Saver, and Access PPO members) toward the full retail price (not sale price) for eyeglasses (lenses, frames, or a combination) and/or contact lenses from a provider in the EyeMed Vision Care network or up to \$90 (\$150 for Saver and Smart Saver members; \$250 for Access PPO members) from a provider not in the EyeMed network. (Discounts cannot be combined. Access PPO plan members do not have an EyeMed participating provider requirement.) For details, go to thpmp.org/eyewear-benefit.

Use your OTC benefit (Saver Rx, Smart Saver Rx, and Access PPO plan members only)

Saver Rx, Smart Saver Rx, and Access PPO plan members can use their OTC benefit of \$160 (Saver Rx members), \$140 (Smart Saver Rx members), and \$130 (Access PPO members) per calendar quarter towards fall prevention items such as grab bars and safety benches. Visit thpmp.org/mybenefitscenter or [Walmart.com](https://www.walmart.com) to place an order with your OTC card (HMO) or Visa® Flex Advantage spending card (PPO).¹ Or swipe your card at participating physical retailers including CVS, Walmart, Walgreens, Dollar General, Rite Aid, Stop & Shop, and more.

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

Screenings can save your life



Preventive health screenings check for illness or disease before you have signs or feel sick. Talk to your doctor if you have questions or concerns about when to seek treatment. By getting the screenings you need, your doctor is more likely to find diseases

earlier when they are easier to treat. This chart lists covered screenings. It is not a recommendation for how often to have a screening. Please talk to your doctor about what screenings are right for you.

Screening	Description	Coverage	Copay (HMO)	Copay (PPO in-network)	Copay (PPO out-of-network)
Physical exam	A checkup given by your doctor to help you stay healthy and identify any health issues before they become serious.	Once every calendar year.	\$0 ⁵	\$0 ⁵	\$0
Wellness Visit	A checkup given by your doctor to review your health status, lifestyle, daily activities, nutrition, and any stress you may have.	Once every calendar year.	\$0 ⁵	\$0 ⁵	\$0
Cancer Screenings					
Breast cancer	A breast exam and mammogram (type of X-ray) to check for signs of breast cancer.	One mammogram every 12 months—clinical breast exam once every 24 months.	\$0	\$0	45% coinsurance
Cervical cancer	Pap test and pelvic exam to check for cervical, vaginal, and ovarian cancers.	Once every 24 months, or every 12 months if at high risk.	\$0	\$0	\$0
Colorectal cancer	Tests to find colorectal cancer early and determine, based on risk, what treatment may work best.	Colonoscopy screening once every 24 months if at high risk, once every 10 years if not at high risk.	\$0	\$0	45% coinsurance
Prostate cancer	Prostate screening by digital rectal exam and Prostate Specific Antigen (PSA) test.	Once every 12 months.	\$0	\$0	\$0

Please note: Benefit information may be different if you receive your benefits from a current or former employer. For complete benefit details, see your Evidence of Coverage (EOC) booklet at thmp.org/documents.

Screening	Description	Coverage	Copay (HMO)	Copay (PPO in-network)	Copay (PPO out-of-network)
Immunizations					
Flu shot	A shot to help prevent the flu (you need a flu shot for the current virus each year).	Once per flu season (fall or winter).	\$0	\$0	\$0
Hepatitis B	A shot to prevent Hepatitis B.	As medically necessary.	\$0	\$0	\$0
Pneumonia	A shot to prevent pneumonia.	As medically necessary.	\$0	\$0	\$0
COVID-19	A shot to prevent COVID-19.	As medically necessary per CDC guidelines.	\$0	\$0	\$0
Sensory Screenings					
Glaucoma	Test to find glaucoma, a condition that causes gradual loss of sight without warning and often without symptoms.	Once every calendar year if you are at high risk for glaucoma.	\$0	\$0	\$40 per visit
Routine hearing exam	Test to determine hearing ability.	Once every calendar year.	\$0	\$0	\$40 per visit
Routine vision exam	Test to determine sight.	Once every calendar year.	\$15	\$0	\$40 per visit
Other Screenings					
Abdominal aortic aneurysms	Ultrasound exam.	Once per lifetime if at risk.	\$0	\$0	45% coinsurance
Cardiovascular disease testing	Blood tests for the detection of cardiovascular disease.	Once every 5 years.	\$0	\$0	\$0
Depression	Test to determine risk of depression.	Once every calendar year.	\$0	\$0	\$0
Diabetes	Blood tests to see if you are at risk for diabetes.	Based on test results, up to 2 screenings every 12 months.	\$0	\$0	\$0
HIV	Test to check for human immunodeficiency virus (HIV).	Once every 12 months.	\$0	\$0	45% coinsurance
Osteoporosis	Bone mass measurement tests (such as a DEXA scan) to see if you are at risk for broken bones.	If at risk, once every 24 months or more often if medically necessary.	\$0	\$0	45% coinsurance
STIs	Test to check for sexually transmitted infections (STIs).	Once every 12 months, or more often if medically necessary.	\$0	\$0	\$0

HOW MUCH PHYSICAL ACTIVITY DO YOU NEED?



Staying physically active is one of the best ways to stay healthy—and it's never too late to start. In most cases, you have more to lose by not doing anything. **Staying active can help you:**



Improve your strength so you can stay independent



Increase your energy level



Improve your balance to help prevent falls



Prevent or delay some diseases like heart disease, diabetes, breast and colon cancer, and osteoporosis



Perk up your mood and reduce depression

What counts as exercise?

Depending on your age and ability, "exercise" can mean many different activities: walking, cycling, working around the house, gardening, climbing stairs, getting in and out of a chair without assistance, lifting weights, stretching to help maintain flexibility, and more.

What is the right amount of exercise?

Generally, 30 minutes of physical activity a day is recommended, but it's a good idea to talk to your doctor before starting a new physical activity program. Your doctor can recommend activities that are appropriate for your individual needs.

Choose the activity that's right for you

Exercise is not one-size-fits all. It's important to match your activity to your needs and abilities. Some can swim a mile easily. For others, a short walk or stretching while seated is a good start. Find an activity that you enjoy doing and work it into your daily routine. Then, you can increase your level of activity over time.



Walking works

Walking may not be the first thing that comes to mind when it comes to exercise, but it has many benefits:

- Strengthens muscles
- Helps prevent weight gain
- Lowers risks of heart disease, stroke, diabetes, and osteoporosis
- Improves balance
- Lowers the likelihood of falling

Walk and talk

Ask a friend to join you or see if your local senior center offers walking programs.

Don't let a cane or walker stop you

It's okay to use your cane or walker if you already have one. These can improve your balance and help take the load off painful joints.

How Your Plan Helps

Get up to \$300 to join a gym or fitness class!

Use your Wellness Allowance to get up to \$300⁴ for fees you pay for membership in a qualified health club, fitness class (such as yoga, Pilates, tai chi, or aerobics), pool-based classes and pool facilities, wellness programs, plus many more!


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

Practice yoga in your home


With your Preferred Extras discount, you can access live, online yoga and meditation classes led by an instructor from the comfort and privacy of your own home. Sign up for Ompractice for \$14.99 per month or \$129.00 for an annual subscription (40% off the regular monthly subscription rate). For details, visit ompractice.com/thmp.

Use your OTC benefit (Saver Rx, Smart Saver Rx, and Access PPO plan members only)

Saver Rx, Smart Saver Rx, and Access PPO plan members can use their OTC benefit of \$160 (Saver Rx members), \$140 (Smart Saver Rx members), and \$130 (Access PPO members) per calendar quarter towards resistance bands. Visit thmp.org/mybenefitscenter or Walmart.com to place an order with your OTC card (HMO) or Visa® Flex Advantage spending card (PPO).¹ Or swipe your card at participating physical retailers including CVS, Walmart, Walgreens, Dollar General, Rite Aid, Stop & Shop, and more.



It's important
to stay connected



Even if you don't feel lonely, social relationships
are important to your overall health.

Friendships offer numerous mental health benefits, such as increased feelings of belonging, purpose, happiness, and confidence. Consider getting in touch with a friend or family member you haven't spoken to in a while or reach out to someone you'd like to get to know.





Make the call

Sometimes a phone call is all it takes to make you or someone you care about feel more connected. Make an effort to call friends and family members regularly. Once you make the initial outreach, you may be pleasantly surprised when they return the favor and unexpectedly brighten your day.



Visit virtually

Try having a virtual dinner with someone, watching a TV show together virtually, or starting a book club or other social group that meets regularly over video to discuss common interests. Facial cues and body language are important when connecting with others.



Keep your spirits up


In addition to communicating regularly, there are steps you can take to help improve your mood such as developing a routine to help your days feel organized and productive, getting fresh air and sunlight each day (30 minutes of daily physical activity can make a big difference), maintaining sobriety (alcohol is a depressant), and getting 7-9 hours of sleep each night.



Signs to watch for


Periods of sadness or hopelessness that last for a long time may be signs of depression. Depression can lead to or worsen existing health or emotional difficulties. It can also cause people to withdraw from important sources of emotional support, like friends and family. As with many illnesses, getting an evaluation and treatment as early as possible is important. Talking to your doctor can help put you on the road to recovery. It's important to remember that depression isn't an inevitable part of getting older.

11 MENTAL HEALTH SIGNS TO WATCH FOR

1. Feeling  irritable or angry

2. Tiredness or lack of energy

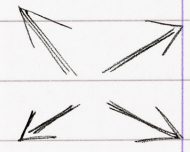
7. Increased use of substances to feel better or numb emotions

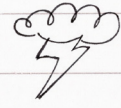
 3. Loss of interest in everyday activities

8. Sleep disturbance (problems falling asleep, getting out of bed, or waking up too early)

4. Avoiding social activities

5. Rarely feeling calm or peaceful

9. Problems concentrating 

6. Feeling worse emotionally than you did a year ago 

10. Poor appetite

11. Suicidal thoughts



How Your Plan Helps

\$0 copay for a depression screening

You are covered for a depression screening once every calendar year. A screening generally consists of your doctor asking questions about your mood and lifestyle. If you have concerns about visiting your doctor's office, ask if the screening can be done by using telehealth.

Stay active with your Wellness Allowance benefit

Staying active can boost your mood and energy level. Get up to \$300⁴ each year for fees you pay for membership in a qualified health club, fitness class (such as yoga, Pilates, tai chi, or aerobics), pool-based classes and pool facilities, wellness programs, plus many more! Many facilities now offer online classes and workout options. You can also use your Wellness Allowance toward the Healthy IDEAS (Identifying Depression & Empowering Activities for Seniors) program. Healthy IDEAS ensures older adults get the help they need to manage symptoms of depression and live full lives. For details, go to healthyideasprograms.org.

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

Talk to a Behavioral Health Care Manager

If you have questions about changes in your mood or are caring for someone who may have symptoms of depression or other

mental health concerns, you can speak directly with a Tufts Health Plan Behavioral Health Care Manager.

The Behavioral Health Care Management program can help you:

- Develop an understanding of a depression diagnosis
- Learn strategies for symptom management
- Identify new ways to manage the stress of aging
- Learn how to navigate the health care system when you need behavioral health services

To speak to a Behavioral Health Care Manager, call Member Services.

Take advantage of AbleTo

AbleTo provides access to virtual mental health programs that can help you manage depression, stress, anxiety, and more. AbleTo now offers Self Care, a digital program to help improve everyday well-being. Self Care is offered at no additional charge and can be easily accessed using your member identification number. To get started, visit member.AbleTo.com/tuftshealthplan or call AbleTo at **1-833-522-5386** (representatives are available 9 a.m.–8 p.m., Monday to Friday).

Note: AbleTo is covered through your outpatient mental health benefits, and outpatient mental health copays will apply to each weekly therapy session.



Alzheimer's Disease

Alzheimer's disease affects the parts of the brain involved in memory, problem-solving, judgment, language, and behavior. Over time, people with Alzheimer's lose the ability to carry out simple tasks of daily living such as eating, dressing, or bathing.

Prevention

Currently there is no cure for Alzheimer's, but treatment and medication closely monitored by a physician can slow the progression and help manage symptoms in some people. Maintaining a regular routine, eating healthy, getting physical and mental exercise, and participating in social activities have also been found to help.

Talking to your doctor

While it's common to experience some changes in memory as you age, if you or a loved one are experiencing changes in memory, thinking, or behavior that seem concerning or disrupt daily life, speak with your doctor as soon as possible. Treatments may be more effective if Alzheimer's is diagnosed at an early stage.

When talking with your doctor about changes in memory, list any symptoms and how often they occur, list all medications you are taking, including those sold over the counter, and it may be helpful to have a family member or friend with you who can help provide any needed information.

For more information

For more information about diagnosis, treatment, caring for someone with dementia, or any other questions related to memory loss, call the Alzheimer's Association 24/7 Helpline at **1-800-272-3900**, or visit **alz.org/manh**. You can also access a Tufts Health Plan Dementia Care Consultant for questions or concerns.

When it comes to memory, what is a concern?

As you age, it is normal to experience some memory loss. Occasionally forgetting a name or where you put your car keys is part of getting older, but some changes may signal something more serious.

Normal signs of aging	Signs to talk to your doctor about
Sometimes forgetting names but remembering them later	→ Memory loss that disrupts daily life
Making occasional errors when balancing a checkbook	→ Challenges in planning, solving problems, keeping track of bills, or trouble with numbers
Occasionally needing help to perform everyday tasks	→ Difficulty completing familiar tasks such as bathing, shaving, or cooking dinner
Getting confused about the day of the week but figuring it out later	→ Confusion with time or place
Vision changes related to cataracts	→ Trouble understanding visual images and spatial relationships leading to difficulty with driving
Sometimes having trouble finding the right word	→ New language problems such as forgetting basic words, asking the same questions, and repeating stories
Occasionally misplacing things like a pair of glasses	→ Misplacing things and losing the ability to retrace steps
Making a bad decision once in a while	→ Decreased or poor judgment, such as giving away large amounts of money or paying less attention to bathing and dressing
Sometimes feeling wary of social obligations	→ Withdrawal from social activities
Becoming irritable when a routine is disrupted	→ Changes in mood or personality, such as sudden mood swings, outbursts of anger or crying

How Your Plan Helps

Talk to a Dementia Care Consultant

If you have questions about your own memory or are caring for someone with memory loss, speak directly with a Tufts Health Plan Dementia Care Consultant. This program can help you:

- Navigate the health care system when you have a concern about your own or a loved one's memory
- Develop an understanding of a dementia diagnosis
- Learn strategies for symptom management and communication
- Plan for future needs
- Identify new ways to manage the stress of caregiving
- Maximize the safety and independence of a loved one, including concerns about driving and wandering
- Make decisions about introducing or changing care
- Discuss safety issues
- Connect you with support in your community
- Help with issues related to guardianship and health care proxy

For more information or to speak to a Dementia Care Consultant, call **1-857-304-8187 (TTY: 711)**.



Diabetes: know your risk.



Without enough insulin, glucose stays in your blood, which leads to high blood sugar and diabetes. Uncontrolled diabetes can lead to heart disease, kidney problems, stroke, blindness, nerve damage, and circulation problems with infections of the feet.

Symptoms

Symptoms of diabetes include:

- Frequent urination, often at night
- Excessive thirst
- Unexplained weight loss
- Extreme hunger
- Blurry vision
- Numbness or tingling in hands or feet
- Fatigue
- Dry skin
- Sores that heal slowly
- More infections than usual

Often there are no symptoms of early diabetes, but risk factors include being overweight, inactivity, and a family history of diabetes.

Prevention

A healthy lifestyle can help prevent or delay diabetes. Maintain a healthy weight, make and eat healthy food, be active on most days (30 minutes per day, 5 days a week), learn to manage your stress, and go to your checkups.

Treatment

Early diagnosis and treatment can prevent serious health problems later on. If you have diabetes, your doctor can determine how well your sugar is controlled by doing an A1-C blood test, which shows your blood sugar level over the past 2-3 months.

Someone without diabetes will generally have an A1-C under 5.7%. The goal for most adults with diabetes is an A1-C less than 7%, but this may be higher for some individuals.

Treatment may include taking oral pills and/or insulin, monitoring your blood sugar levels, and making lifestyle changes (such as diet and exercise).



Diabetes is a condition in which your body can't make or can't properly use insulin, the hormone that helps regulate blood sugar levels. When you eat, your body breaks food down into sugar (glucose), and insulin moves the glucose into your cells to be used as energy.

Testing for health risks connected to diabetes

Your doctor may request certain tests to screen for health problems related to diabetes:

- **Testing for kidney disease**—Urine and blood tests may be recommended at least once a year to check for early signs of kidney disease.
- **Checking cholesterol levels**—The combination of high cholesterol and diabetes increases the risk for heart disease, stroke, and circulation problems. Even with “good” cholesterol levels, your doctor may recommend taking statins to decrease your risk of circulation problems.
- **Regular eye exams**—You may have no warning signs that changes related to diabetes are occurring. The back of your eye (retina) should be checked for early signs of circulation problems that can lead to blindness. Early detection can help prevent loss of vision.

How Your Plan Helps

\$0 copay for diabetes screening

If you have certain risk factors, you are covered for a diabetes screening. Based on the screening results, you may be eligible for up to two diabetes screenings every 12 months.

\$0 copay for diabetes supplies

If you have diabetes, you are covered for blood glucose test strips,⁶ blood glucose monitors,⁶ lancet devices and lancets, and therapeutic custom-molded shoes (including inserts provided with such shoes).

\$0 copay for diabetes prevention program

The Medicare Diabetes Prevention Program provides education on living a healthy lifestyle in order to prevent the progression of diabetes. (Access PPO members pay 45% coinsurance out of network.)

Coverage for routine eye exams

Regular eye exams can help prevent loss of vision due to diabetes. Your plan covers you for a routine eye exam once every calendar year. You pay \$15 for one annual routine eye exam. (Access PPO members pay \$0 in network/\$40 out of network.)

Use your Wellness Allowance

Get up to \$300⁴ towards fees for the Diabetes Workshop program with your Wellness Allowance benefit. Find more details at thpmp.org/wellness-allowance. You can also use your Wellness Allowance benefit for pool-based classes and pool facilities.

Use your OTC benefit (Saver Rx, Smart Saver Rx, and Access PPO plan members only)

Saver Rx, Smart Saver Rx, and Access PPO plan members can use their OTC benefit of \$160 (Saver Rx members), \$140 (Smart Saver Rx members), and \$130 (Access PPO members) per calendar quarter towards diabetes care items such as diabetes socks, glucose tablets, and sharps containers. Visit thpmp.org/mybenefitscenter or Walmart.com to place an order with your OTC card (HMO) or Visa® Flex Advantage spending card (PPO).¹ Or swipe your card at participating physical retailers including CVS, Walmart, Walgreens, Dollar General, Rite Aid, Stop & Shop, and more.






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



Experiencing bladder control issues or “urinary incontinence” is common with age but isn’t an inevitable consequence of aging. Urinary incontinence can often be cured or controlled.

If you are having difficulty controlling your bladder, the first step is to talk to your doctor. Urinary incontinence can negatively impact your life if it causes you to limit activities or social interactions. It can also increase the risk of falls if you need to rush to the toilet regularly.

In addition to talking to your doctor, these steps can help:

-  Maintain a healthy weight
-  Practice pelvic floor exercises (squeezing then relaxing your pelvic muscles)
-  Avoid bladder irritants, such as caffeine, alcohol, and acidic foods
-  Eat more fiber, which can prevent constipation, a cause of urinary incontinence
-  Don’t smoke, or seek help to quit if you’re a smoker

How Your Plan Helps

\$0 annual physical

Your annual physical is the perfect time to discuss any concerns you have about bladder control with your doctor. You pay \$0 for a physical exam with your primary care physician once every calendar year. If you receive services that address a medical condition during the same office visit, you pay a primary care physician office visit copay.

Use your OTC benefit (Saver Rx, Smart Saver Rx, and Access PPO plan members only)

Saver Rx, Smart Saver Rx, and Access PPO plan members can use their OTC benefit of \$160 (Saver Rx members), \$140 (Smart Saver Rx members), and \$130 (Access PPO members) per calendar quarter towards incontinence supplies. Visit thpmp.org/mybenefitscenter or Walmart.com to place an order with your OTC card (HMO) or Visa® Flex Advantage spending card (PPO).¹ Or swipe your card at participating physical retailers including CVS, Walmart, Walgreens, Dollar General, Rite Aid, Stop & Shop, and more.

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

Protecting against high blood pressure

High blood pressure, also called hypertension, is higher-than-normal blood pressure, which can damage your heart and put you at risk for stroke, kidney disease, vision loss, and heart disease.

Causes of high blood pressure

High blood pressure typically develops over time, often as a result of unhealthy lifestyle choices, such as not exercising regularly. Certain health conditions, including diabetes, can increase your risk for developing high blood pressure.

Prevention

Talk to your doctor about making lifestyle changes to address your risk factors. Eating a low-salt diet, exercising regularly (30 minutes a day, 5 days a week), managing stress, not smoking, and limiting alcohol can make a difference.

Checking your blood pressure

Blood pressure is measured by two numbers. The top number (systolic) measures the pressure in your arteries during the contraction of your heart. The bottom number (diastolic) measures your blood pressure between heart beats. Have your blood pressure checked at least once a year.



Normal	systolic: less than 120 mm Hg diastolic: less than 80 mm Hg
At risk (prehypertension)	systolic: 120-129 mm Hg diastolic: less than 80 mm Hg
High blood pressure (hypertension)	systolic: 130 mm Hg or higher diastolic: 80 mm Hg or higher

Source: American Heart Association

Treatment

Many of the same lifestyle changes for prevention can also be used to treat high blood pressure, including exercising, not smoking, eating a healthy diet, and maintaining a healthy weight. Your treatment plan from your doctor may also include taking medication to reduce your blood pressure.

How Your Plan Helps

Leading a healthy lifestyle can help you control high blood pressure.

Get \$150 for joining a weight management program

Now you can stay fit for less! Use your Weight Management benefit to get \$150⁷ for programs such as Weight Watchers® and/or hospital-based weight loss programs. For details, see your Evidence of Coverage (EOC) booklet at thpmp.org/documents.



Medication Tips for Better Health

According to the Centers for Disease Control and Prevention, medication taken incorrectly causes 125,000 preventable deaths per year in this country. It's important to follow your doctor's instructions for taking your medications correctly.

1

Ask questions

Make sure you know what a new medication is for, how to take it (time of day, with or without food), and how to store it properly.

2

Make a list

List all your medications—including over-the-counter medications—and give a copy to your doctor to review for potential harmful drug interactions. For an easy way to list your medications, use the Doctor Visit Book on page 8.

3

Use a calendar

Create a calendar (or reminder on your smartphone) to help remember when to take your medications and when they need to be refilled. Mark the calendar if you miss a dose and bring the calendar with you to your doctor appointment.

4

Stay organized

Weekly pill organizers help you keep track of your medications—especially if you have multiple prescriptions. Your pharmacy may be able to provide dosage packaging (for example, morning medications in 1 packet, evening medications in another for each day) to make it easier to take medications as prescribed.

5

Make fewer trips to the pharmacy.

Many pharmacies offer medication synchronization services that put your prescriptions on the same refill schedule. If possible, fill your prescription medications for a 90-day supply to limit the amount of visits to the pharmacy. A prescription for a 90-day supply would mean visiting the pharmacy only 4 times a year. Ask your pharmacist about synchronizing your prescriptions and transitioning to a 90-day supply of medication.

How Your Plan Helps

Use your OTC benefit (Saver Rx, Smart Saver Rx, and Access PPO plan members only)

Saver Rx, Smart Saver Rx, and Access PPO plan members can use their OTC benefit of \$160 (Saver Rx members), \$140 (Smart Saver Rx members), and \$130 (Access PPO members) per calendar quarter towards pill organizers. Visit thpmp.org/mybenefitscenter or Walmart.com to place an order with your OTC card (HMO) or Visa® Flex Advantage spending card (PPO).¹ Or swipe your card at participating physical retailers including CVS, Walmart, Walgreens, Dollar General, Rite Aid, Stop & Shop, and more.

Have prescriptions sent to your home and save up to \$196 per year

If your plan includes prescription drug coverage, you can avoid going to the pharmacy and have prescriptions you take regularly delivered to your door. With OptumRx Home Delivery Pharmacy, you may be able to save up to \$49 for a 90-day supply of prescription medications (depending on the plan you are in and the tier your drug is on). That's a potential savings of up to \$196 a year!⁸ With home delivery, your medications are conveniently mailed to your home. To sign up, register for an account at optumrx.com or call OptumRx at HMO: **1-800-299-7648**, PPO: **1-800-460-0322**.

How to Save on Your Prescription Drug Costs

You don't want to pay more for your prescription drugs than you need to. If your plan includes prescription drug coverage, explore these ways to manage your drug costs in 2025.

NEW

No Donut Hole

The Inflation Reduction Act introduced a \$2,000 maximum out-of-pocket for prescription drugs costs in 2025. This means the most you will pay for prescriptions drugs in 2025 is \$2,000.

This also means that the Coverage Gap Stage ("Donut Hole") has been eliminated. Once you have paid \$2,000, you move directly into the Catastrophic Coverage Stage, where Tufts Health Plan pays your prescription drug costs and you pay nothing for the remainder of the year.

Save up to \$196 with Home Delivery

You can have the prescriptions you take regularly delivered to your door with OptumRx Home Delivery. You may be able to save up to \$49 for a 90-day supply of prescription medications (depending on the plan you are in and the tier your drug is on). That's a potential savings of up to \$196 a year!⁸

Sign up by visiting [OptumRx.com](https://www.optumrx.com), or call OptumRx at **1-800-299-7648** (HMO)/**1-800-460-0322** (PPO).

Use preferred pharmacies

Save on your prescriptions by having them filled at one of the 600+ preferred pharmacies in our network—including Costco, CVS Pharmacy®, Stop & Shop, Wegmans, and Walmart. To find a preferred pharmacy near you, visit thmp.org/hmo-pharmacies (HMO members) or thmp.org/ppo-pharmacies (PPO members).

For even more ways to save, visit thmp.org/lowRx.



Medicare Prescription Payment Plan

If you have high Part D cost sharing early in the plan year, or monthly drug costs of \$350 or more, you may benefit from using the Medicare Prescription Payment Plan.

Although this new payment plan does not lower the cost of your prescription drugs, it can help you manage them by allowing you to spread your out-of-pocket drug costs across the calendar year (January–December). Pay for prescriptions in monthly installments, rather than all at once at the pharmacy.

To learn more, including whether this may be a good option for you, visit thmp.org/mppp.

How can our Care Management team help you?



Tufts Health Plan has a Care Management team, composed of health experts, who can assist you in coordinating care or managing any health or social concerns you may have. These experts can help you if you get sick, have an injury, have a social need like access to food or transportation, or are looking for ways to stay healthy. Your team includes nurse Care Managers, social workers, and other health professionals who work closely with your primary care provider (PCP) or health care provider to help guide you or your caregiver through the health care system, improve your health and well-being, and more. As a member, there is no cost for you to work with our Care Management team.



In your corner

Health care can be overwhelming. Your Care Management team will make sure you or your caregiver understand your options, and help you get the services and care that you need. They'll be by your side whether you're at home, in your provider's office, at the hospital, or anywhere else in your community.



Stay healthy

We don't just help if you are sick or injured. If you're looking to start an exercise program, improve your diet, or set new health goals, we can help.



Recover at home

If you are hospitalized, we can help make your transition home easier. We will make sure you receive the right services to help prevent return trips to the hospital, including getting care at home if you need it and making follow-up appointments with your PCP or health care provider. We can even help you get your home assessed for any safety issues.



Manage your chronic condition

If you have a condition such as diabetes, heart failure, or depression, we can help you learn more about how to manage your illness, and help ensure you receive the right services and resources.



Complex assistance

If you have multiple chronic conditions or need more support to manage your health, we will work closely with you and your PCP or health care provider to make sure you have the resources you need. We can also help you or your caregiver coordinate your health care services, simplifying the process for everyone involved.



Social needs

We can provide assistance if you have any concerns about food, housing, or transportation to medical appointments or the pharmacy.



Dementia care

We can help with questions about dementia care or memory loss. If you or a loved one have concerns about dementia, we can help assess care needs, provide care planning, and assist with referrals to community resources, support groups, and education programs.



How to work with your Care Management team

For more information about working with your Care Management team, call Member Services. We may also try to reach you by phone or mail to offer support, so please connect with us!



HMO: **1-800-701-9000 (TTY: 711)**
PPO: **1-866-623-0172 (TTY: 711)**



Avoid a Return Trip to the Hospital

After a hospital stay, having a plan for how to recover at home can help prevent an unnecessary trip back.

Before leaving the hospital, raise any concerns you have about managing at home including:

- Symptoms to watch for
- A number to call if you have any problems
- Medication details such as purpose, amount, and when to take it
- Written instructions for follow-up appointments, treatments, or tests
- The contact information for any home care services you need

See your PCP or health care provider within 5-7 days

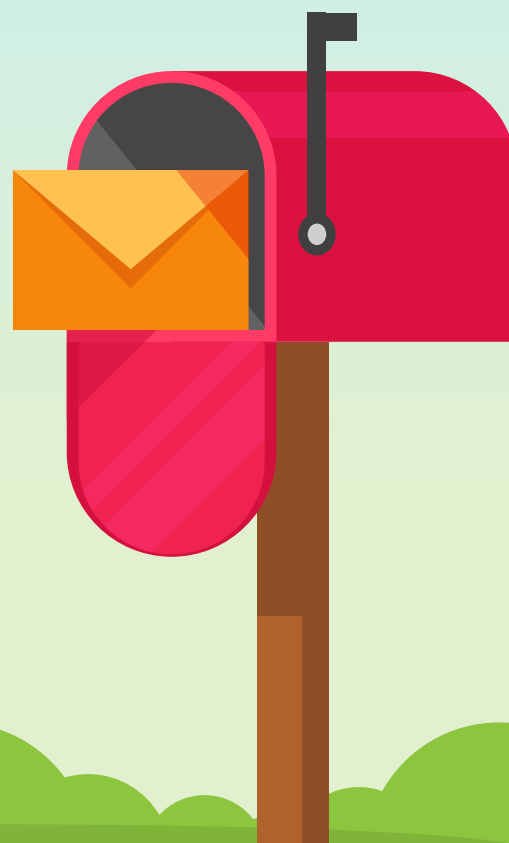
It's important to see your primary care physician (PCP) or health care provider for a follow-up appointment or telehealth appointment 5-7 days after leaving the hospital to make sure your recovery is going well. Ask your PCP or health care provider to review any new medications or changes made to your existing medications. If you need help making this appointment, call Member Services.

Watch Your Mailbox for an Important Medicare Survey!

Every spring, the Centers for Medicare & Medicaid Services (CMS) mails a survey called CAHPS® (Consumer Assessment of Healthcare Providers and Systems) to randomly selected Medicare beneficiaries. CMS makes survey results available on the Medicare Plan Finder website [medicare.gov](https://www.medicare.gov) to assist beneficiaries in selecting a health plan. Tufts Health Plan uses the information to improve our services for you.

The survey asks questions about the services you receive from your plan and your providers. Surveys are mailed beginning in March. Not every member will receive a survey. If you do receive a survey, please respond as soon as possible. Your responses are anonymous, and will help us understand how we are doing and what is important to you.

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).



Stay Connected to Your Plan With MyWire

You may already be receiving text messages from us, but if not, sign up for MyWire—a free service from Tufts Health Plan that provides plan information right at your fingertips.⁹ MyWire connects you to plan information and health tips through text messages. Be the first to hear about plan updates, get details on plan savings, and more.



To sign up for MyWire, just call **1-833-593-1788 (TTY: 711)** or visit thmp.org/mywire.




Thank you
for being a member!

Representatives are available 8 a.m.–8 p.m., 7 days a week (Mon.–Fri. from Apr. 1–Sept. 30).

¹Quarterly OTC credit is for the purchase of Medicare-approved OTC items from participating retailers and plan-approved online stores. Unused balance at the end of a calendar quarter does not roll over. Under certain circumstances, items may be covered under your Medicare Part B or Part D benefit.

²Reimbursement applies to emergency and urgent care situations only. You may be responsible for any copays that apply.

³This assessment evaluates your risk of falling. It is not a safety inspection of your home.

⁴\$150 (\$175 for Smart Saver, \$300 for Saver Rx, and \$185 for Access PPO plans) is the total reimbursement amount each year (Jan. 1–Dec. 31) whether used for nutritional counseling, wellness programs, alternative therapies, massage therapy, fitness tracking devices and heart rate monitors, and additional types of fitness and health clubs, and classes.

⁵A copay may apply if you receive services that address a medical condition during an annual physical or Annual Wellness Visit.

⁶Coverage for blood glucose monitors and blood glucose test strips is limited to the OneTouch products manufactured by LifeScan, Inc. Please note, there is no preferred brand for lancets or glucose control solutions. Access PPO members are not limited to OneTouch products but coinsurance applies to non-OneTouch products. Please see your Evidence of Coverage (EOC) for more details.

⁷\$150 is the total reimbursement amount each year (Jan. 1–Dec. 31). This benefit does not cover costs for pre-packaged meals/foods, books, videos, scales, or other items or supplies.

⁸Applies to Rx plans. Maximum savings are for Tier 2 drugs. Savings may be different depending on the plan you are in or if you receive your benefits from a current or former employer.

⁹MyWire is a secure communication program that is password protected and compliant with HIPAA, the federal law that protects your personal health information. If you decide at any time that you would like to stop receiving text messages via MyWire, reply "STOP" to the most recent message or call Member Services.

¹⁰Eligibility restrictions apply.

Benefits eligibility requirements must be met. Not all may qualify. Tufts Health Plan is an HMO and PPO plan, both with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal. Discounts and services included in the Preferred Extras program are not plan benefits and are not subject to the Medicare appeals process. Benefit information described in this issue is for Tufts Health Plan Medicare Advantage HMO and PPO plan members and is not a complete description of benefits. For complete benefit details, see your Evidence of Coverage (EOC) available at thmp.org/documents. 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 Member Services with any questions regarding plan benefits. 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).



1 Wellness Way
Canton, MA 02021-1166

a Point32Health company



Quality benefits, low costs, and great savings

With a Tufts Health Plan Medicare Advantage (HMO or PPO) plan, you get great benefits and services that help you stay healthy. From your Wellness Allowance, to your eyewear discount, to discounts on hearing aids, and much more, your plan makes it easier to save on programs and services that help you lead a healthy lifestyle.

Make sure your friends don't miss out.

Refer your friends to Tufts Health Plan. Tell your friends to call today to learn more.¹⁰



1-800-594-7739
(TTY: 711)

