

well!

TUFTS  Health Plan
Medicare Preferred

Fall 2011

What's **NEW** for **2012!**

Quality
& Service ★
In CAHPS Survey
5 Stars!
page 3



Health or wellness or prevention information.

What's New For 2012

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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.

5 STARS FOR Quality & Service! IN CAHPS SURVEY



Each year, the Centers for Medicare and Medicaid Services (CMS) surveys members about their health plan's quality and service. Based on your feedback, I am pleased to announce Tufts Medicare Preferred HMO plans have received five star ratings for:

- Overall Rating Of Health Care Quality (The quality of service we provide to you)
- Overall Rating Of Plan (Your level of satisfaction with your plan)
- Customer Service (How well we handle your calls)

Five stars is the highest possible rating for these categories. To be rated as one of the best plans in the country in these areas is truly an honor. It is especially satisfying because each category relates directly to what is most important to us: your satisfaction with our plan and services.

After all, when it comes to your health plan, we know you have choices. We hope our strong commitment to providing you with exceptional service and quality is one of the reasons you remain a member. We take great pride in these results, and we will continue to make your satisfaction as a member one of our top priorities.

Sincerely,

Patty Blake
Sr. Vice President, Senior Products
Tufts Health Plan Medicare Preferred

5 Stars: What does it mean?

Our HMO plans received a five star rating for:

- Overall Rating Of Health Care Quality
- Overall Rating Of Plan
- Customer Service

Five stars is the highest possible rating for these categories.

This rating makes our HMO plans one of the highest rated plans in the country for these categories.

The rating comes from the 2011 Medicare Advantage Prescription Drug Plan CAHPS Survey (MA-PD CAHPS). Results will be reported on the Medicare Plan Finder tool on Medicare.gov.

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NEW FOR 2012:

\$150 EYEWEAR BENEFIT EXPANDED TO INCLUDE CONTACT LENSES

As a Tufts Medicare Preferred HMO member, you can save on eyewear. Starting January 1, 2012, you can also save on contact lenses.

WHAT YOU NEED TO KNOW

- You can use your eyewear benefit to get up to \$150 towards the full retail price for one complete pair of prescription eyeglasses purchased once every calendar year, or for contact lenses purchased during the year*
- Just buy your eyeglasses or contact lenses from a participating provider in the EyeMed network
- Remember to use your Tufts Medicare Preferred HMO ID card so the EyeMed provider will know you are a Tufts Medicare Preferred HMO member

Extra savings

There are some additional ways you can save on eyeglasses and contact lenses:

- You can get a 20% discount off the balance over \$150 for a complete pair of eyeglasses (frame, lens, and lens options)
- You can get a 40% discount off the purchase of an additional complete pair of eyeglasses
- You can get a 15% discount off the balance over \$150 for conventional contact lenses (please note, there is no savings on disposable contact lenses once your annual \$150 benefit has been used)

What is EyeMed?

Tufts Health Plan Medicare Preferred

uses EyeMed Vision Care, one of the largest vision care organizations in the nation, to provide routine eye services (such as eye exams and prescribing glasses or contact lenses) to our members.

How do I find an EyeMed provider?

You can call Customer Relations or use our Doctor Search tool on our website to find an EyeMed provider near you:

- Go to tuftsmedicarepreferred.org
- Click on the “Member Resources” tab
- Click on “HMO Doctor Search” in the lower right
- On the Doctor Search page click on the “Vision Providers” tab at the top of the page

For more information

To find an EyeMed provider or for more details on how to use this benefit, 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.

**This \$150 benefit cannot be combined with any other discounted offer. Sale items are excluded and cannot be combined with any other store discounts, coupons, or promotional codes. Must be purchased from a provider or location that participates in the EyeMed network. The \$150 annual benefit can be applied to a complete pair of eyeglasses (lens, frames, and lens options) OR contact lenses, but not both.*

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NEW FOR 2012:

GET \$150 REIMBURSEMENT *for* NUTRITIONAL COUNSELING

Our fitness and nutrition benefit is part of our commitment to helping you lead an active lifestyle, and now there are three great ways to use it!

WHAT YOU NEED TO KNOW

As a Tufts Medicare Preferred HMO member, you can get up to a total of \$150 each year* for fees you pay for:

- Membership in a qualified health or fitness club
- Fitness classes such as yoga, Pilates, Tai Chi, and aerobics
- Nutritional counseling sessions

What is nutritional counseling?

Nutritional counseling helps you find ways to improve your health through your diet. A licensed nutritional counselor or registered dietician can help you make and maintain any needed changes to your diet. They offer information, educational materials, and support to help you reach your nutrition goals.

Why is it important?

As you age, eating well can be a challenge. Arthritis can make cooking difficult, poor dental health can make it hard to eat healthy foods, and certain medications can reduce your appetite. But nutrition is an important part of a healthy lifestyle.

It helps you maintain a healthy weight. It also helps keep your immune system strong.

Good nutrition gives you the vitamins and minerals to stay healthy and active. With proper nutrition, you are less vulnerable to illness and conditions such as diabetes and heart disease.

Benefits of nutritional counseling

Proper nutrition helps you stay healthy and can also result in:

- More energy
- Stronger immune system
- Better quality sleep
- Better concentration
- Better moods
- Less drastic range of emotions

How to get your reimbursement

To get your reimbursement follow the instructions on the Fitness and Nutrition Benefit Reimbursement Form. You can find the form on the plan documents page of our website.

For more information, call Customer Relations.

For more information

To find a nutritional counselor near you, or for more details on how to use this great benefit, call Customer Relations at the number on the back cover of this issue.

**\$150 is the total reimbursement amount each year (January 1 – December 31) whether used for a health club, fitness classes, or nutritional counseling.*



The Importance of Preventing *falls*

Falling may not seem like a major health risk, but as we age falling can cause serious injuries and health problems. In fact, falls are a leading cause of injury among older adults.

In 2006, the Centers for Disease Control reported that unintentional falls were the #1 reason adults over age 45 visited the emergency room. Taking simple precautions can help you reduce your risk of falling and maintain your independence.

NEW FOR 2012:

Fall Prevention Assessment In Your Home

Talk to your doctor

Make a list of your prescription medications, over-the-counter medications, and supplements. Ask your doctor to review them for side effects and interactions that may increase your risk of falling.

Ask your doctor if you have any conditions that could cause you to fall. Certain eye and ear problems may increase your risk of falls.

Keep moving

Physical activity can go a long way toward fall prevention. Light activities such as walking or gardening can improve:

- Strength
- Balance
- Coordination
- Flexibility

Make your home safer

Most serious falls happen in and around the home. Take a look around your home for ways to make it safer:

- Make sure you don't have to walk around furniture when walking through a room
- Keep stairs and steps free of clutter
- In the kitchen, move items you use often to lower shelves
- Put a non-slip rubber mat on the floor of the tub or shower
- Use a night light so you can see when walking from the bedroom to the bathroom

WHAT YOU NEED TO KNOW

Tufts Medicare Preferred HMO members can get a fall prevention assessment in their own home. If your doctor or care manager recommends it, a care manager or visiting nurse will come to your home to review your risk of falling*.

For more information, see your Evidence of Coverage (EOC) booklet or call Customer Relations at the number on the back cover of this issue.

**Please Note: This assessment evaluates your risk of falling. It does not evaluate the safety of your home.*

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STAY HEALTHY THIS WINTER WITH A FLU SHOT

With flu season just around the corner we want to remind you to get your flu shot. It's the best way to protect yourself against the flu!

Who should get a flu shot?

Everyone ages 6 months and older should get the seasonal flu shot.

Who has the highest risk of problems from the flu?

- People age 50 and older

- Residents of nursing homes or group homes
- People with diabetes, asthma, anemia, blood disorders, weakened immune systems, heart, lung or kidney disease
- People who are severely overweight
- Pregnant women
- American Indians
- Children and teens ages 6 months to 19 years
- People who live with or care for those at high risk

Why should I get a flu shot?

- It's the best way to protect yourself from the flu
- The flu vaccine is effective and safe
- The flu can result in serious illnesses such as heart attacks, strokes, or pneumonia
- If you have diabetes, heart, lung, or kidney problems your body may have trouble recovering from the flu
- For the most updated information, visit: www.flu.gov



NEW: GET YOUR FLU SHOT AT MinuteClinic

If you can't get to your doctor's office for a flu shot, starting this fall you can get your flu shot at any MinuteClinic, the walk-in medical clinic inside select CVS/Pharmacy locations. MinuteClinic is open 7 days a week, including evenings and no appointment is needed. MinuteClinics are staffed by certified nurse-practitioners who can administer flu shots.

MinuteClinics are located inside select CVS/pharmacy stores including locations in:

Ashland	Fall River	North Attleboro
Beverly	Franklin	Plymouth
Braintree	Hanover	Quincy
Bridgewater	Kingston	Rockland
Brockton	Maynard	Taunton
Cambridge	Medfield	Tewksbury
Cambridge-	Medford	Westford
Alewife Brook	Medway	Weymouth-
Danvers	Natick	Commercial St.

For your nearest convenient MinuteClinic location, go to minuteclinic.com/MA/clinics.aspx or call Customer Relations.

How it works

- Tufts Medicare Preferred HMO members can go to any MinuteClinic in Massachusetts
- Just show your member ID card and the flu shot will be covered the same as your doctor's office
- Tufts Medicare Preferred HMO members pay \$0 for Flu shots (once a year in the Fall or Winter)
- For additional details, see your EOC booklet or call Customer Relations

For more information

If you have any questions, call Customer Relations at the number on the back cover of this issue.

WHAT YOU NEED TO KNOW

- Tufts Medicare Preferred HMO members are covered for a flu shot each year
- To get a flu shot, call your doctor to make an appointment
- If your doctor is unable to schedule you for a flu shot before the end of the year, Tufts Medicare Preferred HMO will cover flu vaccines given at certain retail clinics

Where can I get a flu shot?

You can get a flu shot at your doctor's office, and certain retail clinics (such as a MinuteClinic, see the sidebar for details). If you get a flu shot from a clinic, make sure you let your doctor know, so it can be noted in your medical record. For information on clinic dates, locations, and times go to <http://flu.masspro.org>.

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2012 MAIL ORDER: THE *most convenient* WAY TO GET

WHAT YOU NEED TO KNOW

Mail order service is for medications you refill each month for conditions such as diabetes, high blood pressure, or asthma.

Does it cost anything extra?

You do not pay anything extra to use mail order and there is no charge for standard shipping.

Can I save on prescription costs?

Yes. If the drug you take regularly is on Tier 1 you can save money by using mail order. 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 drug may offer you the most savings.

If your medication is on Tier 2, Tier 3, or Tier 4, mail order doesn't offer any savings*, but you can still enjoy the convenience of having medications you refill each month mailed directly to your home.

The easiest way to get medications that you take regularly is by using mail order. Our mail order service delivers medications to your home and offers savings on Tier 1 drugs.

How do I sign up for mail order?

Signing up for mail order is easy and there are no forms to fill out. Just call FastStart at CVS Caremark toll-free at 1-866-281-0629. When you call make sure to have your:

- Tufts Health Plan Medicare Preferred ID card (you will need information from the card)
- Prescription drug names
- Doctor's name and phone number
- Shipping address
- Credit card information and expiration date

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. Once your prescription(s) are set up, you can refill them by phone 24 hours a day, 7 days a week.

For more information

If you have any questions about mail order, just call Customer Relations at the number on the back cover of this issue.

**Does not apply if you receive your benefits from a current or former employer. Contact your benefits administrator or Customer Relations for details.*

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What is a tier?

- We put covered drugs into "tiers" based on the cost charged by the manufacturer
- Generally drugs on Tier 1 cost the least, drugs on Tier 2 cost more, and drugs on Tiers 3 and 4 cost the most
- Most generic drugs are on Tier 1. If you take a drug that is on Tier 2, Tier 3, or Tier 4, ask your doctor if there is a generic version on Tier 1 that could save you money
- To find the tier that your drug is on, look up your drug on our drug list or "formulary" (You can find a copy of our formulary at tuftsmedicarepreferred.org, or call Customer Relations for assistance)

YOUR PRESCRIPTIONS

What To Know About Generic Drugs:

- Generic drugs usually cost less than brand name drugs
- Generic drugs are rated by the Food and Drug Administration (FDA) to be as safe and effective as brand-name drugs
- A generic drug has the same active-ingredient formula as a brand-name drug
- Make sure to talk to your doctor to see if generic drugs are right for you

What is the difference between a generic equivalent and a generic alternative?

- A generic equivalent means there is a brand-name drug with the same active-ingredient as the generic drug (the generic drug and the brand name drug are considered “equal”)
- A generic alternative means there is a brand-name drug that isn’t technically the same as the generic drug but it does the same thing

Why do generic drugs sometimes move from Tier 2 to Tier 1?

- Several times during the year, all generic drugs on Tier 2 are reviewed to see how much they cost and how often they are used
- If they are below a certain level, the drug is moved to Tier 1
- This helps to keep the cost low for many generic drugs

At Tufts Health Plan Medicare Preferred, we value your membership and hope you are satisfied with your plan choice. But if your health care needs have changed, we can help.

We Have
DIFFERENT PLANS
To Help Meet Your Needs



We have three types of HMO plans:

HMO Basic

- Generally, for those who seek care less frequently, want to lower their monthly payment, and don't mind paying higher copayments
- Offers our lowest monthly payment with higher copayments
- Available with or without prescription drug coverage

HMO Value

- Generally, for those who seek care occasionally and want more of a balance between monthly payments and copayments
- Monthly payments are higher than our Basic plan but with lower copayments
- Available with or without prescription drug coverage

HMO Prime

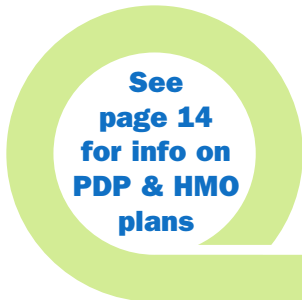
- Generally, for those who seek care more often
- Offers our lowest copayments for a higher monthly payment
- Available with or without prescription drug coverage
- Also available with enhanced prescription drug coverage for those who want to pay even less for prescription drugs

If you are thinking about switching plans, we can help

- We can help you determine which plan is right for you
- Our Customer Relations team knows how our plans work and can answer your questions
- Call us at 1-800-701-9000 (TTY 1-800-208-9562) 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
- There are only certain times during the year when you can switch plans (see the article on page 14 for details)

Remember, you do not need to make a change to your plan. You will automatically be a member in the same plan for 2012, unless you decide to make a change.

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

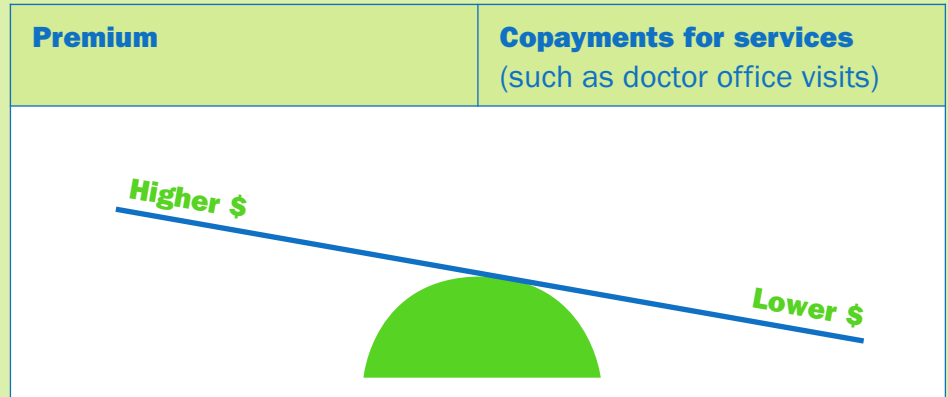


WHAT YOU NEED TO KNOW

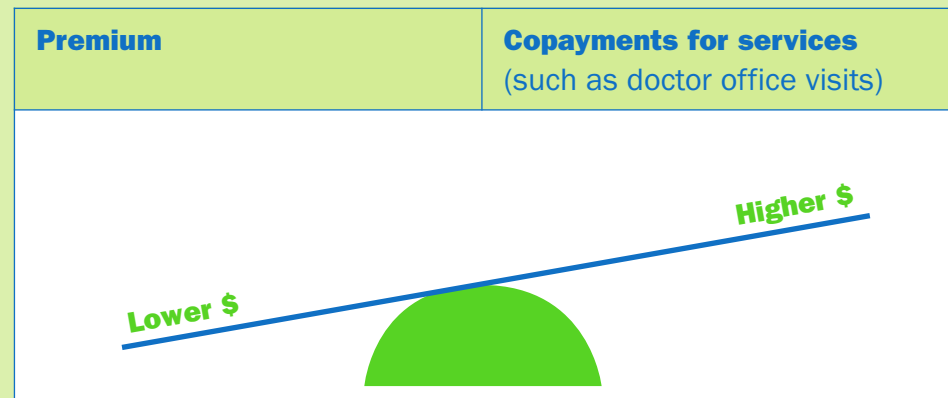


The general difference between our HMO plan types is the cost of services and the monthly premium amount.

You can choose to pay more per month to have lower copayments for most services:



Or you can pay less each month and have higher copayments for most services:



Things to consider when choosing a plan:

- What you can afford
- Your health and your age
- How often you use health services
- What is most important to you; lower monthly payments or lower copays

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Important Information About PDP Plans And HMO Plans

- PDP plans and HMO plans are not compatible
- Choosing an HMO plan and then enrolling in a PDP plan to provide your prescription drug coverage, will **automatically disenroll you from your HMO plan**
- A PDP plan offers prescription drug coverage but not medical coverage

If you have any questions or need any additional information, please call Customer Relations at the number on the back cover of this issue.

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WHEN CAN I CHANGE PLANS? NEW ENROLLMENT PERIOD INFORMATION FOR MEDICARE ADVANTAGE PLANS

Annual Election Period:

Oct. 15 – Dec. 7: NEW DATES!

- Unlike previous years, the Annual Election Period begins on October 15th and ends on December 7th
- During the Annual Election Period you can:
 - Switch to a new plan
 - Add or remove prescription drug coverage
 - Not make any changes and stay in the plan you are in now



Annual Disenrollment Period:

Jan. 1 – Feb. 14:

- You can disenroll from your Medicare Advantage plan and switch to Original Medicare
- If you switch to Original Medicare, you can also join a Medicare Prescription Drug plan
- You won't be able to switch to, or join another Medicare Advantage plan



For more information, call Customer Relations at the number on the back cover of this issue.

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

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WE HAVE A PLAN TO
Help You Stay Healthy

Your experience as a member of our plan is important to us. It's one of the reasons, we create a Quality Improvement Work Plan each year.

To create our plan, we look at:

- Your suggestions and concerns
- Comments from doctors
- Facts about our members' health
- Medical and claims data

This helps us know what we're doing well, what we need to get better at, and most importantly, what you need from us.

In 2011, our Quality Improvement Work Plan included:

- Helping members get preventive screenings
- Improving member satisfaction with our claims process
- Working for safety in patient care
- Improving safety by having doctors send prescriptions electronically

If you would like more information about our Quality Improvement Work Plan, please call Customer Relations at the number on the back cover of this issue.

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Fallon Clinic Changes Name To Reliant Medical Group

Beginning October 1, 2011, Fallon Clinic will change its name to Reliant Medical Group. The change is to help identify Reliant Medical Group as a medical group and avoid any misconceptions that they are a health insurance company.

Is anything else changing?

Only the name will change. Reliant Medical Group will have the same doctors and locations. You do not need to do anything because of the name change.

About Reliant Medical Group

Reliant Medical Group is a large medical group practice in Central Massachusetts. Thirteen locations are part of our HMO network:

- Auburn
- Fitchburg
- Holden
- Leominster
- Milford
- Millbury
- Spencer
- Webster
- Westboro
- Worcester – May St.
- Worcester – Lake Ave.
- Worcester – Plantation St.
- Worcester – Medical Center

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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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Our Customer Relations Team Is Here To Answer Your Questions

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.

The number for Customer Relations is also on the back of your ID card.

You may also be able to find what you are looking for by visiting our website at

tuftsmedicarepreferred.org

and clicking on the “Member Resources” tab.

*Tufts Health Plan Medicare Preferred is a Medicare Advantage organization with a Medicare contract.
The benefit information provided herein is a brief summary, not a comprehensive description of benefits.
For more information contact the plan.
Benefits may change on January 1, 2012.*