



well!

Tufts Health Plan Medicare Advantage
HMO and PPO plans
Summer 2023

Q&A: What to ask your doctor at your next checkup

Page 6

The best time to quit smoking is now

Page 5

How to save on hearing aids

Page 4

Protect yourself against fraud

Page 11

Exciting word search—
with a twist



Page 15



Get the answers you need.

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



Email us:

TuftHealthPlanMemberExperience@point32health.org



Or call Member Services:

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

In This Issue



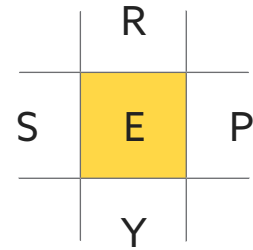
Big savings on hearing aids

Page 4



Expanded mental health services

Page 8



Exercise your mind with word search

Page 15

- 5** Get the Support You Need to Quit Smoking
- 6** Q&A: Getting the Most Out of Your Annual Doctors' Visits
- 7** \$240 to Spend With Over-the-Counter Benefit
- 11** Protect Yourself Against Fraud
- 12** Understanding the Difference Between Preventive, Diagnostic, and Therapeutic Care
- 14** Tell Us What You Think



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Creating a secure account only takes a few minutes. Sign up today!

 thpmp.org/registration

Common Questions:

How does my hearing aid benefit work?



Your Member Services team responds to common questions from members.

As you get older, you may struggle with hearing loss—which can make it difficult to hear the people around you or follow a conversation. Hearing loss can be the result of normal aging, a medical condition, or even a medication you're taking. Your doctor can diagnose the cause and recommend solutions—including the use of hearing aids, which are covered by your plan.



Saver Rx, Smart Saver Rx, and Access PPO plan members can use their OTC benefit for over-the-counter hearing aids

Intended to help with mild or moderate hearing loss, over-the-counter (OTC) hearing aids are a new category of hearing aids that you can buy directly, without visiting a hearing health professional. To shop, visit thpmp.org/order-otc or Walmart.com.

Q: What does the hearing aid benefit cover?

A: Your hearing aid benefit is administered by Hearing Care Solutions (HCS). HCS covers one hearing aid fitting (\$0 copay) and up to two hearing aids (one per ear) per year. Your copay depends on the type of hearing aid you purchase: from \$250 each at the Standard level to \$1,150 each at the Premier level.

Q: What is the process for getting hearing aids?

A: Your first step is to reach out to HCS to schedule a hearing aid evaluation. At the evaluation, an audiologist will administer a hearing exam. If it's determined you need hearing aids, your audiologist will help you select the right ones from a variety of models.

HCS will contact you about payment before your hearing aids are delivered. After you receive your hearing aids, you'll return to your audiologist for a fitting to ensure they fit properly. Your audiologist will also schedule a follow-up to make sure you are adjusting to your hearing aids. There is a \$0 copay for the fitting and follow-up appointment.

Q: How long do I have to decide if I want to keep my hearing aids?

A: You will have 60 days to decide whether to keep the hearing aids. If you keep them after 60 days, HCS will send you a year's supply of batteries (which you'll receive each year for three years).

Q: Can I see my audiologist if I have a problem with my hearing aids?

A: Yes! If you have any issues, you are eligible for unlimited follow-up visits with your audiologist during the first year. Follow-up visits have a \$0 copay.

For more information, visit hearingcaresolutions.com/tuftshealthplan. To set up a hearing aid evaluation appointment, or to ask any questions about hearing aids or pricing, call HCS at **1-866-344-7756 (TTY: 711)**, Mon.–Fri., 8 a.m.–8 p.m.

Note: Hearing aid benefit may not apply if you receive your benefits from a current or former employer.

Get the support you need to

Quit Smoking

If you are a smoker who is looking to quit, you know the challenge ahead of you. Luckily, you don't have to navigate the quitting process alone. Your plan can help you break the addiction to nicotine.

It's never too late to quit

You can benefit from quitting smoking at any age. The body begins recovering as soon as you stop, even if you've smoked for years.

The health benefits of quitting smoking include lowering your risk of lung and other types of cancer, lung disease, heart disease, stroke, and chronic obstructive pulmonary disease (COPD)—health problems that can be even more serious for older adults.



How Your Plan Helps

Cessation counseling

Cessation counseling—or counseling to quit smoking or tobacco use—is included with your plan.

Your plan covers two counseling quit attempts within a 12-month period. Each attempt includes up to four face-to-face visits.¹

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

Saver Rx HMO, Smart Saver Rx HMO, and Access PPO plan members can use their OTC benefit of \$60 per calendar quarter toward Medicare-approved over-the-counter nicotine replacement products.

Visit thmp.org/order-otc or [Walmart.com](https://www.walmart.com) to place an order with your OTC card.²

Other resources

The Massachusetts Department of Public Health offers counseling through the Massachusetts Tobacco Cessation and Prevention Program (MTCP). The program's goal of reducing tobacco and nicotine use includes assistance in helping current smokers quit.

Programs are available online, over the phone, and through text and email. To get started, visit mass.gov/take-the-first-step-toward-a-nicotine-free-life, or call **1-800-QUIT-NOW (1-800-784-8669)**.

Q&A:

Getting the most out of your annual doctors' visits



Jonathan Harding, M.D.
Medical Director,
Tufts Health Plan

One important way of staying on top of your health as you get older is seeing your primary care physician (PCP) or health care provider every year. Tufts Health Plan makes it easy by covering both a physical exam and an Annual Wellness Visit. Dr. Jonathan Harding, Medical Director at Tufts Health Plan, answers some questions about the differences between these visits, and how best to go about preparing for them.

Q: What is the difference between an annual physical and an Annual Wellness Visit?

A: Both are important, but each addresses different aspects of your health.

At your physical, your PCP or health care provider will perform an in-depth check of your physical health—including a check of your vital signs, a review of your medications, and an examination of your head, neck, lungs, and other body parts.

At your Annual Wellness Visit, you and your PCP or health care provider will put together a plan for healthy aging based on your unique goals and risk factors. Be prepared to answer questions about your daily activities, nutrition, and sources of stress. An Annual Wellness Visit can be performed by other medical office staff besides your doctor and may be possible to have with telehealth. Except for weight, pulse, and blood pressure, the Annual Wellness Visit does not involve a physical examination.

Some doctors schedule these visits separately, but these visits can also take place during the same visit. Just ask to schedule them together when you make your appointment.



Q: What should you discuss with your doctor during your visit?

For both types of visits, it's a great idea to go into your visit with a plan. You'll want to bring up any problems or concerns you're having—even if your PCP or health care provider doesn't ask. This includes pain, lumps or bumps, unexplained weight loss or gain, difficulty sleeping, bladder control problems, or any falls you've had since your last visit. Also, make a list of all your medications, and bring it with you to your appointment. Remember, a copay may apply if you receive services that address a medical condition during an annual physical or Annual Wellness Visit.

Q: Why is it important to have your doctor review your medications?

You only want to take medications that are safe, current, and still necessary—and your PCP or health care provider knows best which those are. Your PCP or health care provider needs to know all the medications you are taking because there are known bad interactions between some drugs. Your PCP or health care provider needs to know about drugs prescribed by other practitioners including specialists. Be sure to discuss not only your prescription medications, but also any over-the-counter medications and vitamins or supplements you're taking. Your PCP or health care provider will make sure the combinations won't lead to any dangerous side effects.

\$240 to spend on over-the-counter (OTC) health items each year

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 to get \$240 every calendar year (\$60 every calendar quarter) to spend on health-related items such as toothbrushes, aspirin, allergy relief items, adhesive bandages, sunscreen, and more! Your quarterly balance doesn't roll over, so try to spend the full amount each quarter.

There are four convenient ways to order items:

- 1 Online through Medline**—Once your coverage begins, go to thmp.org/order-otc, log in, and select the items you want to purchase.
- 2 Online through Walmart.com**—At checkout, select pay with card and enter your OTC card number. Note: Shipping fees will apply and will not be covered by your OTC card. To avoid fees, you can choose in-store pickup. Visit thmp.org/otc-benefit for more details.
- 3 By phone**—Call **1-833-569-2168** Mon-Fri, 8 a.m.–7 p.m. ET, and a Medline representative will take your order.
- 4 By mail**—Fill out the mail order form included with the catalog. If you need a printed copy of the Medline catalog mailed to you, just call Member Services.



Taking care of your mental health

Most of us understand how important it is to care for our physical health—and it's just as important to care for your mental health, too.

What is mental health?

According to the Centers for Disease Control and Prevention, your mental health is your emotional, psychological, and social well-being. Just as your physical health reflects the condition of your body, your mental health reflects the condition of your mind.

Your physical and mental health are interconnected. One benefits the other and both work together to make up your overall health. Your mental health directly affects how you make choices, relate to others, adapt to change, and navigate difficult times. Put another way—it impacts how you think, act, and feel.



What to watch for

Your mental health is affected by life experiences (both positive and negative), a family history of mental health issues, and biological factors (including your genes and brain chemistry).

One or more of the following feelings and behaviors can be a sign of a mental health issue to discuss with your provider:



Sleeping too much or too little



Pulling away from friends and family



Changes in appetite



Feelings of numbness, helplessness, or hopelessness



Low or no energy



Thoughts of harming yourself or others



Severe mood swings



Hearing voices or believing things that are not true



Loss of interest in usual activities



Increased smoking, drinking, or drug use



Inability to perform daily tasks

Ways to care for your mental health

Positive mental health plays an important role in your ability to work productively, take part in meaningful activities, and contribute to your community. You can care for your mental health by:

- Seeking professional help when you need it
- Exercising regularly
- Getting enough sleep
- Connecting with friends and family
- Developing healthy skills (such as meditation) to cope with stress

No referral needed for mental health care services

Your plan makes it easier to care for your mental health by no longer requiring a referral from your primary care physician (PCP) or health care provider to obtain outpatient mental health care services.

Note: This excludes outpatient services from a psychiatrist, which require a referral from your PCP or health care provider prior to receiving services (HMO plans only).

Support of a mental health care team

Your plan includes a team of health experts to help you coordinate your mental health care. If you have concerns about your emotional, psychological, or social well-being, you can work with a mental health care manager to:

- 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 mental health services

You can call Member Services for more information about working with this team.

\$0 copay for depression screening

You're covered for one screening every calendar year. A depression screening generally consists of your doctor asking questions about your mood and lifestyle to look for symptoms of depression.

If you're unable to visit your doctor's office in person, ask your provider if the screening can be completed by telehealth. (Access PPO members pay 40% coinsurance out of network.)

NEW virtual mental health program

Through AbleTo, you can receive personalized mental health support through an 8-week program.³ Each week, you'll meet virtually with a coach or licensed therapist (or both) who will take the time to get to know you. You'll explore your thoughts, feelings, and actions, and develop healthy coping skills backed by science. Between sessions, you can practice your new skills using online activities, plus access self-care tools like journals and meditations.

To get started, visit

[AbleTo.com/tuftshealthplan](https://www.ableto.com/tuftshealthplan) or call

1-833-522-5386 (representatives are available

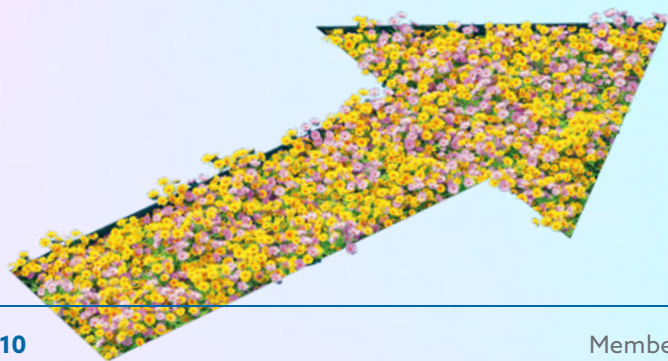
9 a.m.–8 p.m.).

Mental Health Service Navigation

Tufts Health Plan Medicare Advantage members can access our unique Mental Health Service Navigation program which helps provide access to mental health treatment options and resources.⁴ You can work with a dedicated Service Navigator to locate a provider, schedule appointments, and more. For details, call Member Services.

Mental health resources available to you

Your plan offers different types of support to help you stay on top of your mental health and well-being.





Protect yourself against fraud



There are many types of scams that target older adults. But knowing what to watch for can help you protect your money and identity.

Keep your identity safe

Be suspicious of anyone who contacts you to ask for your Social Security Number, banking account number, or Medicare or health plan number. Medicare and Tufts Health Plan will not call to ask for banking or Social Security information.

Avoid companies offering “free” services or supplies

You may be asked to provide personal information in exchange for “free” or discounted medical testing, equipment, supplies, or medication. Some online pharmacies promise savings, but many are designed to steal your personal information.

Know what you ordered

If you receive medical supplies that you or your doctor did not order, or you receive more than you ordered, you may be the target of a fraud scheme. Refuse or return any medical supplies you didn't order, and report the company. Medicare does not sell or mail medical supplies.

Make sure you are billed correctly

When you get a bill, check it over to make sure everything looks correct, you received the services or items billed, and no service has been billed more than once.

Watch out for common schemes

According to the FBI, criminals commonly target older adults by impersonating government officials, technical support specialists, home repair companies, romantic interests (through social media or online dating websites), family members (such as a grandchild claiming to need money immediately), and caregivers who promise care in exchange for money or bank account access.



Use the Tufts Health Plan Fraud Hotline to report possible fraud

If you have concerns about possible fraud, call the Tufts Health Plan Fraud Hotline 24 hours a day, 7 days a week, at **1-877-824-7123** with questions, concerns, or complaints.

You can choose to give your name or remain anonymous. Reporting any concerns will not affect your right to health care coverage and services.

Understanding the difference between...

PREVENTIVE DIAGNOSTIC & THERAPEUTIC CARE

There's a lot of terminology to navigate when it comes to your health care. The services and procedures you're prescribed will generally fall under one of three types of care, and it's important to know the differences between them.



Preventive care

Preventive services and procedures are used to prevent or detect illness at an early stage when treatment is likely to work best. This type of care includes routine checkups (like your annual physical and Annual Wellness Visit), immunizations, and screenings.

Some additional examples of preventive services covered by your plan (with a \$0 in-network copay) include:

- Breast cancer screening (mammograms)
- Depression screening
- Diabetes screening
- Prostate cancer screening exams



Diagnostic care

As the name implies, diagnostic care includes services and procedures that diagnose—or identify—issues to determine the right treatment.

Some examples of diagnostic services include:

- Lab tests, such as blood or urine tests
- Sleep studies
- Stress tests
- Radiology services, like ultrasounds, MRIs, and CT scans
- EKGs

Sometimes, a service could be preventive or diagnostic, depending on the context. For example, your provider may recommend a colonoscopy because of your age. That would be preventive care. But if you were having certain symptoms and your doctor recommended a colonoscopy, that would be diagnostic care.



Therapeutic care

Therapeutic care refers to the treatment or management of an already-diagnosed condition or disease.

For example, an endoscopy—in which a provider uses a tiny camera called an endoscope to visually examine an organ in your body—could be used in the ongoing treatment of a gastrointestinal condition.

Just as a service could be preventive or diagnostic, a service could be diagnostic or therapeutic—depending on when and how it's being used in your care.



What to do if you're unsure

If your provider recommends a test or procedure, you can ask whether it's considered preventive, diagnostic, or therapeutic. The distinction is important when it comes to how your health plan treats the service. For example, you

may be responsible for a copay or cost share if you receive diagnostic or therapeutic services that address a medical condition during a preventive visit—such as during your annual physical or Annual Wellness Visit.

> Tell us what you think

Let us know what you like about your Well! magazine by taking this short survey. Open your camera app on your phone and scan the QR code to the right or visit thmp.org/well-survey to take the survey. Completing the survey only takes a few minutes.



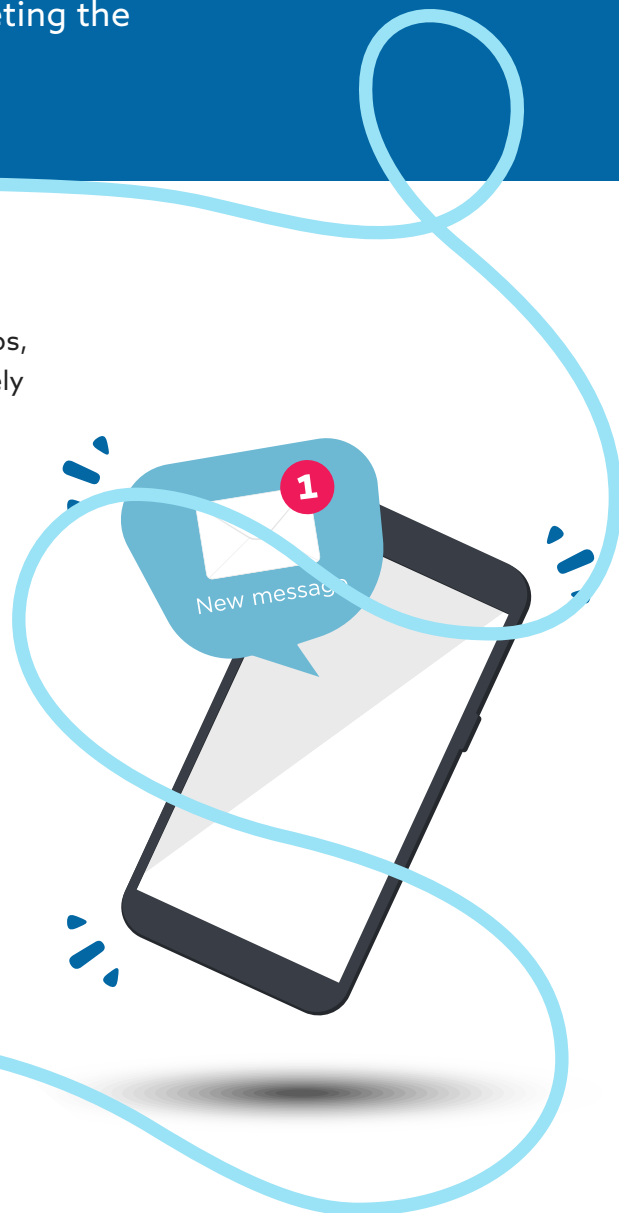
Stay Connected to Your Plan With MyWire

Get the plan information that matters to you, right at your fingertips, with MyWire, a free service from Tufts Health Plan.⁵ MyWire securely connects you to plan information, exclusive member discount details, health tips, and more through text messages:

- **Stay healthy**—Get important tips on using plan benefits and services.
- **Save money**—Get exciting details of member-only discounts.
- **Save time**—Get quick access to plan resources and documents.



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



Fun and games:

Word search with a twist

Try your hand at this "off-center" word search that helps expand your vocabulary and exercises your brain. There are at least 100 words and each one goes through the center. Diagonals are allowed, but letters can't be reused within the same word (see the example marked in the grid). See how many you can find. Plus, can you find a 9-letter word?

S	W	O	S	E	E	R
C	H	G	L	W	D	S
S	O	L	R	I	A	C
A	T	S	E	P	M	U
U	S	R	Y	U	E	E
N	A	S	Q	D	T	K
D	O	A	U	S	H	A

Well done!

Mighty fine!

Legendary status!

Superstar!

25

50

75

100


Thank you
for being a member!

¹Applicable cost-sharing applies if you use tobacco and have been diagnosed with a tobacco-related disease or are taking medicine that may be affected by tobacco. For details, see the Evidence of Coverage (EOC) for your plan at tuftsmedicarepreferred.org/documents.

²Members can only order items from Walmart.com or Medline by phone, online, or by sending an order form by mail. Additional shipping fees apply to Walmart.com orders. Visit thmp.org/otc-benefit for more details.

³Note: AbleTo is covered through your outpatient mental health benefits, and outpatient mental health copays will apply to each weekly therapy session. AbleTo offers personalized programs backed by science to help you manage emotions, reduce feelings of stress and worry, and change unhelpful thought patterns.

⁴This service is not available to members already enrolled in an integrated care management program.

⁵MyWire 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.

⁶Eligibility restrictions may apply.

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

Benefit information described in this issue is for Tufts Health Plan Medicare Advantage HMO/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.** Every year, Medicare evaluates plans based on a 5-Star rating system. Visit www.medicare.gov for more information. Tufts Health Plan Medicare Advantage HMO plans received 5 out of 5 Stars for contract years 2016, 2017, 2018, 2019, 2020, 2021, 2022, and 2023. Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or 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).



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Health and Wellness or Prevention Information



Summer 2023

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