



GET THE MOST FROM YOUR
**PRESCRIPTION
DRUG COVERAGE**



TUFTS
Health Plan

[TUFTSHEALTHPLAN.COM](https://www.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 visible at all times

First Name: **Thien** **FULL ACCESS**
Last Name: **Ling** Unrestricted clinical access to all
resources and departments.

This is to verify that the bearer whose photograph bears a resemblance to the individual shown on this card is the person named on the card. Please notify the hospital if the bearer is not the person named on the card.

Underwritten and issued by the Hospital Authority.



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.



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