WE'RE
WITH
YOU.

TUFTSHEALTHPLAN.COM

HEALTHPACT ENROLLMENT RIGHTS

TUFTS Health Plan

If you are declining enrollment for yourself or for your dependents (including your spouse) because of other health insurance coverage, you may, in the future, be able to enroll yourself or your dependents in this plan, provided that you request enrollment within thirty (30) days after your other coverage ends.

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within thirty (30) days after the marriage, birth, adoption, or placement for adoption.

HEALTHPACT INSTRUCTIONS TO QUALIFY FOR ADVANTAGE-LEVEL BENEFITS

TUFTS Health Plan

IMPORTANT

Below you will find the list of requirements for members covered under your HEALTHPact plan. Please assemble all completed forms and enclose them in the envelope we have provided. Then please submit the envelope to your employer by the date they have specified.

ADULTS (AGE 18 AND OLDER)

In order to qualify for Advantage-Level benefits (beginning at enrollment) in HEALTHPact, each adult (age 18 and older at the time of enrollment) must complete the following:

1. **Initial Pledge Form**
Every adult must complete and submit the enclosed Initial Pledge Form to the employer by the date they have specified.

2. **Personal Health Assessment (PHA) Form**
Every adult must complete and submit the enclosed PHA Form to the employer by the date they have specified.

Additionally, a Primary Care Provider must be indicated on the enrollment application for every adult on the plan. The application should be completed and submitted to the employer by the date they have specified.

ADOLESCENTS (AGE 12 – 17)

In order to qualify for Advantage-Level benefits (beginning at enrollment) in HEALTHPact, each adolescent (who is at least 12 but not older than 17 at the time of enrollment) must complete the following:

1. I**nitial Pledge Form**
Every adolescent must complete and submit the enclosed Initial Pledge Form to the employer by the date they have specified.

Additionally, a Primary Care Provider must be indicated on the enrollment application for every adolescent on the plan.

Note: The PHA form is not required for adolescents.

CHILDREN (YOUNGER THAN 12)

A Primary Care Provider must be indicated on the enrollment application for every child on the plan.

Note: The Initial Pledge and PHA forms are not required for children younger than 12.

HEALTHPACT INSTRUCTIONS TO QUALIFY FOR ADVANTAGE-LEVEL BENEFITS

TUFTS Health Plan

List of Adults
(18 and older as of the date of enrollment):

1. Name: _____
   - ❑ Initial Pledge Form completed and enclosed
   - ❑ PHA Form completed and enclosed
   - ❑ PCP indicated on enrollment application
2. Name: _____
   - ❑ Initial Pledge Form completed and enclosed
   - ❑ PHA Form completed and enclosed
   - ❑ PCP indicated on enrollment application
3. Name: _____
   - ❑ Initial Pledge Form completed and enclosed
   - ❑ PHA Form completed and enclosed
   - ❑ PCP indicated on enrollment application
4. Name: _____
   - ❑ Initial Pledge Form completed and enclosed
   - ❑ PHA Form completed and enclosed
   - ❑ PCP indicated on enrollment application
5. Name: _____
   - ❑ Initial Pledge Form completed and enclosed
   - ❑ PHA Form completed and enclosed
   - ❑ PCP indicated on enrollment application

List of Adolescents
(age 12 to 17 as of the date of enrollment):

1. Name: _____
   - ❑ Initial Pledge Form completed and enclosed
   - ❑ PCP indicated on enrollment application
2. Name: _____
   - ❑ Initial Pledge Form completed and enclosed
   - ❑ PCP indicated on enrollment application
3. Name: _____
   - ❑ Initial Pledge Form completed and enclosed
   - ❑ PCP indicated on enrollment application
4. Name: _____
   - ❑ Initial Pledge Form completed and enclosed
   - ❑ PCP indicated on enrollment application
5. Name: _____
   - ❑ Initial Pledge Form completed and enclosed
   - ❑ PCP indicated on enrollment application

LIST OF CHILDREN (YOUNGER THAN 12 AS OF THE DATE OF ENROLLMENT):

1. Name: _____
   - ❑ PCP indicated on enrollment application
2. Name: _____
   - ❑ PCP indicated on enrollment application
3. Name: _____
   - ❑ PCP indicated on enrollment application
4. Name: _____
   - ❑ PCP indicated on enrollment application
5. Name: _____
   - ❑ PCP indicated on enrollment application

WELCOME TO TUFTS HEALTH PLAN

TUFTS Health Plan

Please fill in the "subscriber" sections of this membership application completely so we do not delay enrollment. You will receive your Tufts Health Plan ID card and member benefit document soon.

Employer Section

Your employer must fill out this section.

Employee Section

- Personal Information: Complete all enrollment information. Please select a primary care provider (PCP). Be sure to fill out this section for all members, including dependents.
- Product Code: Please be sure to fill in the correct product code for the plan you have selected. (Please use chart on the right.)
- **Primary Care Provider: If your plan requires you to choose a PCP, it is important that you select one right away. Until we know who your PCP is, your in-network benefits may be limited to emergency services only. To find a PCP, visit tuftshealthplan.com and use the Doctor Search feature. On this application, indicate whether you are a current patient of the PCP you have listed. (You are a current patient if you have routinely received health care services from this provider in the past.) If you are selecting a new PCP, contact the provider's office right away and introduce yourself as a new Tufts Health Plan member. Ask if they are taking new patients and if the provider would like to schedule a physical exam.**
- Other Health Coverage: If you have other or additional insurance (such as Medicare), please check the correct box and fill in the requested information. If you do not have any other insurance, be sure to check the "No" box.

When the Application is Complete

- Give the application to your employer.
- Employer mails the form to:
  Tufts Health Plan
  P.O. Box 9186
  Watertown, MA 02471-9186

Notices

By enrolling, you understand and agree that if you or any of your enrolled dependents obtain a health care benefit or payment that you are not entitled to receive, or if you knowingly present a claim that contains a false statement, you may lose your health care coverage and can be liable for the full amount of the health care benefit or payment made and for reasonable attorney's fees and costs, including the cost of the investigation.

Tufts Health Plan arranges for the provision of health care services through agreements with independent community-based health care professionals working in private offices and with hospitals throughout the Tufts Health Plan service area. These providers are independent contractors and not employees, agents, or representatives of Tufts Health Plan. Tufts Health Plan does not directly provide health care services.

Product Codes

Write the corresponding letter in the product box in the subscriber section of the enrollment application.

- **A.** HMO Premium
- **B.** HMO Value
- **C.** HMO Basic
- **D.** HMO Choice Copay
- **E.** Advantage HMO
- **F.** Advantage HMO Saver
- **G.** POS
- **H.** POS Choice Copay
- **I.** EPO
- **J.** EPO Choice Copay
- **K.** PPO
- **L.** Advantage PPO
- **M.** Advantage PPO Saver
- **N.** Navigator by Tufts Health Plan
- **O.** CareLink
- **P.** Select HMO
- **Q.** Select Advantage HMO
- **R.** Rhode Island HEALTHPact
- **S.** Your Choice HMO
- **T.** Your Choice PPO
- **U.** Steward Community Choice
- **LPC.** Lifespan Premier Choice

We speak over 200 languages.
Call Member Services.

Nous parlons français
Hablamos Español
Nós falamos português
Мы говорим по-русски
Parliamo Italiano
Wir sprechen Deutsch
我們會講普通話
我們會講廣東話
Chúng tôi nói được tiếng Việt
Nou pale Kreyòl
យើង និយាយ ភាសាខ្មែរ

Need Help?

If you need assistance selecting a PCP, visit tuftshealthplan.com and use the Doctor Search feature. If you need help filling out this form, call a Member Services Representative.

Member Services:

800.462.0224

MEMBER ENROLLMENT FORM

FAILURE TO COMPLETE FORM WILL CAUSE A DELAY IN ENROLLMENT.

Please print clearly or type. Please be sure application is completed in full to ensure enrollment. Employers can mail completed forms to: Tufts Health Plan • P.O. Box 9186 • Watertown, MA 02471-9186

EMPLOYER SECTION

PLEASE WRITE IN YOUR 8 DIGIT GROUP NUMBER BELOW

Group/Company Name_____ Group Number_____

Office Location_____ Date of Hire_____ Effective Date of Coverage_____

Type of Enrollment: ❑ New Hire ❑ Open Enrollment ❑ COBRA ❑ New Group ❑ Qualifying Event (MUST specify)_____ Qualifying Event Date_____

SUBSCRIBER SECTION

PRODUCT (Select corresponding letter from the list on the front page) _____ Other _____

Last Name_____ First Name_____ Middle Initial_____

Employee Social Security Number (required)_____-_____-_____ Date of Birth (MM/DD/YYYY)_____ / _____ / _____ Gender: ❑ Male ❑ Female

Residential Address (required) _____ City_____ State_____ ZIP_____

P.O. Box (optional) _____ City_____ State_____ ZIP_____

Email Address _____ Home/Work Telephone (_____) _____ Cell Phone (_____) _____Primary Language_____

Marital Status: ❑ Single ❑ Married ❑ Divorced ❑ Domestic Partner Type of Coverage Requested: ❑ Individual ❑ Family ❑ Other_____

Primary Care Provider First Name_____ Last Name_____ PCP/ NPI # _____ Is this your current PCP? ❑ Yes ❑ No

Members Enrolling First Name / Last Name (if different)	Sex M/F	Date of Birth (MM/DD/YEAR)	Social Security Number (required for all members)	Choose a Primary Care Provider for each member (Include first and last name.)	Check if currently used for primary care	PCP NPI #
❑ Spouse ❑ Domestic Partner			- -		❑	
Child/Dependent			- -		❑	
Child/Dependent			- -		❑	
Child/Dependent			- -		❑	
Child/Dependent			- -		❑	
Child/Dependent			- -		❑	

Please check if you are using additional membership applications for additional dependent children. ❑

Do you or someone else covered under this insurance policy have other health insurance coverage at the same time your Tufts Health Plan policy is in effect? ❑ Yes ❑ Yes (Medicare) ❑ No

Name of Health Plan_____ Name of Plan Holder_____ Health Plan Number_____ Effective Date_____

Names of Family Members Covered_____ Is Spouse Employed? ❑ Yes ❑ No If Yes, Name and Address of Employer _____

The information supplied on this form is true and complete. I authorize my employer to make necessary payroll deductions, if any, for my share of Tufts Health Plan coverage. I assign benefits to Tufts Health Plan providers, which means that Tufts Health Plan is authorized to make payments directly to Tufts Health Plan providers for services rendered to me (us). I grant Tufts Health Plan any legal right that I (we) may have to recover the cost of services for an illness or injury caused by someone else when these services have been or will be paid by Tufts Health Plan. I understand that calls to the Member Services department may be monitored for quality assurance. I understand that the benefits for which I (we) are eligible are those described in the applicable member benefit documents.

Subscriber Signature_____ Date_____ **Employer Signature** (required)_____ Telephone_____ Date_____

HEALTHPACT
INITIAL PLEDGE FORM

The HEALTHPact plan focuses on primary care, prevention, and wellness. This plan also emphasizes the importance of proper treatment for the chronically ill. To support these goals and to obtain the Advantage Level of benefits, individuals and family members must pledge to commit to the goals of HEALTHPact, as follows:

I , _____ (print name), agree to:

- Participate in a smoking cessation program, if currently a smoker, or remain smoke-free if a non-smoker.
- Participate in a weight loss or weight management program, if I have a high Body Mass Index (BMI), or maintain a healthy weight if my BMI is in the healthy range.
- Participate in disease management or case management, if identified by Tufts Health Plan as an individual who would benefit from these programs.

Today's date is _____ (month, day, and year), and I understand my participation in the Advantage-level benefits is dependent on my engagement in the above mentioned programs.

Signed _____
(By the member if 18 or older as of the date of enrollment or the member's parent or guardian if the member is 12 to 17 years old)

Note: No pledge is required for members younger than 12.

PERSONAL HEALTH ASSESSMENT

TUFTS Health Plan

TO BE COMPLETED BY MEMBERS 18 OR OLDER. PLEASE RETURN TO: YOUR EMPLOYER IN THE PROVIDED ENVELOPE BY THE DATE THEY HAVE SPECIFIED.

First Name_____ Last Name_____

Date of Birth (mm/dd/yyyy) _____ Gender_____

Address_____

City, State, Zip_____

Phone Number_____

Email Address_____

PRIVACY AND DISCLAIMER INFORMATION FOR PERSONAL HEALTH ASSESSMENT

Participation in this survey and any follow-up contacts based on your results is completely voluntary. In filling out this survey, you will be disclosing personal health information (PHI) that is protected by Federal and State law. Your survey results will be shared only with Tufts Health Plan to provide programs for its employees and their dependents. Your survey results will not be shared with your subscriber's employer and will have no bearing on the subscriber's job status. The PHI you provide will not become part of your personnel or medical files. However, Tufts Health Plan may use and disclose aggregated, de-identified information obtained from this survey and those of other participants. Personal demographic information is necessary only to mail your feedback and health improvement programs, if applicable. When completing this survey please do not share any genetic information, including family medical history or any information related to genetic testing, genetic services, genetic counseling, or genetic diseases for which you may believe to be at risk. Your completion of this survey is deemed to be your consent to the use or disclosure of your PHI as described above. This survey is for informational purposes only, and the information provided herein is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified healthcare provider with any questions you may have regarding a medical condition. Never disregard professional medical advice or delay in seeking it because of something you have read in connection with this survey. Tufts Health Plan expressly does not endorse, warrant, or guarantee, and disclaim any and all liability for, any product, service, opinion, advice, communication, information, or other content on or made available through this survey.

GENERAL HEALTH

1. Considering your age, would you say your overall general physical health is:
   - ❑ Excellent
   - ❑ Very good
   - ❑ Good
   - ❑ Fair
   - ❑ Poor
2. How satisfied are you with your life?
   - ❑ Completely Satisfied
   - ❑ Mostly Satisfied
   - ❑ Somewhat Satisfied
   - ❑ Not Satisfied at all

PREVENTIVE HEALTH CARE AND RECENT MEDICAL CARE

Please check the number of times during the past 12 months that you have done the following:

3. In the past 12 months, how often have you seen your doctor or health care provider?
   ❑ 0 ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6+
4. In the past 12 months, how many times have you visited an emergency room?
   ❑ 0 ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6+
   (reason: _____)
5. In the past 12 months, how many times have you stayed overnight in a hospital?
   ❑ 0 ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6+
   (reason: _____)
6. In the past 12 months have you received a flu shot?
   ❑ Yes ❑ No
   ❑ Don't Know
7. In the past 12 months, have you seen a dentist?
   ❑ Yes ❑ No

CURRENT MEDICAL STATUS

8. Do you have any of the following health conditions? (Please answer yes or no.)

❑ Yes	❑ No	Asthma
❑ Yes	❑ No	Diabetes
❑ Yes	❑ No	Heart Failure (HF)
❑ Yes	❑ No	Chest Pain/Heart Condition
❑ Yes	❑ No	High Blood Pressure
❑ Yes	❑ No	High Cholesterol
❑ Yes	❑ No	Chronic Lung Disease/ Pulmonary Disease
❑ Yes	❑ No	Depression
❑ Yes	❑ No	Anxiety
❑ Yes	❑ No	Cancer
❑ Yes	❑ No	Chronic Kidney Disease/ End Stage Renal Disease
❑ Yes	❑ No	Muscular Sclerosis
❑ Yes	❑ No	Stroke
❑ Yes	❑ No	Spinal Cord Injuries
❑ Yes	❑ No	Transplants (Solid Organ or Cellular)
❑ Yes	❑ No	Brain Injuries

CURRENT MEDICAL STATUS (CONTINUED)

9. For females, are you currently pregnant?
   - ❑ Yes ❑ No
10. If yes, are you having any difficulties with your pregnancy?
   - ❑ Yes ❑ No

TOBACCO USE

11. How would you describe your use of tobacco products?
   - ❑ Currently use tobacco products
   - ❑ Used to use tobacco products
   - ❑ Never used any tobacco products
12. Which tobacco products do you currently use?
   - ❑ Cigarettes
   - ❑ Cigars
   - ❑ Pipe
   - ❑ Chewing tobacco
   - ❑ Snuff
13. Do you live or work with people who smoke around you?
   - ❑ Yes ❑ No

ALCOHOL USE

14. How much alcohol do you consume daily?
   - ❑ I do not drink alcohol
   - ❑ Less than 1 drink
   - ❑ 1-2 drinks
   - ❑ More than 2 drinks
15. Have you ever felt you should cut down on drinking?
   - ❑ Yes ❑ No

MENTAL HEALTH

16. Do you often feel sad or depressed?
   - ❑ Yes ❑ No
17. In the past month, have you had little interest or pleasure in doing things?
   - ❑ Yes ❑ No

PHYSICAL ACTIVITY AND NUTRITION

18. Do you get at least 30 minutes of moderate activity, such as walking fast or doing yard work, 5 or more days a week?
    ❑ Yes ❑ No

19. How many servings of each of the following types of food do you eat in a typical day?
    - Fruit_____(serving= ½ cup fruit or a medium piece of fruit)
    - Vegetables_____(serving= ½ cup vegetables or a cup of leafy greens)
    - Whole grain breads, cereal, rice, or pasta_____(serving= 1 slice bread, ¾ cup cereal, ½ cooked pasta)
    - Dairy_____(serving= 8oz. milk, 1 cup of yogurt, 1 slice of cheese)
    - Meats/poultry, fish, eggs, nuts, beans_____(3oz meat, ½ cup beans, 1 egg, 1oz nuts)

20. Regarding fat in your diet, would you consider your diet to be:
    ❑ High in fat
    ❑ Somewhat high in fat
    ❑ Neither high nor low in fat
    ❑ Somewhat low in fat
    ❑ Low in fat

WEIGHT MANAGEMENT

21. What is your height (to the nearest inch)?
    _____feet _____inches

22. How much do you weigh (to the nearest pound)?
    _____pounds

23. What is your waist measurement?
    _____inches

HEALTH SCREENINGS

24. What were your last blood pressure numbers? (e.g., 120 over 80)
    _____over _____

25. What were your last cholesterol numbers?
    Total cholesterol_____
    HDL_____
    LDL_____

26. What is your blood glucose level?
    Fasting_____
    Non-fasting_____
    Don't Know_____

PROGRAM PARTICIPATION

27. Are you currently working with a care manager at your current health plan?
    ❑ Yes ❑ No

28. Would you be interested in participating in a program that could help you improve your overall health?
    ❑ Yes ❑ No

1 **Please place all of your HealthPact forms in this envelope**
(Please do not enclose your membership application in this envelope)

2 **Seal it**

3 **Return it to your Benefits Administrator**

Name: _____

HealthPact Materials

HEALTHPACT PARTICIPATION COMMITMENT FORM

TUFTS Health Plan

IMPORTANT

In order to qualify for Advantage Level benefits in HEALTHPact, a copy of this form must be completed by each member age 18 and older at the time of enrollment and renewal.

Please enclose a completed copy of this Annual Renewal Participation Commitment Form for each applicable member on your plan in the envelope we have provided.

Please enclose all required materials for all members on your plan in this envelope and submit it to your employer by the date they have specified.

MEMBER INFORMATION

Note: Members age 18 and older must sign their own form.

1. Member Name: _____

2. Address: _____

3. Preferred Phone Number: ☐ Home: _____ ☐ Cell: _____

4. E-mail Address: _____ 5. Member Identification Number: _____

6. Date of Birth: _____ 7. Today's Date: _____

8. Date of last yearly visit or check-up with PCP: _____

(If that date is not within the last year please put down the date of your next scheduled check-up.)

To qualify for the Advantage Level Benefits, you must confirm your participation in a wellness program(s). Please fill in the appropriate information.

TOBACCO USE

NOTE: "Tobacco use" is defined as the use of a tobacco product or products four or more times per week within no longer than the past 6 months by legal users of tobacco products (generally those 18 years and older) and includes all tobacco products.

☐ YES, I regularly use tobacco products.
☐ NO, I do not regularly use tobacco products.

If YES, please check off actions taken below to help quit tobacco use:

- ☐ Smoking Cessation Counseling Services
- ☐ Prescription Smoking Cessation Medications
- ☐ Over-The-Counter (OTC) Smoking Cessation Products

I confirm that I am participating in a smoking/tobacco cessation program and I understand my participation in the Advantage program is dependent on my engagement in the above mentioned program(s).

Member Signature: _____

WEIGHT MANAGEMENT

☐ YES, my PCP recommended that I participate in a weight management program.

☐ NO, my PCP did not recommend that I participate in a weight management program.

If YES, please check off your BMI range and actions taken:

BMI range:

☐ Underweight: BMI is less than 18.5
☐ Normal weight: BMI is 18.5 to 24.9
☐ Overweight: BMI is 25 to 29.9
☐ Obese: BMI is 30 or more

Actions Taken:

☐ Behavior Change/Modification Therapy
☐ Nutritional & Diet Counseling
☐ Weight Loss Medications
☐ Exercise Promotion
☐ Weight Loss Surgery / Bariatric Surgery

I confirm that I am participating in the applicable weight management program(s) as directed by my PCP and I understand my participation in the Advantage program is dependent on my engagement in the above mentioned program.

Member Signature: _____

CARE MANAGEMENT/CONDITION MANAGEMENT

☐ YES, Tufts Health Plan recommended that I participate in a Care Management/Condition Management program.

☐ NO, Tufts Health Plan did not recommend that I participate in a Care Management/Condition Management program.

If YES, please note which program(s) you participate in:

☐ Asthma
☐ Chronic Kidney Disease (CKD)
☐ Chronic Obstructive Pulmonary Disease (COPD)
☐ Complex Care Management
☐ Coronary Artery Disease (CAD)
☐ Diabetes
☐ End Stage Renal Disease (ESRD)
☐ Healthy Birthday
(Members at risk for preterm labor)
☐ Heart Failure
☐ Smoking Cessation
☐ Telephonic Lifestyle or Virtual Coaching
☐ Tufts Health Priority Newborn Care

I confirm that I am participating in the applicable management program(s) as directed by Tufts Health Plan and I understand my participation in the Advantage program is dependent on my engagement in the above mentioned program.

Member Signature: _____

Understanding Your Body Mass Index (BMI)

What is BMI?

A person's BMI, or body mass index, is based on height and weight. It's often used to determine if a person is underweight, normal weight, overweight, or obese. But BMI doesn't consider muscle mass. The higher your BMI, the more at risk you will be for certain diseases. The following BMI scores below mean:

- Underweight Below 18.5
- Normal 18.5 – 24.9
- Overweight 25.0 – 29.9
- Obesity 30.0 and Above

The table below will help you calculate your BMI. To use the table, find the appropriate height in the left-hand column labeled Height. Move across to a given weight (in pounds). The number at the top of the column is the BMI at that height and weight. Pounds have been rounded off.

Talk to your doctor about your BMI and if you are at risk for certain diseases.

Body Mass Index Table

	Normal						Overweight					Obese										Extreme Obesity														
BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54
Height (inches)	Body Weight (pounds)																																			
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443

Source: Adapted from *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report.*

Smoking Statement

Under the final rule, “tobacco use” is defined as the use of a tobacco product or products four or more times per week within no longer than the past 6 months by legal users of tobacco products (generally those 18 years and older) and includes all tobacco products. The rule clarifies that the term tobacco does not include religious or ceremonial uses of tobacco (for example, by American Indians and Alaska Natives). Tobacco use must be defined by issuers in terms of the time since the individual’s last use of tobacco products.

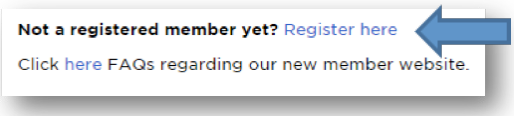
Source:
https://www.cms.gov/CCIIO/Resources/Files/Downloads/market-rules-technical-summary-2-27-2013.pdf

MANAGE ALL YOUR HEALTH PLAN INFORMATION IN ONE CONVENIENT PLACE!

REGISTER TODAY AT MYTUFTSHEALTHPLAN.COM!

Our secure member website at mytuftshealthplan.com has all the information you need to manage your health — and your health plan. It only takes a few minutes to register for access:

1. Go to mytuftshealthplan.com.
2. To register for a new account, click **Register here**

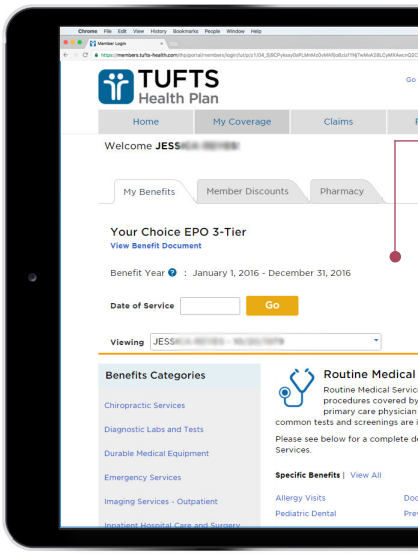


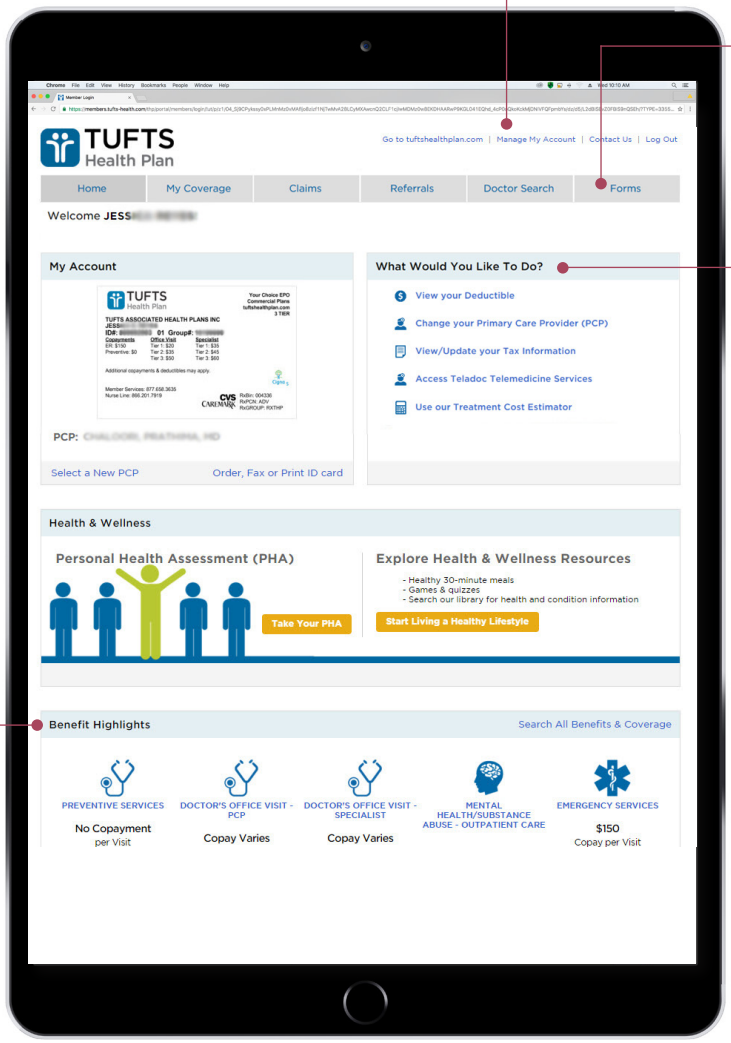
3. Enter your Tufts Health Plan Member ID number and Date of Birth and click Continue
4. Verify your identity and create your account
5. Once you have created your account, log in to access all the tools that **mytuftshealthplan.com** has to offer! Find out more inside...

YOUR PERSONAL HOME PAGE

View or print your Tufts Health Plan member ID card, change your account preferences, and more

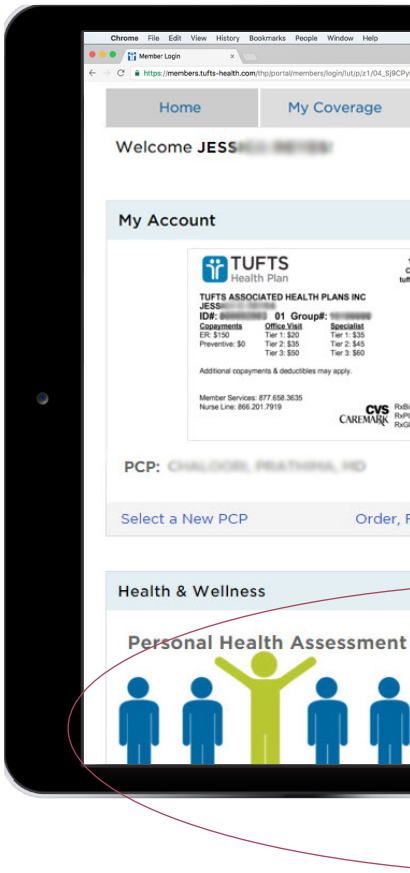
Print medical and pharmacy forms and view/update your tax information





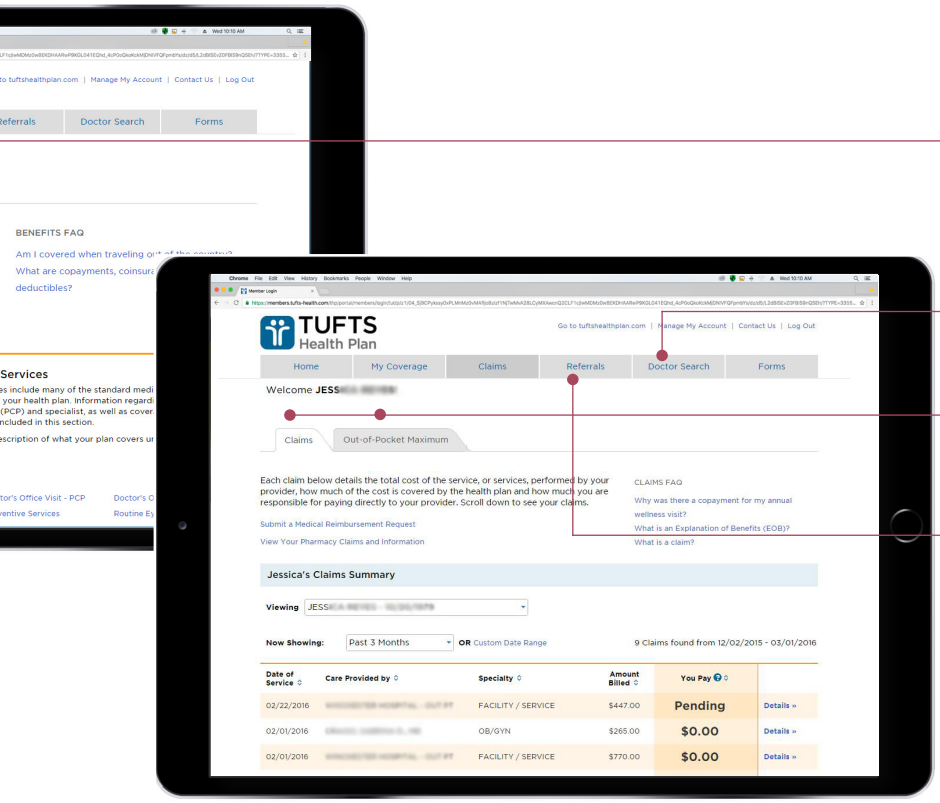
View highlights of your benefits including copay amounts and recent claims

Easy access to common transactions and popular tools, including our new telehealth solution and enhanced Treatment Cost Estimator.



Note: This guide is based on a typical member experience. Actual features may vary based on your plan.

MANAGE YOUR COVERAGE



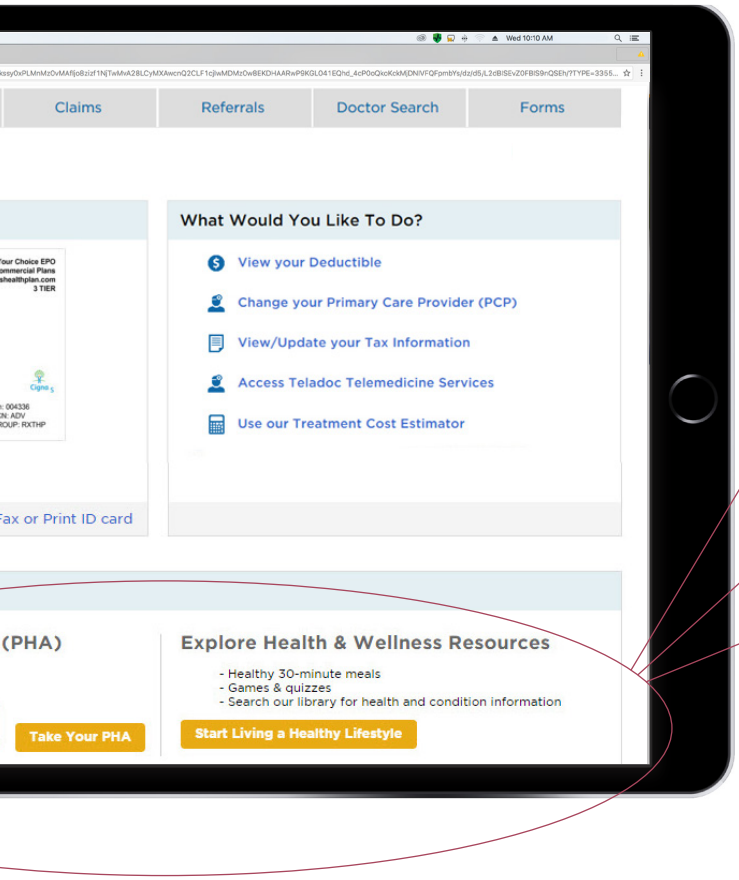
View a summary of your plan's coverage and copay amounts

Look for an in-network doctor or specialist

View your current claims and out-of-pocket maximums

Review any referrals or authorizations you may have in place

TAKE CHARGE OF YOUR HEALTH



Complete a confidential Wellbeing (or Personal Health) Assessment to check the status of your health and discover ways to improve it

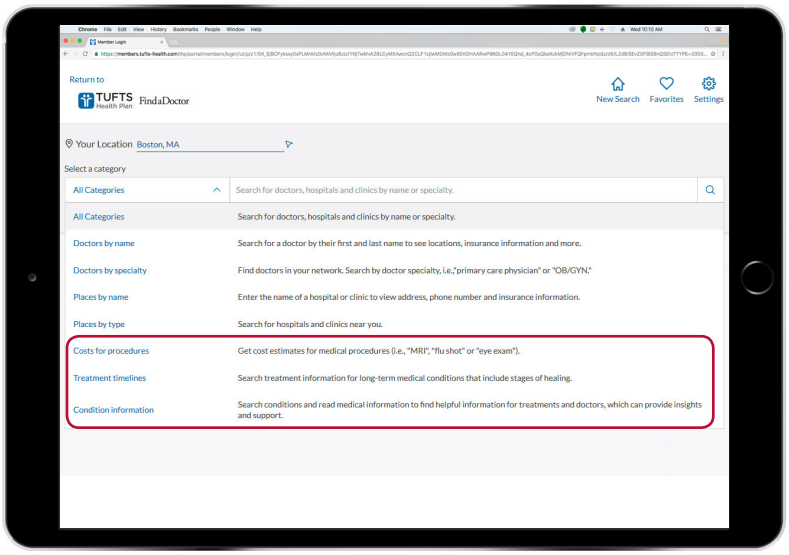
Create an action plan to manage your health goals

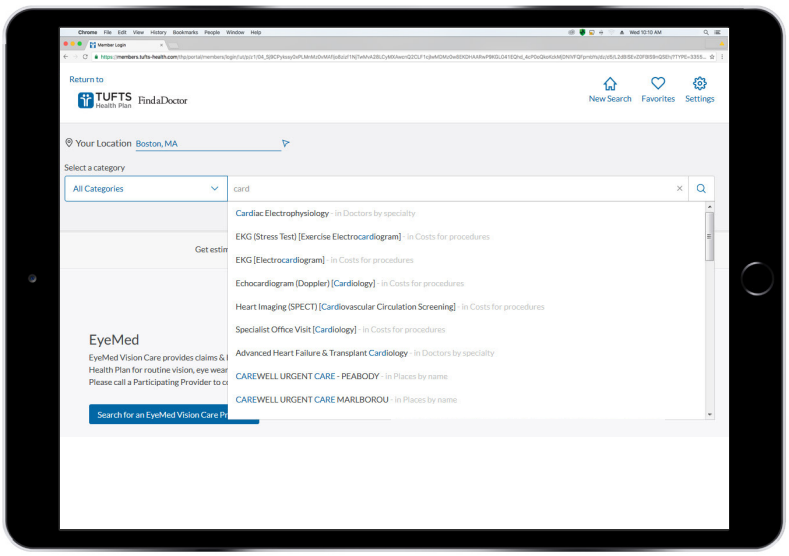
Choose from telephone lifestyle coaching* or virtual coaching for support in achieving your health goals

*Available to all fully insured members and self-insured members whose employer has opted into the program.

GET ESTIMATED TREATMENT COSTS AND FIND A DOCTOR

This powerful "all-in-one" tool gives you estimated costs for hospital stays, MRIs, surgeries and more. You can also search for doctors, hospitals and clinics by name or speciality.





All you have to do is type in a single word. The intuitive search bar will return a list of relevant results, making it easy to find the information you want.

Managing your health plan has never been this easy. Go to mytuftshealthplan.com and register today!

Note: This guide is based on a typical member experience. Actual features may vary based on your plan.

TUFTS Health Plan

705 Mount Auburn Street Watertown, MA 02472-1508 | **tuftshealthplan.com**

18580-08/18

GET THE MOST FROM YOUR

PRESCRIPTION DRUG COVERAGE

TUFTSHEALTHPLAN.COM

6 STEPS
TO GET STARTED

If you're like many of our members, you'll use your prescription drug coverage more than any other part of your health plan. So we want to make sure you understand your benefits, get access to the medications you need, and save money whenever possible. Follow the steps on the next few pages to get started.

1. LOOK UP YOUR PRESCRIPTIONS

Make sure your prescriptions are on the list of covered drugs for your plan (also called a formulary). You can check this by visiting **tuftshealthplan.com/member-rx**. We cover thousands of different medications. But if your prescription isn't on the list for some reason, talk to your doctor about switching to an alternative that is covered.

Many drugs we cover have a cost-share (copayment, deductible, or coinsurance) — the amount you'll be responsible for paying. The copayment amount depends on your plan. The drugs covered under your plan are organized in **up to** four tiers:

- Tier 1 includes most generic drugs and is the lowest cost to you
- Tier 2 includes many generic and brand-name drugs
- Tier 3 includes the most expensive generic and brand-name drugs
- Tier 4 includes specialty drugs and is the highest cost to you (applicable on some plans)

2. SEE IF YOUR PRESCRIPTION HAS SPECIAL REQUIREMENTS

If there is a "PA," "ST[PA]," "QL" or "SP" after any of your prescriptions on the drug list, talk to your provider. To see definitions for these requirements, please refer to "Key Terms To Understand" in this brochure.

3. LOOK FOR LESS EXPENSIVE DRUGS

If your drug has a high cost, ask your doctor whether there's another drug choice that may cost you less. You can also compare drug costs with the CVS/caremark™ online pricing tool once you're effective as a Tufts Health Plan member. Here's how:

- Sign up for your secure online member account at **mytuftshealthplan.com**.
- Click on "My Coverage" > "Pharmacy" for a direct link to CVS/caremark, which manages pharmacy benefits on behalf of Tufts Health Plan. Once you are registered at **mytuftshealthplan.com**, you can set up your CVS account and easily access your prescription plan with a single sign-on.
- Click on "Check Drug Cost & Coverage." Enter the drug name to see the cost for the brand-name and the generic.*
- Many plans include low-cost generics with a $5 copayment; check to see if your medication is on the list, at **tuftshealthplan.com/low-cost-generics**.

*Please keep in mind that the price shown may not accurately reflect what you will pay at the pharmacy. Your actual price may vary depending on your benefit plan design, deductibles, previous payments, pharmacy-specific pricing, future claims and prior authorizations.

ID Card
Keep your card visable at all times
First Name: Yiwen
Last Name: Ling
FULL ACCESS

4. PLAN AHEAD IF YOU TAKE MAINTENANCE MEDICATION

Maintenance medications are taken regularly for ongoing conditions, such as high blood pressure or diabetes. If you're switching from another health insurance carrier to Tufts Health Plan, make sure you have enough maintenance medication on hand to cover the transition period until your new coverage with Tufts Health Plan is effective.

You can do so by checking to see that your prescription is not going to expire soon, that it has refills, and that it's covered by Tufts Health Plan. If your prescription is not covered, talk to your doctor about switching to an alternative maintenance medication that is covered.

5. SAVE MONEY WITH MAIL SERVICE

On some plans, you may save money if you buy a 90-day supply of maintenance medications through mail order. Mail service provides the added convenience of home delivery. You can start mail service by calling CVS/caremark at **800.581.5300**.

6. SAVE 20 PERCENT** WITH THE CVS/CAREMARK EXTRACARE® HEALTH CARD

With the ExtraCare Health Card, you and your family can save 20 percent on the regular price for CVS/pharmacy Brand*** health-related items valued at $1 or more. You can use the ExtraCare Health Card at CVS/pharmacy stores nationwide to save on many CVS-brand items, including over-the-counter medicines for colds, stomach problems, pain, and more. Once you're enrolled with Tufts Health Plan, you will receive your ExtraCare Health Card in the mail from CVS/caremark. Please call CVS/caremark at 888.543.5938 if you have any questions.

**The 20 percent discount is restricted to items purchased for the health care of the cardholder, spouse, or dependents and applies to regularly priced CVS/pharmacy Brand health-related items valued at $1 or more. Excludes alcohol, lottery, money orders, prescriptions and copays, postage stamps, pre-paid cards, gift cards, newspapers and magazines, milk, sale/promotional merchandise, bottle deposits, bus passes, hunting and fishing licenses, and are not valid on other items reimbursed by a governmental program. Plan restrictions may apply. Check with your plan administrator for more details.

***All CVS/pharmacy Brand products are 100% satisfaction guaranteed or your money back. If you're dissatisfied for any reason, you can return the CVS/pharmacy Brand product (opened or unopened) along with your receipt or invoice to any CVS/pharmacy store. We'll refund the full purchase price — no questions asked! To return the item by mail, call Customer Care at 888.607.4CVS (888.607.4287).

KEY TERMS
TO UNDERSTAND

PA: PRIOR AUTHORIZATION

Definition: Prior authorization is the need for your provider to tell us why you need a certain medication. We consult with your provider for several reasons that ultimately are to provide you with better health outcomes, cost savings and assure your safety. Contact the doctor who wrote your prescription. If the doctor believes the drug that requires PA is necessary for your treatment, they may submit a request for coverage by faxing a MA Standard Form to Tufts Health Plan. We'll cover the medication if it meets our medical necessity coverage guidelines.

ST^{PA}: STEP THERAPY PRIOR AUTHORIZATION

Definition: Step Therapy Prior Authorization is an automated form of prior authorization that encourages clinically proven use of first-line therapies so that the most therapeutically appropriate and cost-effective agents are used first, before other treatments may be covered. Some types of step therapy include requiring the use of generics before brand-name drugs or preferred drugs before non-preferred brand name drugs. Check our step therapy drug list to find out which step your drug is on. If you haven't previously taken the steps we require, and your doctor believes the drug prescribed for you is necessary, your doctor may request authorization. You can check the list by visiting **tuftshealthplan.com/member-rx**. Click on the drug list (formulary) for your plan and then choose "Step Therapy Prior Authorization" under "Pharmacy Program Selection."

QL: QUANTITY LIMITATION

Definition: The quantity limit for a medication that can be purchased at any one time. A common QL is a 30-day supply, which is the maximum number of units needed for 30 days based on the prescribed daily/weekly dose. You're covered for up to the quantity posted in our covered drug list. If your doctor believes you need to take more than that quantity, the doctor may submit a request for authorization.

SP: DESIGNATED SPECIALTY PHARMACY

Definition: A pharmacy management program that requires members to purchase selected medications from specific sources. Once your membership is effective, log in to **mytuftshealthplan.com** and click on "My Coverage," then "Pharmacy." Call the designated specialty pharmacy provider indicated, or contact our Member Services department to help you receive your medication without interruption.

NC: NON-COVERED

Definition: Medications that are not currently covered by us. If your provider feels you require this medication your provider should contact us. Contact the doctor who wrote your prescription. If your doctor believes a non-covered drug is necessary for your treatment, they may submit a request for coverage to Tufts Health Plan. We will cover the medication if it meets our coverage guidelines. If the request is approved, you will be covered for your prescription.

NTM: NEW-TO-MARKET DRUG EVALUATION

In an effort to ensure the new-to-market prescriptions that we cover are safe, effective and affordable, we delay coverage of many new drug products until a physician specialist reviews them. If your doctor feels you need a new medication, they can contact us to request coverage.

FAQ

WHAT IS THE DIFFERENCE BETWEEN A GENERIC DRUG AND A BRAND-NAME DRUG?

Brand-name drugs are typically the first product to gain FDA approval. Generic versions of these drugs have the same active ingredients, come in the same strength and dosage, and are also reviewed and approved by the FDA.

You can expect a generic drug to produce the same effects as the brand-name drug. The FDA works closely with all pharmaceutical companies to make sure that all brands and generics sold in the U.S. meet appropriate standards for strength, quality, and purity.

I HAVE A PRESCRIPTION FOR A DRUG THAT REQUIRES PRIOR AUTHORIZATION. WHY DO I NEED PRIOR AUTHORIZATION?

Prior authorization helps us manage the rising cost of prescriptions to make pharmacy benefits more affordable for you. It also helps us make sure you have the most recent and successfully proven medical science applied to your treatments.

If your doctor feels it is necessary for you to take the drug, they should submit a request to Tufts Health Plan.

ARE THERE ANY DRUGS THAT ARE NOT COVERED BY MY PHARMACY BENEFIT?

Yes, there are some drugs that are not covered when there is medical evidence that proves other less costly and clinically appropriate alternatives are available.

The Tufts Health Plan Pharmacy and Therapeutics Committee reviews new drugs for safety, cost-effectiveness, and appropriateness to determine if a drug will be added to the list of non-covered drugs.

If your doctor believes that you have a medical reason for treatment with a non-covered drug, they may submit a request for coverage.

WHAT DOES IT MEAN IF MY PRESCRIPTION IS EXCLUDED FROM YOUR LIST?

Tufts Health Plan may exclude from coverage prescription medications once they become available over-the-counter (OTC). In this case, the specific medication may not be covered and the entire class of prescription medications may also not be covered.

Over-the-counter medications can be obtained without a prescription and are not eligible for coverage by the plan. The complete list of drugs excluded from coverage along with their OTC alternatives can be found at **tuftshealthplan.com/non-covered-drugs**.

WE'RE HERE
TO HELP

We'd love to answer any questions you might have about your drug coverage, so please feel free to ask.

MASSACHUSETTS MEMBER SERVICES

800.462.0224 (TDD/711)

Monday–Thursday, 8 am–7 p.m; Friday, 8 am–5 pm

RHODE ISLAND MEMBER SERVICES

800.682.8059 (TDD/711)

Monday–Thursday, 8 am–7 pm; Friday, 8 am–5 pm

You may also contact us via **tuftshealthplan.com/Ask-Member-Services**

Interpreter Services Available:
With the help of Language Line Solutions, we speak more than 250 languages.

Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.

若需免費的中文版本, 請撥打ID卡上的電話號碼。

Please Note: Email may not be encrypted and may be accessed and viewed by other Internet users without your knowledge while in transit to us. For that reason, please do not submit confidential health care or personal information to us via email.

TUFTS Health Plan

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PHARMACY-BROCHURE-09/18

SAVE 20%* WITH THE

ExtraCare® Health Card

CVS caremark®

TUFTS Health Plan

momentum

We know that good health is important to you and your family. That's why we'll send you the ExtraCare® Health Card from CVS Caremark when you join Tufts Health Plan – so you can save 20 percent at CVS Pharmacy® on items you use every day.

Save with ExtraCare

With your ExtraCare Health Card, you'll save 20 percent on CVS Health brand health-related items, such as:*

- Vitamins
- Eye drops
- First aid
- Allergy relief
- Pain relievers
- Cold medicine

Saving Is Easy

To start saving, simply scan your card when you check out at CVS Pharmacy.**

Save with the CVS Mobile App or at CVS.com

You can access your ExtraCare Health Card benefits anytime, anywhere with the CVS mobile app. Once you've downloaded the app, simply tap the ExtraCare Care icon and enter your ExtraCare Health Card number. You can also enter your ExtraCare Health Card number at CVS.com to save when you shop online.

If You Already Have an ExtraCare Card

If you have an ExtraCare Card, your new ExtraCare Health Card with the Tufts Health Plan logo will replace it. To transfer your ExtraCare rewards, visit CVS.com/extracarehealth or call 800.SHOP.CVS (800.746.7287).***

*This list does not have all the discounted items and can change. The discount is only for things paid for by the cardholder. It is not for prescriptions, alcohol, lottery, postage stamps, gift cards, money orders, pre-paid cards and photo finishing.

**Your ExtraCare Health Card discount does not apply at Target stores. Other restrictions may apply. The FSA summary of your receipt includes the items (and tax) that may be eligible for reimbursement from your FSA/HRA/HSA plan. Plan restrictions may apply. Check with your plan administrator for more details.

***Some limitations may apply. To learn more, go to CVS.com.

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Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.
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Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

TUFTS Health Plan

Tufts Health Plan is committed to safeguarding the privacy of our members' protected health information ("PHI"). PHI is information which:

- identifies you (or can reasonably be used to identify you); and
- relates to your physical or mental health or condition, the provision of health care to you or the payment for that care.

We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. This Notice of Privacy Practices describes how we may collect, use and disclose your PHI, and your rights concerning your PHI. This Notice applies to all members of Tufts Health Plan's insured health benefit plans, (including: HMO plans; Tufts Health Plan Medicare Preferred plans; and insured POS and PPO plans. It also applies to all members of health plans insured by Tufts Insurance Company (a Tufts Health Plan affiliate)). It does not apply to products offered by Tufts Health Public Plans. Unless your employer has notified you otherwise, this Notice of Privacy Practices also applies to all members of self-insured group health plans that are administered by a Tufts Health Plan entity.

How We Obtain PHI

As a managed care plan, we engage in routine activities that result in our being given PHI from sources other than you. For example, health care providers—such as physicians and hospitals—submit claim forms containing PHI to enable us to pay them for the covered health care services they have provided to you.

How We Use and Disclose Your PHI

We use and disclose PHI in a number of ways to carry out our responsibilities as a managed care plan. The following describes the types of uses and disclosures of PHI that federal law permits us to make without your specific authorization:

- **Treatment:** We may use and disclose your PHI to health care providers to help them treat you. For example, our care managers may disclose PHI to a home health care agency to make sure you get the services you need after discharge from a hospital.
- **Payment Purposes:** We use and disclose your PHI for payment purposes, such as paying doctors and hospitals for covered services. Payment purposes also include activities such as: determining eligibility for benefits; reviewing services for medical necessity; performing utilization review; obtaining premiums; coordinating benefits; subrogation; and collection activities.
- **Health Care Operations:** We use and disclose your PHI for health care operations. For example, this includes: population-based activities relating to improving health or reducing health care costs; coordinating/managing care; assessing and improving the quality of health care services; reviewing the qualifications and performance of providers; reviewing health plan performance; conducting medical reviews; and resolving grievances. It also includes business activities such as: underwriting; rating; placing or replacing coverage; determining coverage policies; business planning; obtaining reinsurance; arranging for legal and auditing services (including fraud and abuse detection programs); and obtaining accreditations and licenses. We do not use or disclose PHI that is genetic information for underwriting purposes.
- **Health and Wellness Information:** We may use or disclose your PHI so that you may be contacted with information about: appointment reminders; treatment alternatives; therapies; health care providers; settings of care; or other health-related benefits, services and products that may be of interest to you. For example, you may receive information about smoking cessation programs, or weight management programs, or we might send a mailing to subscribers approaching Medicare eligible age with materials describing our senior products and an application form.
- **Organizations That Assist Us:** In connection with treatment, payment and health care operations, we may share your PHI with our affiliates and third party "business associates" that perform activities for us or on our behalf, for example, our pharmacy benefit manager. We will obtain assurances from our business associates that they will appropriately safeguard your information.
- **Plan Sponsors:** If you are enrolled in Tufts Health Plan through your current or former place of work, you are enrolled in a group health plan. We may disclose PHI to the group health plan's plan sponsor—usually your employer—for plan administration purposes. A plan sponsor of an insured health benefit plan must certify that it will protect the PHI in accordance with law.
- **Public Health and Safety; Health Oversight:** We may disclose your PHI: to a public health authority for public health activities, such as responding to public health investigations; when authorized by law, to appropriate authorities, if we reasonably believe you are a victim of abuse, neglect or domestic violence; when we believe in good faith that it is necessary to prevent or lessen a serious and imminent threat to your or others' health or safety; or to health oversight agencies for certain activities such as: audits; disciplinary actions; and licensure activity.
- **Legal Process; Law Enforcement; Specialized Government Activities:** We may disclose your PHI: in the course of legal proceedings; in certain cases, in response to a subpoena, discovery request or other lawful process; to law enforcement officials for such purposes as responding to a warrant or subpoena;

or for specialized governmental activities such as national security.

- **Research; Death; Organ Donation:** We may disclose your PHI to researchers, provided that certain established measures are taken to protect your privacy. We may disclose PHI, in certain instances, to coroners, medical examiners and in connection with organ donation.
- **Workers Compensation:** We may disclose your PHI when authorized by workers' compensation laws.
- **Family and Friends:** We may disclose PHI to a family member, relative or friend—or anyone else you identify—as follows: (i) when you are present prior to the use or disclosure and you agree; or (ii) when you are not present (or you are incapacitated or in an emergency situation) if, in the exercise of our professional judgment and in our experience with common practice, we determine that the disclosure is in your best interests. In these cases we will only disclose the PHI that is directly relevant to the person's involvement in your health care or payment related to your health care.
- **Personal Representatives:** Unless prohibited by law, we may disclose your PHI to your personal representative, if any. A personal representative is a person who has legal authority to act on your behalf regarding your health care or health care benefits. For example, an individual named in a durable power of attorney or a parent or guardian of an unemancipated minor are personal representatives.
- **Communications:** We will communicate information containing PHI to the address or telephone number we have on record for the subscriber of your health benefits plan. Also, we may mail information containing your PHI to the subscriber. For example, communication regarding member requests for reimbursement may be addressed to the subscriber. We will not make separate mailings for enrolled dependents at different addresses, unless we are requested to do so and agree to the request. See below "Right to Receive Confidential Communications" for more information on how to make such a request.
- **Required by Law:** We may use or disclose your PHI when we are required to do so by law. For example, we must disclose your PHI to the U.S. Department of Health and Human Services upon request if they wish to determine whether we are in compliance with federal privacy laws.

If one of the above reasons does not apply, we will not use or disclose your PHI without your written permission ("authorization"). You may give us written authorization to use or disclose your PHI to anyone for any purpose. You may later change your mind and revoke your authorization in writing. However, your written revocation will not affect actions we've already taken in reliance on your authorization. Where state or other federal laws offer you greater privacy protections, we will follow those more stringent requirements. For example, under certain circumstances, records that contain information about: alcohol abuse treatment; drug abuse prevention or treatment; AIDS-related testing or treatment; or certain privileged communications, may not be disclosed without your written authorization. In addition, when applicable we must have your written authorization before using or disclosing medical or treatment information for a member appeal. See below "Who to Contact for Questions or Complaints" if you would like more information.

How We Protect PHI Within Our Organization

Tufts Health Plan protects oral, written and electronic PHI throughout our organization. We do not sell PHI to anyone. We have many internal policies and procedures designed to control and protect the internal security of your PHI. These policies and procedures address, for example, use of PHI by our employees. In addition, we train all employees about these policies and procedures. Our policies and procedures are evaluated and updated for compliance with applicable laws.

Your Individual Rights

The following is a summary of your rights with respect to your PHI:

- **Right of Access to PHI:** You have the right to inspect and get a copy of most PHI Tufts Health Plan has about you, or a summary explanation of PHI if agreed to in advance by you. Requests must be made in writing and reasonably describe the information you would like to inspect or copy. If your PHI is maintained electronically, you will also have the right to request a copy in electronic format. We have the right to charge a reasonable cost-based fee for paper or electronic copies as established by state or federal law. Under certain circumstances, we may deny your request. If we do so, we will send you a written notice of denial describing the basis of our denial. You may request that we send a copy of your PHI directly to another person that you designate. Your request must be in writing, signed by you, and clearly identify the person and the address where the PHI should be sent.
- **Right to Request Restrictions:** You have the right to ask that we restrict uses or disclosures of your PHI to carry out treatment, payment and health care operations; and disclosures to family members or friends. We will consider the request. However, we are not required to agree to it and, in certain cases,

federal law does not permit a restriction. Requests may be made verbally or in writing to Tufts Health Plan.

- **Right to Receive Confidential Communications:** You have the right to ask us to send communications of your PHI to you at an address of your choice or that we communicate with you in a certain way. For example, you may ask us to mail your information to an address other than the subscriber's address. We will accommodate your request if: you state that disclosure of your PHI through our usual means could endanger you; your request is reasonable; it specifies the alternative means or location; and it contains information as to how payment, if any, will be handled. Requests may be made verbally or in writing to Tufts Health Plan.
- **Right to Amend PHI:** You have the right to have us amend most PHI we have about you. We may deny your request under certain circumstances. If we deny your request, we will send you a written notice of denial. This notice will describe the reason for our denial and your right to submit a written statement disagreeing with the denial. Requests must be in writing to Tufts Health Plan and must include a reason to support the requested amendment.
- **Right to Receive an Accounting of Disclosures:** You have the right to a written accounting of the disclosures of your PHI that we made in the last six years prior to the date you request the accounting. However, except as otherwise provided by law, this right does not apply to: (i) disclosures we made for treatment, payment or health care operations; (ii) disclosures made to you or people you have designated; (iii) disclosures you or your personal representative have authorized; (iv) disclosures made before April 14, 2003; and (v) certain other disclosures, such as disclosures for national security purposes. If you request an accounting more than once in a 12-month period, we may charge you a reasonable fee. All requests for an accounting of disclosures must be made in writing to Tufts Health Plan.
- **Right to authorize other use and disclosure:** You have the right to authorize any use or disclosure of PHI that is not specified within this notice. For example, we would need your written authorization to use or disclose your PHI for marketing, for most uses or disclosures of psychotherapy notes, or if we intended to sell your PHI. You may revoke an authorization, at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.
- **Right to receive a privacy breach notice:** You have the right to receive written notification if we discover a breach of your unsecured PHI, and determine through a risk assessment that notification is required.
- **Right to this Notice:** You have a right to receive a paper copy of this Notice from us upon request.
- **How to Exercise Your Rights:** To exercise any of the individual rights described above or for more information, please call a member services coordinator at 1-800-462-0224 (TDD: 1-800-815-8580) or write to:

  Compliance Department
  Tufts Health Plan
  705 Mount Auburn Street
  Watertown, MA 02472-1508

Effective Date of Notice

This Notice takes effect October 1, 2015. We must follow the privacy practices described in this Notice while it is in effect. This Notice will remain in effect until we change it. This Notice replaces any other information you have previously received from us with respect to privacy of your medical information.

Changes to this Notice of Privacy Practices

We may change the terms of this Notice at any time in the future and make the new Notice effective for all PHI that we maintain—whether created or received before or after the effective date of the new Notice. Whenever we make an important change, we will publish the updated Notice on our Web site at www.tuftshealthplan.com. In addition, we will use one of our periodic mailings to inform subscribers about the updated Notice.

Who to Contact For Questions or Complaints

If you would like more information or a paper copy of this Notice, please contact a member services representative at the number listed above. You can also download a copy from our Web site at www.tuftshealthplan.com. If you believe your privacy rights may have been violated, you have a right to complain to Tufts Health Plan by calling the Privacy Officer at 1-800-208-9549 or writing to:

Privacy Officer
Compliance Department
Tufts Health Plan
705 Mount Auburn Street
Watertown, MA 02472-1508

You also have a right to complain to the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint.

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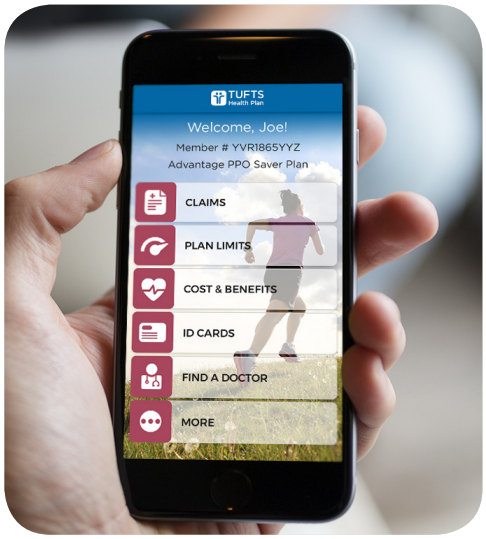
TUFTS Health Plan

TAKE YOUR **BENEFITS TO GO**

TUFTS Health Plan



DOWNLOAD OUR FREE MOBILE APP FOR EXTRA CONVENIENCE

Did you know that more than 60% of smartphone users rely on their phone to get information about a health condition?* We want you to enjoy the same quick, easy access to information about your health plan coverage as well.

With our free mobile app, you can now do more things than ever! You can: check your claims and benefits; shop for care; and search for other providers —anytime, anywhere!

FIND IT FAST

The touch-enabled app makes it easy to find the information you need without having to remember your login information each time:

1. **Check your claims—**Keep track of all the covered services you've received and your cost-share responsibility.
2. **Find estimated costs for services under "Find a Doctor"—**You can shop for care using our Treatment Cost Estimator tool to find high-quality, affordable services.
3. **View your costs and benefits—**Know your coverage and cost-share responsibilities for different services so you're prepared when you see your health care provider.
4. **View your ID card—**and have it handy to show at doctor's visits.

DOWNLOAD AND GO

Enjoy the convenience of having all this information at your fingertips—where, when and how you want to receive it. Our app is available free from the App Store or Google Play under "Tufts Health Plan." Download and start using it today!

Download on the App Store

GET IT ON Google Play

*Source: Pew Research Center--"U.S. Smartphone Use in 2015.

705 Mount Auburn Street, Watertown, MA 02472 ■ tuftshealthplan.com ■ 800.462.0224

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