

well!

Spring/Summer 2010



*special
edition*
2010

How Your Health Plan Works

YOUR GUIDE

to **MAKING THE MOST OF YOUR COVERAGE**





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Access your secure online account, My Wellness Plan. Register in minutes at tuftshealthplan.com.

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When it comes to your health plan, quality counts. You want a plan that provides quality coverage and access to the best health care providers and hospitals around.

I'm proud to be able to say Tufts Health Plan—a local, nonprofit plan with a national reputation for excellence—is one of America's best.

Our health plans hold the National Committee for Quality Assurance's (NCQA's) highest Accreditations. NCQA is a private, nonprofit organization whose mission is to improve health care quality.

And I'm thrilled to tell you that a recent ranking by NCQA and *U.S. News & World Report*—in America's Best Health Insurance Plans for 2009-10¹—awarded Tufts Health Plan five stars on an impressive array of quality measures. (Plans received ratings of 1 to 5 stars.)

These quality rankings—achieved from among a field of some 487 participating health plans from

across the nation—are an impressive accomplishment. They recognize our outstanding performance in clinical quality and member satisfaction.

But most importantly, they reflect our commitment to your health and well-being.

Thank you for being a Tufts Health Plan member. I hope you'll be well!



Photograph by Webb Chappell

James Roosevelt, Jr.
President and CEO

Our Quality Report Card²

★★★★★	Member Satisfaction
★★★★★	Satisfaction with physicians
★★★★★	Personal doctor
★★★★★	Specialists
★★★★★	Care received
★★★★★	Satisfaction with health plan services
★★★★★	Prevention
★★★★★	Children and adolescents
★★★★★	Well-child visit, infants
★★★★★	Well-child visits for ages 3-6
★★★★★	Access for children ages 7-11
★★★★★	Adolescent well-care visits ages 12-21
★★★★★	Timeliness of prenatal checkups
★★★★★	Cancer screening
★★★★★	Breast cancer screening
★★★★★	Cervical cancer screening
★★★★★	Colorectal cancer screening
★★★★★	Early immunizations

★★★★★	Treatment
★★★★★	Diabetes
★★★★★	Blood pressure control (140/90)
★★★★★	Retinal eye exams
★★★★★	Glucose testing
★★★★★	Glucose control
★★★★★	LDL cholesterol control
★★★★★	Monitoring kidney disease
★★★★★	Heart disease
★★★★★	Beta blocker after heart attack
★★★★★	LDL cholesterol screening
★★★★★	Mental and behavioral health

¹U.S. News/NCQA America's Best Health Insurance Plans 2009-10. "America's Best Health Insurance Plans" is a trademark of U.S. News & World Report.

²To see the full report, go to usnews.com.

5 WAYS TO GET THE HELP YOU NEED

Sometimes you need to reach us directly. Here are five ways to get the help you need:

1 | Member Specialists

As part of our commitment to members, Tufts Health Plan's courteous and professional member specialists are available to help you better understand your coverage, provide information about network specialists, and assist you in finding doctors who can meet your unique needs. Call 1-800-462-0224 to speak with a member specialist, or call the number on your member ID card. You can also go to the Contact Us link at tuftshealthplan.com to make an online inquiry.

2 | Translators Available

With the help of the Language Line, Tufts Health Plan speaks 140 languages. If needed, a member specialist can access the Language Line and connect you with a translator who will translate your conversation with the member specialist.

3 | TDD Services

Tufts Health Plan also has a telecommunications device for the deaf (TDD). If you are hearing-impaired and have a TDD, you can communicate with a member specialist by calling 1-800-868-5850.

If a member specialist is unavailable, Tufts Health Plan's TDD will answer your call and give you instructions for leaving a message. A member specialist will return your call as soon as possible. Tufts Health Plan member specialists can also help you choose a primary care provider who understands American Sign Language.

4 | E-mail

Members can e-mail us online 24 hours a day, 7 days a week. Just go to the Contact Us link at tuftshealthplan.com. We will respond to you within one business day.

5 | Your Secure Online Account

Managing your health means having valuable information about your coverage at your fingertips. At our secure member Web site, called My Wellness Plan, you can:

- ▶ View your benefits and coverage
- ▶ Review claims
- ▶ Check the status of referrals and authorizations
- ▶ Refill your mail-order prescriptions
- ▶ Change your primary care provider
- ▶ Order member ID cards
- ▶ Print forms
- ▶ Update personal information

Go to tuftshealthplan.com and log in, or click Register Today for quick access to your plan.

For specific information about your coverage, please review your *member benefit document*, also known as your *evidence of coverage*. If there is a difference between the information in this guide and your *member benefit document*, the *member benefit document* will apply.



HOW TO GET THE CARE YOU NEED, WHEN YOU NEED IT— OUR PROVIDER NETWORK

Your relationship with your primary care provider (PCP) is an important one. HMO plan members are required to choose a PCP from the providers in their specific Tufts Health Plan network (Standard or Select). In most cases, your PCP will provide your care. If you need to see a specialist, your PCP will refer you to a specialist within our network.

How to Find a Doctor in Your Network

- 1** From the Tufts Health Plan homepage, click on Find a Doctor. Our provider search function allows you to customize your search based on the information most relevant to you.
- 2** Most members will choose providers from the Tufts Health Plan Standard Network. If your plan name includes the word Select, you must choose providers from the Select Network.
- 3** Once you choose your network, you can search by provider name, type, specialty, location, and other criteria.
- 4** You can also search for other provider types, including hospitals, acupuncturists, chiropractors, behavioral health providers, fitness centers, and more.

Additional details about each provider in the list can be found by clicking on the highlighted name. Detailed information includes specialties, board certification, languages spoken, medical school(s) attended and graduation date(s), additional specialties, age, gender, extended hours, plans covered, and handicapped accessibility.
- 5** **Maps** of provider office locations are available by clicking the Maps link on search results pages.

How to Select or Change Your PCP

If you need to select or change your PCP, please log in to your secure online account, and click on the Changes and Requests tab.

It is important that you schedule visits with your PCP in advance. Please be aware that there may be times when your PCP is unavailable, and you will see a covering provider or nurse practitioner.

Referrals

Your PCP will provide most of your care and assess your medical needs. If necessary, your PCP will refer you to a specialist in your specific Tufts Health Plan network (Standard or Select). Common services that require specialist referrals include physical therapy, dermatology, otolaryngology, and urology. Some services will not require referrals, including routine mammograms and Pap smears, spinal manipulation, routine eye exams, urgent care, and emergency treatment.

Emergency Medical Care is Covered

Emergency medical care is covered, whether or not you receive care from a provider in our network. Members do not need PCP referrals for emergency care in an emergency room or a physician's office.

In the event of a medical emergency, always seek care by going to the nearest medical facility, or if needed, call 911.

If you receive care in an emergency room but are not admitted as an inpatient, you or someone acting on your behalf must notify your PCP or Tufts Health Plan within 48 hours of receiving care.

HOW TO GET THE CARE YOU NEED, WHEN YOU NEED IT— OUR PROVIDER NETWORK

MinuteClinics

MinuteClinics located within participating CVS/pharmacy locations in Massachusetts are part of our Standard and Select provider networks. The limited-service, store-based clinics are open evenings and weekends and offer an alternative when less urgent care is needed or when you are unable to visit your PCP because of scheduling or other challenges. MinuteClinic practitioners see people on a first-come, first-served basis. No appointments are needed.

MinuteClinics diagnose, treat, and write prescriptions for common illnesses—such as strep throat, and ear, eye, sinus, and bronchial infections—for patients 24 months and older. Prescriptions written at MinuteClinics can be filled at any pharmacy in the Tufts Health Plan network.

The clinics do not provide emergency care. If you need emergency care, please go to an emergency room.

How You are Covered at MinuteClinics

As a Tufts Health Plan member, you can seek care at any MinuteClinic in Massachusetts without a referral. Just show your member identification card at the time of your visit and services will be covered as they would be at your PCP's office. At the end of your visit, you will receive a copy of your medical record, and if you agree, a copy of the record will be sent to your PCP. While this treatment option is now available to you, we encourage you to seek care from your PCP, who will also direct any additional care you may need.

For a list of services provided at MinuteClinics, or to find a location near you, visit minuteclinic.com.



MAKING YOUR PLAN WORK FOR YOU

The goal of this special edition of WELL! is to help you achieve the best value for your health care dollar, which is accomplished by balancing quality and cost. The best way to accomplish this is to make certain that your care is well-coordinated and that treatment decisions are sound. The following provides an overview of procedures designed to help our members get the right care in the right setting at the right time.

How to Get Your Routine Vision Care Coverage and Eyewear Discounts

Tufts Health Plan offers coverage for routine eye exams and other vision care services through the EyeMed Vision Care network of more than 22,000 private practice and optical retail locations. To receive coverage for routine eye exams, you must visit an optometrist or ophthalmologist in the EyeMed network. This nationwide network includes private practice optometrists, ophthalmologists, opticians, and well-known optical retailers—LensCrafters, Sears Optical, Target Optical, JCPenney Optical, and most Pearle Vision locations.

To find a vision care provider in the EyeMed network, click on Doctor Search on the Members tab at tuftshealthplan.com. Under Find a Provider Type, select Routine Eye Care.



Please note: In addition to routine eye exams, covered vision care services include those used to diagnose, treat, or monitor medical eye diseases and conditions, such as glaucoma or diabetes, as well as any necessary periodic follow-up eye exams. Optometrists in the EyeMed network may provide some of these services. If you do need such services, ask your selected vision care provider how regularly you should be seen.

These non-routine eye examinations and services may require a referral for an ophthalmologist from your provider, depending on your plan.

Eyewear Discounts

As a Tufts Health Plan member, you and your plan dependents are eligible to receive discounts on vision correction and eyewear from EyeMed participating providers.

- ▶ Save 35% off the retail price of frames, as well as discount pricing on lenses and lens options, with the purchase of a complete pair of eyeglasses. **Discount program not available on select frame brands. Retail price may vary by location.*
- ▶ Save 20% off the retail price of nonprescription sunglasses.
- ▶ Save 15% off the retail price (or 5% off the promotional price) of LASIK and PRK laser vision correction.
- ▶ Visit eyemedcontacts.com to order replacement contact lenses at less than retail price, and have your contacts shipped directly to your home or office.

MAKING YOUR PLAN WORK FOR YOU

Your Pharmacy Benefit Tufts Health Plan and CVS Caremark

As our pharmacy benefits manager, CVS Caremark reviews and processes your claims when you purchase prescription medications. Members covered by our pharmacy benefit may fill prescriptions at any of the more than 63,000 participating pharmacies, including retail chain stores, independent pharmacies, designated specialty pharmacies, and CVS/pharmacy locations. The CVS Caremark Mail Service is available for members who take maintenance medications.

When you're ready to fill a new prescription, follow these four easy steps.

1 | Confirm that your medication is on our list of covered drugs.

Go to tuftshealthplan.com and click on Pharmacy on the Members tab. On the Pharmacy screen, click on the link that applies to you:

- ▶ Massachusetts employer-based plans
- ▶ Rhode Island employer-based plans
- ▶ Select Network plans

Search for the name of your medication. If your medication is not listed, call our Member Services Department at the number printed on your ID card.

2 | Check whether any of the following pharmacy management programs apply to your medication:

- ▶ **PA:** Prior authorization
- ▶ **DL:** Dispensing limitation
- ▶ **ST^{PA}:** Step therapy
- ▶ **NC:** Non-covered
- ▶ **SP:** Designated specialty pharmacy

3 | Follow the appropriate steps for any applicable pharmacy management programs.

- ▶ **PA (prior authorization) or NC (non-covered):** Contact the provider who has written your prescription. If your provider believes a drug with a PA or NC is necessary for your treatment, he or she may submit a request for coverage by faxing a Universal Pharmacy Medical Review Request Form—available at tuftshealthplan.com/providers—to Tufts Health Plan. We will cover the medication if it meets our medical necessity coverage guidelines. If the request is approved, you will be covered for your prescription. If it is not approved, you can appeal the decision.
- ▶ **DL (dispensing limitation):** You are covered for up to the amount posted in our list of covered drugs. If your provider believes it is necessary for you to take more than the DL amount posted on the list, he or she may submit a Universal Pharmacy Medical Review Request Form to request coverage.
- ▶ **ST^{PA} (step therapy):** Check the step therapy document in the Pharmacy section at tuftshealthplan.com/members to confirm the step your drug is on. If you have not previously taken the steps required by our pharmacy coverage, and your provider believes the drug prescribed for you is medically necessary, he or she may request coverage by submitting a Universal Pharmacy Medical Review Request Form.
- ▶ **SP (designated specialty pharmacy):** Call the designated specialty pharmacy provider indicated in your online search or contact the Tufts Health Plan Member Services Department at the number on your ID card to help ensure you receive your medication without interruption.

4 | Check the cost of your covered medication.

Covered drugs are grouped in three tiers, or levels, of cost:

- ▶ **Tier 1:** You pay the lowest copayment; includes most generic drugs
- ▶ **Tier 2:** You pay the middle copayment; includes brand-name drugs
- ▶ **Tier 3:** You pay the highest copayment; includes the most costly covered brand name drugs not included in Tier 2

To determine which tier applies to your prescription, go to tuftshealthplan.com and click on Pharmacy in the Members tab. There you will be able to search the drug list that relates to your plan.

Also, check the specifics of your pharmacy coverage in your secure online account (see page 11) to see if a deductible applies.

How to Order Maintenance Medications by Mail and Save Money

Mail order is a quick, convenient, and economical way to get your prescriptions for maintenance medications filled.

1 | You will need to have any necessary approvals in place (see steps 2 and 3 above).

2 | Then call CVS Caremark Customer Service toll free at 1-800-581-5300. If your medication does not need an approval, you will be transferred to CVS Caremark's FastStartSM service, which will get you started with the mail order service.

You will need the following information when you make the call:

- ▶ Your Tufts Health Plan ID card
- ▶ Medication name
- ▶ Your physician's name and phone number
- ▶ Shipping address
- ▶ Credit card information and expiration date

3 | Once you begin receiving medications by mail, you can order refills easily online or by phone.



MAKING YOUR PLAN WORK FOR YOU

When You Might Need a Prior Authorization for a Procedure

Some procedures require *prior authorization* in addition to approval for the scheduled date of your service. Prior authorization is a process in which your provider submits a request to Tufts Health Plan, or an authorized reviewer, to assess the medical necessity of a procedure before coverage is approved.

Some of the procedures and services requiring prior authorization include, but are not limited to:

- ▶ Physical therapy
- ▶ Upper GI endoscopy
- ▶ Surgical knee arthroscopy
- ▶ Continuous positive airway pressure (CPAP)/Bilevel positive airway pressure (BiPAP)
- ▶ Sleep studies
- ▶ Assisted reproductive technologies (ART)
- ▶ Outpatient high-tech imaging procedures:
 - ▶ Magnetic resonant imaging/Magnetic resonant angiogram (MRI/MRAs)
 - ▶ Computerized axial tomography (CT) scans
 - ▶ Positron emission tomography (PET) scans
 - ▶ Nuclear cardiology

How to Get Reimbursements

Medical Claims

Generally, your providers will submit bills directly to Tufts Health Plan on your behalf. Occasionally, you may have the need to pay the provider directly for a service, if, for example, you received emergency care while traveling outside the Tufts Health Plan service area. If this happens, please complete a *member reimbursement medical claim form*.

Detailed instructions are included on the form, which can be found at tuftshealthplan.com/members under Forms and Documents.

Fitness Rebate

Members may receive a \$150 mail-in fitness rebate (per household) on annual gym member fees following four consecutive months of:

- ▶ Membership with Tufts Health Plan
- ▶ Membership with a qualifying health and fitness club*

Members must submit a rebate form annually to recertify their membership with a qualifying health and fitness club.

This fitness rebate is in addition to our existing value-added discounts on fitness, including:

- ▶ 20%-60% discounts on qualified fitness club membership fees**
- ▶ Waiver of initiation/joining fees at any health and fitness clubs within the Tufts Health Plan network of fitness centers

*Qualifying health and fitness clubs include cardiovascular and strength-training equipment and are facilities for exercising and improving physical fitness. Facilities and programs that do not qualify for the fitness reimbursement include, but are not limited to, aerobic or pool-only facilities, gymnastics facilities, martial arts centers, country clubs, yoga classes, sports teams and leagues, fees for personal trainers, lessons, or exercise equipment.

** This refers to the 20% discount for the Tufts Health Plan network of fitness centers and up to a 60% discount for the GlobalFit network (average savings with GlobalFit is 50%). Members receive a 50% discount on joining fees at Curves.



MY WELLNESS PLAN—YOUR SECURE ONLINE ACCOUNT

With Tufts Health Plan, you have the convenience of 24-hour access to plan and benefit information through My Wellness Plan—your online resource for getting information you need, when you need it.

It's easy to register:

- 1** | Go to tuftshealthplan.com
- 2** | Click Register Today
- 3** | Enter the requested information to create your new username and password

Log in for instant access to your secure online account.

Personal Home Page

When you log on to My Wellness Plan, you will see your Personal Home Page, where you can access all the information you need about your coverage and benefits. From the home page, you can access your personalized account, health trackers, personal health assessment, common transactions, health links, reminders, and more.

How to See Your Coverage

When you click on the My Coverage tab, you can review your:

- ▶ **Benefits**
- ▶ **Referrals and authorizations**
- ▶ **Bills, claims, and explanations of benefits (EOBs)**

In addition, you will find information on:

- ▶ **How to save on products and services, including diet, fitness, health, and wellness products**
- ▶ **Our wide range of health programs**
- ▶ **The EyeMed Vision Care routine eye network and discounts**
- ▶ **Your pharmacy coverage**

How to Find Health Information

When you click on the Take Charge of Your Health tab, you can:

- ▶ **View recommended preventive health screenings**
- ▶ **Enter personal data to track important health measurements**
- ▶ **Look up health topics in the Healthwise® Knowledgebase**
- ▶ **Compare cost and quality of hospitals**
- ▶ **Calculate average cost information for hundreds of treatments and procedures**
- ▶ **Help improve your health by completing this confidential personal health assessment**
- ▶ **Personalize your account with health topics important to you**

How to Make Changes and Requests

When you click on the Changes and Requests tab, you can:

- ▶ **Select/Change Your Primary Care Provider (PCP)**
- ▶ **Access and print forms**
- ▶ **Order replacement member identification cards**
- ▶ **Change account preferences**

GLOSSARY

Benefit Document:

The contract that describes your coverage. It includes a description of the benefits you receive for covered health services, procedures you must follow, and the limitations and exclusions that apply to your coverage. It is sometimes called your Evidence of Coverage, Description of Benefits, Certificate of Coverage, or Plan Document.

Copayment (“copay”):

The fixed dollar amount you pay for certain covered services provided by a Tufts Health Plan provider. Copayments are paid to the provider when you receive care unless the provider arranges otherwise. Copayments are not applied toward any deductible.

Deductible:

The amount you pay in each year for covered services before any payments are made under your plan.

Primary Care Provider (PCP):

A physician, nurse practitioner, or other qualified health care professional primarily responsible for the management of health care services for a member.

Prior Authorization:

Prior authorization is a process in which your provider submits a request to Tufts Health Plan, or an authorized reviewer, to assess the medical necessity of a procedure before coverage is approved. The Tufts Health Plan Medical Necessity Guidelines provide the criteria for determining medical necessity for coverage. For more information, call Member Services.

Provider Network:

The providers with whom Tufts Health Plan has agreements to provide covered services to members. Providers are not Tufts Health Plan’s employees, agents, or representatives.

Referrals:

The process of sending a patient from one health care practitioner to another for services. Health care plans may require that a primary care provider (PCP) authorize a referral as a requirement for coverage for specialty services. The costs of these services are generally borne by the plan if a covered benefit.



Go Online to Check Your Benefits & Member Handbook

You have many resources to help you understand your Tufts Health Plan coverage and benefits.

And most can be found in one convenient place, tuftshealthplan.com.

To review your specific benefit information, just log in to your secure online account, My Wellness Plan.

Your Member Handbook, another valuable source of information about the coverage you are eligible to receive as a plan member, is also available in your secure account at tuftshealthplan.com.

Questions about your plan?

Your Member Handbook can help answer many questions you may have about your coverage. It covers a wide range of information, including:

- A general description of your plan's benefits and services
- Information about copayments and other charges for covered health care services
- How you can receive care and how your coverage may be affected if you seek care outside your plan's service area or provider network
- When and how to seek emergency care
- Where you can obtain information about network providers
- Your rights and responsibilities as a plan member

- How Tufts Health Plan evaluates new medical procedures and devices, as well as new uses of medical devices, before making coverage decisions
- How to obtain primary, specialty, and mental health care, as well as inpatient services
- How to obtain care before or after your provider's office hours
- How to register a complaint with Tufts Health Plan or appeal a coverage decision we have made
- Descriptions of our pharmacy programs
- How to submit a claim or request reimbursement for a payment you have made for covered services

Where to get a copy of your handbook

To read or print your Member Handbook, go to tuftshealthplan.com and click on Forms & Documents on the Members tab.

If you would like to receive a printed copy of the handbook, please call a member specialist at the number on your member ID card.

To review the specifics of your Tufts Health Plan coverage, always save and read your member benefit document, the full description of your coverage, which you receive when you become a plan member.



Your Satisfaction is Our Priority

We have a process to address questions or concerns you may have about health care services or coverage you receive through Tufts Health Plan.

Our process also provides you with a way of appealing coverage decisions we have made.

As part of the process, you may be eligible to have an appeal reviewed by the Massachusetts Department of Public Health's Office of Patient Protection (OPP) if you live or seek services in Massachusetts.

If you live or seek services in Rhode Island, you may be eligible to have your appeal reviewed by Maximus, Inc.

The Massachusetts Office of Patient Protection and Maximus, Inc., are independent agencies that administer an external review process for final coverage determinations based on medical necessity. Neither is affiliated with Tufts Health Plan in any way.

You can read an overview of our member satisfaction and appeals process online in your Member Handbook.

To view or print a copy of your handbook, go to tuftshealthplan.com and click on Forms and Documents on the Members tab.

If you would like to receive a printed copy of the handbook, call a member specialist at the number on your Tufts Health Plan ID card.

How We Help You Receive Quality Care

We want to help you to receive quality health care in an appropriate treatment setting.

One way we help do this is through our utilization management (UM) program.

As part of our UM decision-making process, we evaluate requests for coverage by applying clinical criteria guidelines for the medical necessity, appropriateness, and effectiveness of the health care services under a member's benefit plan.

Any UM decision to deny coverage is made only by a qualified, licensed provider or, when appropriate, by a licensed psychologist.

We neither pay the people who conduct UM for issuing denials of coverage, nor do we provide financial incentives for UM decisions-makers to encourage denials of appropriate coverage or under-use of health care services.

For more information about our UM program, please review your member benefit document.



Reminder: Coverage Changes for 2010

We want to remind you of changes in Tufts Health Plan benefits for members of some Health Maintenance Organization plans when coverage renews in plan year 2010.

- **Physical therapy:** The physical therapy benefit for some Standard and all Select network plans will be limited to up to 30 visits a year based on medical necessity.
- **Occupational therapy:** Members of some Standard and all Select network plans will have an occupational therapy benefit limited to up to 30 visits a year based on medical necessity.
- **Outpatient high-tech imaging procedures:** Members of some Standard and Select network plans will pay a copayment for the following high-tech imaging procedures when they are performed in an outpatient setting: CT/CTA scans, MRI/MRAs, PET scans, and nuclear cardiology. This copayment will not apply when the outpatient high-tech imaging procedure is required as part of an active treatment plan for a cancer diagnosis.
- **Pediatric dental care:** Some Select Network plans that currently offer preventive pediatric dental care benefits will no longer cover these services.

- **Hearing aids:** Members of all Select Network plans will no longer be covered for hearing aids. Select Network plans will, however, continue to cover the following:

- Newborn hearing tests for infants younger than 3 months of age
- Medically necessary hearing tests
- When medically necessary, the implantable bone-anchored hearing device and the electronic device designed to serve as a prosthetic replacement for the inner ear (cochlear device)

We would also like you to know that the Massachusetts Department of Public Health Hearing Aid Program for Infants and Children offers financial assistance for hearing aids to families with children who are deaf or hard of hearing. Children from birth to age 21 are eligible to apply. Financial eligibility is dependent on many factors and an application is required to apply to the program. For more information or an application, call 1-800-882-1435.

Please remember to check your coverage periodically and before any scheduled visits by reviewing your current member benefit document or visiting My Wellness Plan, your secure online account at tuftshealthplan.com

Your Privacy is Important to Us

The privacy and confidentiality of your personal health information is important to us.

Our Notice of Privacy Practices, a four-page booklet available to all Tufts Health Plan members, provides detailed information about our privacy practices and an overview of your rights regarding your personal health information.

We have mailed this information to plan subscribers in the past. New subscribers receive a copy of the notice in their enrollment kit.

If you would like a copy of our Notice of Privacy Practices, log in to your secure account at tuftshealthplan.com to print a copy. Or call a member specialist who will be happy to mail you one.

TUFTS Health Plan **well!**

Spring/Summer 2010



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