

Now you can sign up for your personal account!

YOU CAN NOW ACCESS YOUR PERSONAL ACCOUNT INFORMATION ONLINE!

At the Tufts Health Plan secure online site, it's easy to create an account

that lets you:

- > Pay your monthly premium*
- > View your claims history
- > View your current and past referrals
- > View your monthly Explanation of Benefits
 - (EOB) documents
- > Manage your eDelivery preferences
- > And more!

*Not applicable to members who are enrolled in a Group plan through their former employer. Note: Not all features are available to members of all plans. For more information, contact Customer Relations.



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TO REGISTER, FOLLOW THESE SIMPLE STEPS:

1 | Visit thpmp.org/registration

2 On the registration page, enter your member ID number (found on your member ID card), and your date of birth.

Registration	1
1 Identificatio	m 2 Verification 3 Create Account
Let's get started Please ente	er your Member ID and Date of Birth so we can identify you.
\checkmark	
Member ID:	Be sure to include any letters or suffixes in the number. Where can I find my member ID?
Date of Birth:	xx/xx/xxxx III Please use the format MM/DD/YYYY

3 Answer security questions or enter your generated PIN (given to you by a Customer Relations Representative), so we can verify your identity.

Identification	2 Verification	3 Create Account	
Great! We've found you			
Please fill out an	d review the info below so we	e can verify your identity.	

TO REGISTER, FOLLOW THESE SIMPLE STEPS (CONTINUED):

4 | Enter your email address and password, enter your mobile phone number (optional), choose your three security questions, and choose your site key image and security phrase.

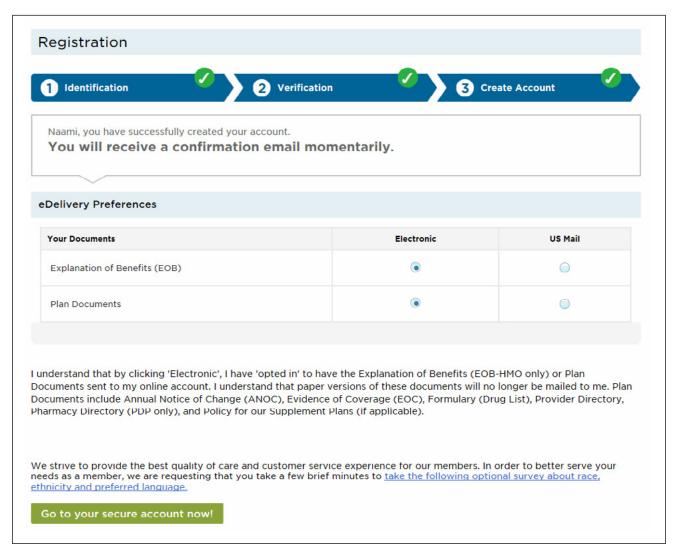
Thanks Bob! We	've verified who you are.			
	reate your account			
Create Login Inf	ormation:			
our email address v	will be used to log into your accou	int.		
mail Address:	user@example.com			
Confirm Email Address:				
Password:		number.	o spaces and at least one	letter and one
Confirm Password:		Passwords are CASE	SENSITIVE.	
n order to enhance an receive text me pon login.	e the security of your online accou essages. We will use this number t			
n order to enhance an receive text me pon login. Iobile Phone Num Choose Security f you forget your r nswers that you a	e the security of your online account essages. We will use this number to ber (optional) : Questions: egistered email or your password, re sure to remember. For your sec	o send you a verification coo	le should we need to conf your chosen security que rieved if you have forgotte	firm your identity estions. Provide en them.
n order to enhance an receive text me pon login. Iobile Phone Num Choose Security f you forget your r nswers that you a	e the security of your online account essages. We will use this number to ber (optional) : Questions: egistered email or your password, re sure to remember. For your sec security questions:	o send you a verification coo	le should we need to conf	firm your identity estions. Provide en them.
n order to enhance an receive text mo pon login. Nobile Phone Num Choose Security f you forget your r nswers that you a Choose three (3)	e the security of your online account essages. We will use this number to ber (optional) : Questions: egistered email or your password, re sure to remember. For your sec security questions: muestion	o send you a verification cod , you will be asked to answer urity, answers cannot be ret	le should we need to conf your chosen security que rieved if you have forgotte	firm your identity estions. Provide en them.
n order to enhance an receive text me upon login. Nobile Phone Num Choose Security f you forget your r inswers that you a Choose three (3) Select Security G	e the security of your online account essages. We will use this number to ber (optional) : Questions: egistered email or your password, re sure to remember. For your sec security questions: muestion	o send you a verification cod , you will be asked to answer urity, answers cannot be ret	le should we need to conf your chosen security que rieved if you have forgotte	firm your identity estions. Provide en them.
an receive text me pon login. Mobile Phone Num Choose Security f you forget your r inswers that you a Choose three (3) Select Security G Select Security G Select Security G	e the security of your online accounts and the security of your online accounts and the second second security of the security of your password, restrict and the security of	o send you a verification coo , you will be asked to answer urity, answers cannot be ret	le should we need to conf your chosen security que rieved if you have forgotte	firm your identity estions. Provide en them.
n order to enhance an receive text me opon login. Nobile Phone Num Choose Security f you forget your r inswers that you a Choose three (3) Select Security G Select Security G Select Security G	e the security of your online accounts and the security of your online accounts and the second second security of the security of your password, restrict and the security of	o send you a verification coo , you will be asked to answer urity, answers cannot be ret	le should we need to conf your chosen security que rieved if you have forgotte	firm your identity estions. Provide en them.
n order to enhance an receive text me upon login. Mobile Phone Num Choose Security f you forget your r inswers that you a Choose three (3) Select Security G Select Security G Select Security G Select Security G Select Security G Select Security G	e the security of your online account essages. We will use this number to ther (optional) : Questions: egistered email or your password, re sure to remember. For your sec security questions: muestion truestion Diffients: Except image from the options belop provide additional security to help	o send you a verification coo you will be asked to answer urity, answers cannot be ret	le should we need to conf your chosen security que rieved if you have forgotte Enter your answe	firm your identity

Security Phrase:

Your Security Phrase will be presented along with your selected Site Key at the time of login. (Example: 'I like golf').

TO REGISTER, FOLLOW THESE SIMPLE STEPS (CONTINUED):

5 Make your selections for eDelivery. If you would like to view your plan documents electronically instead of receiving them by mail, make sure you select **"Electronic"** for each option.



HERE ARE 5 EXCITING THINGS YOU CAN DO WITH YOUR PERSONAL ACCOUNT:

1 You can pay your monthly premium^{*} securely online¹

You can see how much your monthly premium is, what you paid last month, and how much is due next month. To make a payment, click on "**Make a payment**" in the top right corner of this area. —

Payment Details for y	our Monthly Premium		Make a payment
\$188.20	Your 2016 Monthly Premium ²	LAST PAYMENT RECEIVED 06/07/2016 \$188.20	NEXT PAYMENT DUE 07/15/2016 \$188.20
Please note: You must c	ontinue to pay your Medicare Part	t B premium.	

*Not applicable to members who are enrolled in a Group plan through their former employer.

2 | You can view your most recent claims¹

You'll see how much your provider charged for the service, as well as the amount you're responsible for paying. Please note, in some cases you may have already paid your cost-sharing amount at the provider's office, or you may receive a bill at a later date. If you have any questions about your cost-sharing or a bill you receive, please call Customer Relations. To see all of your past claims, click on "**Search All Claims**" in the top right corner of this section.

Your 3 Most	Recent Claims			Sear	ch All Claim
Date of Service	Care Provided by	Specialty	Amount Billed	Your Responsibility ?	
08/30/2016	SAMPLE HOSPITAL	FACILITY / SERVICE	\$211.00	\$0.00	Details »
06/15/2016	SAMPLE SKILLED NURSING FCLTY	FACILITY / SERVICE	\$1,401.00	\$25.25	Details »
06/13/2016	SAMPLE DOCTOR	INTERNAL MEDICINE	\$1,401.00	\$0.00	Details »

3 | You can view your most recent referrals¹

You'll see your three most recent referrals by provider, start and expiration dates, as well as the number of visits the referral allows you to have. To see all of your current and past referrals, click on **"Search all Referrals & Authorizations."**

Your 3 Mo	st Recent Re	ferrals	s	earch All Referrals	& Authorizations
Start Date	Expiration Date	Care Provided by	Specialty	Visits Allowed 💡	Referral Number
05/18/2016	05/18/2017	SAMPLE DOCTOR	INTERNAL MEDICINE	3	XCG23713
06/21/2016	06/21/2017	SAMPLE DOCTOR	DERMATOLOGY	3	XCG23732
04/29/2016	04/29/2017	SAMPLE DOCTOR	INTERNAL MEDICINE	3	XCG21937

Note: Tufts Medicare Preferred Supplement plan members are not required to obtain referrals and therefore will not see this feature in their accounts.

4 | You can view your recent medical Explanation of Benefits (EOBs)¹

Follow these two steps:

STEP 1: From your account home page, hover over "Claims & Billing" and click on "Explanation of Benefits (EOB) Statement."

Home	My Coverage	Claims & Billing	Referra
Welcome BOB SAME	PLE	Claims Summary	
My Account		Explanation of Benefits (EO Statement	^{B)} Ou Like
		Monthly Premium Payment	e allowar

STEP 2: This will display all of your recent EOBs. They are conveniently labeled by month, so you can easily see the medical services you received and what you paid for them.

Claims Summary	Explanation of Benefits (EOB) Statement Monthly Premium Payment
medical treatments and health care providers. T	efits (EOB) is a statement we send explaining what 'or services were paid for on your behalf to your is statement will also highlight what you owe and nto your plan's copayments and/or deductibles.
view specific dates or se available starting April 2 you may not have an EC	th EOB statement refer to the dates of payment. To vice please reference the claims page. EOBs are 014. EOBs are only generated when there are claims, 3 every month. The previous month's EOB statements iew until the 15th of following month.
2016 HMO EOBs	
PDF May »	April »
2015 HMO EOBs	
PDF December	PDF November » A October » PDF September » August » PDF July »
PDF June »	PDF May » April » PDF March » February » January »

Note: This feature may appear differently for Tufts Medicare Preferred Supplement plan members.

5 | You can view or change your eDelivery preferences¹

From your account home page, select "Manage My Account"



At the bottom of your **"Manage My Account"** page, you'll see two sections marked **"eDelivery Preferences"** and **"Marketing Preferences."** In the **"eDelivery Preferences"** section, you can indicate how you want to receive your plan documents (electronically or via US mail), and in the **"Marketing Preferences"** section, you can tell us whether or not you would like to receive helpful plan information emails via eDelivery. Click **"Edit"** to change your selections.

	nnine, and now you can view your plan documents o rence them any time you log on.	online any time. You will always know where your documents are and		
Your Documents		Delivery Type		
Explanatio	n of Benefits (EOB)	US Mail		
Plan Docur	nents	US Mail		
preferences I understand	d that by clicking "Electronic", I have "opted in" to h	ive these documents, you can click on the "Edit" link to change have the Explanation of Benefits (EOB-HMO only) or Plan Documents these documents will no longer be mailed to me. Plan Documents		
include Ann		ge (EOC), Formulary (Drug List), Provider Directory, Pharmacy		
arketing I	Preference			
	ntrol the amount of emails that you receive from Tu ant to receive.	fts Health Plan. Just opt out of the types of marketing messages that		
ommunicat	ion Type	Selection		
Emails	Receive emails from Tufts Medicare Preferred that include helpful plan information and health and wellness content.	Opt-in		

FOR MORE INFORMATION:

Visit thpmp.org or call Customer Relations at 1-800-701-9000 (TTY 1-800-208-9562) Tufts Health Plan Senior Care Options plan members visit thpmp.org/sco or call 1-855-670-5934 (TTY 1-855-670-5936) Monday – Friday, 8:00 a.m. – 8:00 p.m. (From Oct. 1 – Feb. 14, representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m.) After hours and on holidays, please leave a message, and a representative will return your call the next business day.

¹All data shown is sample data. Your information may appear differently.

Note: Not all features are available to members of all plans. For more information, contact Customer Relations.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or co-payments/co-insurance may change on January 1 of each year.

Tufts Health Plan has HMO plans with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid Program. Enrollment in Tufts Health Plan depends on contract renewal. Tufts Medicare Preferred Supplement plans are offered in accordance with Massachusetts law.