

Errata Sheet to the
HMO Prime Rx/Rx Plus
Annual Notice of Change, Evidence of Coverage
2012

October, 2011

Dear Member,

This letter is to let you know of some corrections to your 2012 HMO Prime Rx/Rx Plus Annual Notice of Change, Evidence of Coverage (ANOC/EOC). The corrections to the HMO Prime Rx/Rx Plus ANOC/EOC are found in the paragraph and chart below. There is no action required on your part; however, if you have any questions after reviewing this notice you may contact Tufts Health Plan Medicare Preferred at 1-800-701-9000 (TTY 1-800-208-9562) during Monday – Friday, 8:00 a.m. – 8:00 p.m. (From October 15 – 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 on the next business day.

The following information appears in the HMO Prime Rx/Rx Plus ANOC/EOC:

“Cost Sharing Tier 3 (highest co-payment) Includes some generic drugs and brand drugs that offer no significant clinical or cost advantage over drugs in cost sharing tier 2.”

The correction to this statement is:

“Cost Sharing Tier 3 (highest co-payment) Includes some brand drugs that offer no significant clinical or cost advantage over drugs in cost sharing tier 2.”

This notice serves as an amendment to your HMO Prime Rx/Rx Plus ANOC/EOC and replaces the applicable sections noted in the chart below. Please keep this updated information with your current HMO Prime Rx/ Rx Plus ANOC/EOC materials for future reference.

Changes to your benefits in the ANOC/EOC

Location of Error In 2012 ANOC/EOC	Original Benefit/Cost-Sharing Information	Corrected Benefit/Cost-Sharing Information
On page 96, under “Section 4.2. There are 4 “cost-sharing tiers” for drugs on the Drug List	Cost Sharing Tier 3 (highest co-payment) Includes some generic drugs and brand drugs that offer no significant clinical or cost advantage over drugs in cost sharing tier 2.	Cost Sharing Tier 3 (highest co-payment) Includes brand drugs that offer no significant clinical or cost advantage over drugs in cost sharing tier 2.

<p>On page 115, under “Section 5.1. What you will pay for a drug depends on the drug and where you fill your prescription.”</p>	<p>Cost Sharing Tier 3 (highest co-payment) Includes some generic drugs and brand drugs that offer no significant clinical or cost advantage over drugs in cost sharing tier 2.</p>	<p>Cost Sharing Tier 3 (highest co-payment) Includes brand drugs that offer no significant clinical or cost advantage over drugs in cost sharing tier 2.</p>
<p>On page 117, under “Section 5.2. A table that shows your costs for a <i>one-month</i> supply of a drug.”</p>	<p>Cost Sharing Tier 3 (highest co-payment) Includes some generic drugs and brand drugs that offer no significant clinical or cost advantage over drugs in cost sharing tier 2.</p>	<p>Cost Sharing Tier 3 (highest co-payment) Includes brand drugs that offer no significant clinical or cost advantage over drugs in cost sharing tier 2.</p>
<p>On page 119, under “Section 5.3. A table that shows your costs for a <i>long-term</i> (90 day) supply of a drug.”</p>	<p>Cost Sharing Tier 3 (highest co-payment) Includes some generic drugs and brand drugs that offer no significant clinical or cost advantage over drugs in cost sharing tier 2.</p>	<p>Cost Sharing Tier 3 (highest co-payment) Includes brand drugs that offer no significant clinical or cost advantage over drugs in cost sharing tier 2.</p>

Tufts Health Plan Medicare Preferred is a Medicare Advantage organization with a Medicare contract.

This information is available in a different format, including large print.

For information in other languages, please call Customer Relations at 1-800-701-9000 (TTY 1-800-208-9562) Representatives are available Monday – Friday, 8:00 a.m. – 8:00 p.m. (From October 15 – 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 on the next business day.