Your Medicare Health Benefits and Services/Prescription Drug Coverage as a Member of Tufts Health Plan Medicare Preferred HMO

[Beneficiary name]
[Beneficiary address]
[Beneficiary address]

This mailing gives you the details about your Medicare health and prescription drug coverage from January 1 – December 31, 2009, and explains how to get the health care and prescription drugs you need. This is an important legal document. Please keep it in a safe place.

Tufts Health Plan Medicare Preferred Customer Relations:
For help or information, please call Customer Relations or go to our Plan website at www.tuftshealthplan.com/medicare.

1-800-701-9000 (Calls to these numbers are free)
TDD users call: 1-800-208-9562

Hours of Operation:

Representatives are available
Monday – Friday,
8:30 a.m. – 5:00 p.m.

For prescription drug related questions only, call 7 days a week
8:00 a.m. – 8:00 p.m.

This Plan is offered by Tufts Health Plan Medicare Preferred, referred throughout the EOC as "we", "us" or "our." Tufts Health Plan Medicare Preferred HMO is referred to as "Plan" or "our Plan." Our organization contracts with the Federal government.

This information may be available in a different format, (e.g., large print, or audio tapes). Please call Customer Relations at the number listed above if you need plan information in another format or language.

Important Information

How Your Plan Will Change For 2009

This is the time of year when we like to thank you for your membership and let you know of new plan changes for the upcoming year. Beginning January 1, 2009, there will be some changes to our Plan.

The Tufts Medicare Preferred HMO monthly plan premium and the premium you pay will change on January 1, 2009. Please contact your benefits administrator for details.

This is just a brief summary of the changes in your plan for 2009. **Make sure to read the next few pages for answers to important questions you may be asking.** If you have any questions, call Customer Relations.

You may receive (or may have received) a letter from Medicare or the Social Security Administration (SSA) about your eligibility for extra help in 2009. Read this important information carefully. (If you don't know what level of extra help you qualify for, you can call 1-800-MEDICARE (1-800-633-4227) for this information. TTY/TDD users should call 1-877-486-2048. They are available 24 hours a day, 7 days a week.)

In addition to the Medicare prescription drug coverage that is part of your plan, the following grid outlines the **specific changes to benefits, costs and the formulary from 2008 to 2009** for members of Tufts Medicare Preferred HMO.

	2008 Tufts Health Plan Medicare Preferred HMO	**2009** Tufts Health Plan Medicare Preferred HMO
Benefit Changes		
Vision Services	$69 limit for routine eye wear every year	$150 limit for routine eye wear every year
Fitness Center Reimbursement	No fitness benefit	You can receive up to $150 per year toward membership fees and exercise classes at a "qualified" health club or fitness facility. A qualified health club or fitness facility provides cardiovascular and strength training exercise equipment on site. Examples of qualified fitness facilities and health clubs are traditional health clubs, YMCAs, YWCAs and community fitness centers. Please call Customer Relations at 1-800-701-9000 to obtain a reimbursement form.

Changes to Part D Prescription Drug Benefits		
	2008	**2009**
Coverage	You are covered up to $4,050 in yearly out-of-pocket drug costs.	You are covered up to $4,350 in yearly out-of-pocket drug costs.
Co-payments:	You pay the following co-payments up to the day supply indicated: **Retail (30-day supply)** / **Retail (60-day supply)** / **Retail (90-day supply)** **Tier 1** $10 / $20 / $30 **Tier 2** $20 / $40 / $60 **Tier 3** $40 / $80 / $120	You pay the following co-payments up to the day supply indicated: **Retail (30-day supply)** / **Retail (60-day supply)** / **Retail (90-day supply)** **Tier 1** $10 / $20 / $30 **Tier 2** $20 / $40 / $60 **Tier 3** $40 / $80 / $120
Mail Order Co-payments:	You pay the following co-payments up to the day supply indicated: **Mail Order (90-day supply)** **Tier 1** $20 **Tier 2** $40 **Tier 3** $80	You pay the following co-payments up to the day supply indicated: **Mail Order (90-day supply)** $20 $40 $80
	2008	**2009**
Coverage	After your yearly out-of-pocket drug costs reach $4,050, you are covered for all drugs on our list. You pay the following co-payments:	After your yearly out-of-pocket drug costs reach $4,350, you are covered for all drugs on our list. You pay the following co-payments:
Co-payments:	**Retail & Mail Order: (Up to 90-day supply)** Tier-1: $2 Tier-2: $8 Tier-3: $14	**Retail & Mail Order: (Up to 90-day supply)** Tier-1: $2 Tier-2: $8 Tier-3: $14

Member Cost Share Reduction

Note: These immunosuppressant drugs will remain covered under Medicare Part B.

* In 2008, members were responsible for 20% of the total drug cost.

2008		2009	
Drug Name	**Member Cost Share**	**Drug Name**	**Member Cost Share**
azathioprine	20%*	azathioprine	None
CELLCEPT	20%*	CELLCEPT	None
cyclosporine caps	20%*	cyclosporine caps	None
IMURAN	20%*	IMURAN	None
MYFORTIC	20%*	MYFORTIC	None
NEORAL	20%*	NEORAL	None
PROGRAF	20%*	PROGRAF	None
RAPAMUNE	20%*	RAPAMUNE	None
SANDIMMUNE	20%*	SANDIMMUNE	None

Drugs Moving to a Lower Tier

2008		2009	
Drug Name	**Tier**	**Drug Name**	**Tier**
Nardil	Tier-3	Nardil	Tier-2
Avelox	Tier-3	Avelox	Tier-2

Drugs No Longer Requiring Prior Authorization

2008		2009	
Drug Name	**Program**	**Drug Name**	**Program**
Avodart	PA	Avodart	None
Emla/Tegaderm	PA	Emla/Tegaderm	None
Emla	PA	Emla	None
finasteride	PA	finasteride	None
lidocaine/ prilocaine	PA	lidocaine/prilocaine	None
Proscar	PA	Proscar	None
Xopenex HFA	PA	Xopenex HFA	None

Drugs Moving from Tier 2 to Tier 3 or Not Covered (NC)

Please Note: Drugs that appear with an asterisk ("*") have generic equivalents available in Tier-1

Key to Terms:

DL = Dispensing Limitations Apply (All members)
NC = Non-covered Drug (All members)
PA = Prior Authorization (New starts only)
ST = Step Therapy (New starts only)

2008		2009	
Drug Name	**Tier**	**Drug Name**	**Tier**
Allegra	Tier-3	Allegra	NC
Allegra-D	Tier-3	Allegra-D	NC
Altace*	Tier-2	Altace*	Tier-3
Ceftin Suspension*	Tier-2	Ceftin Suspension*	Tier-3
Depakote*	Tier-2	Depakote*	Tier-3
Depakote ER*	Tier-2	Depakote ER*	Tier-3
Dovonex*	Tier-2	Dovonex*	Tier-3
DuoNeb*	Tier-2	DuoNeb*	Tier-3; DL
Estrostep Fe*	Tier-2	Estrostep Fe*	Tier-3
fexofenadine + pseudoephedrine	Tier-1	fexofenadine + pseudoephedrine	NC
Focalin*	Tier-2	Focalin*	Tier-3
Fosamax*	Tier-2	Fosamax*	Tier-3
Fosamax Plus D	Tier-2	Fosamax Plus D	Tier-3
Imitrex*	Tier-2; DL	Imitrex*	Tier-3; DL
Lamictal*	Tier-2	Lamictal*	Tier-3
Levaquin	Tier-2	Levaquin	NC
Pepcid Suspension*	Tier-2	Pepcid Suspension*	Tier-3
Precose*	Tier-2	Precose*	Tier-3
Phoslo*	Tier-2	Phoslo*	Tier-3
Requip*	Tier-2	Requip*	Tier-3
Risperdal*	Tier-2	Risperdal*	Tier-3
Risperdal ODT*	Tier-2	Risperdal ODT*	Tier-3
Salagen*	Tier-2	Salagen*	Tier-3
Sonata*	Tier-2; DL	Sonata*	Tier-3; DL
Toprol XL*	Tier-2	Toprol XL*	Tier-3
Tri-Norinyl 28*	Tier-2	Tri-Norinyl 28*	Tier-3
Voltaren Ophthalmic*	Tier-2	Voltaren Ophthalmic*	Tier-3
Zerit*	Tier-2	Zerit*	Tier-3

Utilization Management Changes

Key to Terms:
DL = Dispensing Limitations Apply (All members)
NC = Non-covered Drug (All members)
PA = Prior Authorization (New starts only)
ST = Step Therapy (New starts only)

2008		2009	
Drug Name	**Program**	**Drug Name**	**Program**
Accuneb neb sln	None	Accuneb neb sln	DL
Advair Diskus	None	Advair Diskus	DL
Advair HFA	None	Advair HFA	DL
Aerobid	None	Aerobid	DL
Aerobid-M	None	Aerobid-M	DL
albuterol/ ipratropium sln	None	albuterol/ ipratropium sln	DL
Alupent	None	Alupent	DL
Alupent neb sln	None	Alupent neb sln	DL
Asmanex Twisthaler	None	Asmanex Twisthaler	DL
Astelin	None	Astelin	DL
Atrovent HFA	None	Atrovent HFA	DL
Atrovent Nasal	None	Atrovent Nasal	DL
Azmacort	None	Azmacort	DL
Beconase AQ	NC	Beconase AQ	NC; DL
Combivent	None	Combivent	DL
cromolyn neb sln	None	cromolyn neb sln	DL
Duoneb	None	Duoneb	DL
Flonase	None	Flonase	DL
Flovent Diskus	None	Flovent Diskus	DL
Flovent HFA	None	Flovent HFA	DL
flunisolide nasal spray	None	flunisolide nasal spray	DL
fluticasone nasal spray	None	fluticasone nasal spray	DL
Foradil	None	Foradil	DL
Intal inhalation spray	None	Intal inhalation spray	DL
Intal neb sln	None	Intal neb sln	DL
ipratropium nasal	None	ipratropium nasal	DL
ipratropium neb sln	None	ipratropium neb sln	DL
Lyrica	PA	Lyrica	ST
Maxair Autohaler	None	Maxair Autohaler	DL
metaproterenol sln	None	metaproterenol sln	DL
Nasacort AQ	None	Nasacort AQ	DL
Nasarel	None	Nasarel	DL

Utilization Management Changes (continued)				
	2008		2009	
	Drug Name	Program	Drug Name	Program
	Nasonex	None	Nasonex	DL
	Pulmicort Flexhaler	NC	Pulmicort Flexhaler	NC; DL
	Pulmicort Respules	PA	Pulmicort Respules	PA; DL
	Qvar	None	Qvar	DL
	Rhinocort Aqua	None	Rhinocort Aqua	DL
	Serevent Diskus	None	Serevent Diskus	DL
	Spiriva	None	Spiriva	DL
	Tilade	None	Tilade	DL
	Veramyst	NC	Veramyst	NC; DL
	Xopenex HFA	PA	Xopenex HFA	PA; DL
	Xopenex inhalation sln	PA	Xopenex inhalation sln	PA; DL

CMS Excluded Drugs Covered on Tufts Medicare Preferred Part D Formulary
Note: The following drugs are covered as part of your standard Part D benefit, but any Member cost share does not count towards your overall Medicare spend (TrOOP and PDE)

Drug Category	Drug Name 2009
Central Nervous System: Antianxiety: Benzodiazepines	Alprazolam
	Alprazolam ER
	Ativan
	Chlordiazepoxide
	Clonazepam
	Clorazepate
	Dalmane
	Diastat
	Diastat Acudial
	Diazepam
	Diazepam Intensol
	Doral
	Estazolam
	Flurazepam
	Halcion
	Librium
	Lorazepam
	Lorazepam Intensol
	Midazolam

CMS Excluded Drugs Covered on Tufts Medicare Preferred Part D Formulary (continued)	
Drug Category	**Drug Name 2009**
Central Nervous System: Antianxiety: Benzodiazepines (cont.)	Oxazepam
	Prosom
	Restoril
	Serax
	Temazepam
	Tranxene SD
	Tranxene SD Half Strength
	Tranxene T - Tab
	Triazolam
Central Nervous System: Anticonvulsants	Butisol
	Mebaral
	mephobarbital
	Phenobarbital
	secobarbital
	Seconal

All changes begin January 1, 2009, and are in effect through December 31, 2009. If you don't want to change your coverage, you don't need to do anything. You will still be a member of Tufts Medicare Preferred HMO for the coming year.

This is Your Annual Notice of Change

What if my drugs are not on the formulary or are in a more expensive cost-sharing tier?

We have changed our formulary. The new formulary may be different from the one you are using. We have added, removed, or placed more limitations on some of the drugs we cover. Please review the formulary to see if we still cover the drugs that you currently take. The enclosed formulary can also be found on our website or you may call Customer Relations if you need any help locating a certain drug.

If a drug we currently cover for you is not on our new formulary, you will need to talk with your doctor about taking an alternative drug that is available on our new formulary. If you wish to continue coverage of your current drug, you or your doctor can request a formulary exception. If a drug we currently cover for you is on our new formulary but has been moved to a higher non-preferred cost-sharing tier, you can talk with your doctor about taking an alternative drug that is available in a lower cost-sharing tier. If you wish to pay the lower preferred cost-sharing amount for your current drug, you or your doctor can request a tiering exception. If you or your doctor would like to request an exception, the request should be made by 12/31/08. If a formulary exception request is approved, we will continue covering your current drug on January 1. If a tiering exception request is approved, we will cover your current drug at the preferred cost-sharing amount on January 1.

Where can I get more information?

The Evidence of Coverage on the following pages has more information on our Plan's coverage, including information on how to make changes to your membership in Section 6.

Please call Customer Relations if you have any questions. You can also get information about the Medicare program and other Medicare plans available by visiting www.medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.