

# well!

---

Harvard Pilgrim Health Care  
Stride<sup>SM</sup> (HMO)/(HMO-POS)  
Medicare Advantage Plans  
Fall 2022



Use your plan to fight  
**INFLATION**  
in 2023

**\$0 annual vision exam**

**\$0 health screenings**

**Up to \$400 a year  
with Wallet Benefit**

**\$0 physical exam**

**Save on prescription  
hearing aids**

**And much more!**

Page 6

**Easy-to-use 2023  benefit chart**



## Did you know?

Harvard Pilgrim Health Care Medicare Advantage Stride<sup>SM</sup> (HMO)/(HMO-POS) plans received 4 out of 5 Stars for quality from Medicare!

- Plus, as part of our 2023 Star rating, we received the highest possible rating for customer service.
- Extensive provider network—including all hospitals in New Hampshire.
- We're a local plan and part of your community.

## Recommend us to a friend!

From high-quality benefits and coverage, to national recognition for quality, our Stride<sup>SM</sup> (HMO)/(HMO-POS) plans have a lot to offer. Make sure your friends don't miss out.

Tell your friends to call today to learn more about joining Harvard Pilgrim Health Care.

**(844) 576-7313 (TTY: 711)**

## Get the answers you need.

Whether you're looking for information about medical benefits, drug coverage, choosing a doctor, or finding the right form or document, get the answers you need on our website.



[harvardpilgrim.org/medicare](https://harvardpilgrim.org/medicare)

Or call Member Services:



**(888) 609-0692 (TTY: 711)**

# In This Issue

---



**Use your plan to  
fight inflation**

Page 6



**Your 2023 benefit chart**

Page 10



**4 out of 5 stars  
for quality**

Page 4

- 5** Q&A: How do I give someone permission to talk about my benefits?
- 8** Stay up to date with COVID-19 vaccines
- 13** 5 ways to avoid winter falls
- 14** What vaccines do you need?



## **Get even **more** from your membership!**

Get the most out of your plan with a secure online account on our website:

**24/7 online access**—Check your claims and referrals anytime

**Exclusive discounts**—Access member discounts on fitness, and more

**Sign up for eDelivery**—Get certain documents electronically instead of by mail

Creating a secure account only takes a few minutes. Sign up today!

**[harvardpilgrim.org/strideportal](https://harvardpilgrim.org/strideportal)**

# 4 Stars means better quality and care



It's important to have quality coverage you can depend on. Harvard Pilgrim Health Care Medicare Advantage Stride<sup>SM</sup> (HMO)/(HMO-POS) was rated 4 out of 5 Stars by Medicare for 2023.

## What does a 4-Star rating mean for you?

A focus on your health. Our Star rating reflects how easy it is for you to get the checkups, screenings, and information you need to stay healthy.

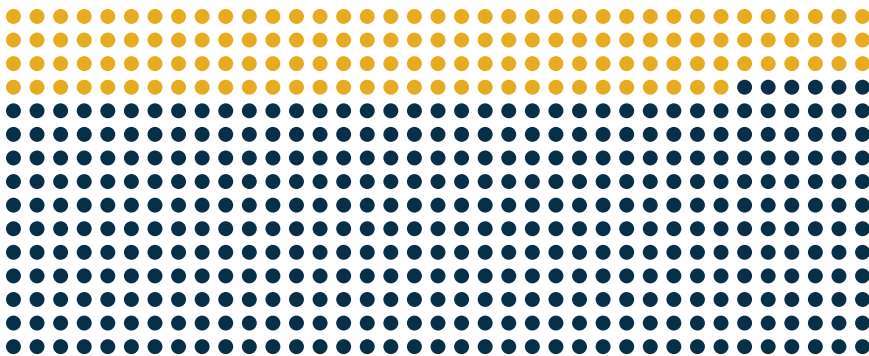
**Quality and support.** A plan receives a high Star rating only by providing exceptional service to their members in many different areas including customer service, health care quality, and getting appointments quickly.

**A rating you can trust.** Medicare's Star rating can't be bought—it can only be earned from the Centers for Medicare & Medicaid Services (CMS), the government regulatory body for all Medicare programs.

**Peace of mind.** Knowing you have highly rated coverage provides valuable peace of mind.

## How difficult is it to achieve a high Star rating?

For 2023, CMS rated 507 Medicare Advantage plans and provided each with a rating from 1 to 5 Stars with 5 Stars being the highest. Only 136 plans in the country received a 4-Star rating for 2023. The 2023 4-Star rating puts Harvard Pilgrim Health Care Medicare Advantage Stride<sup>SM</sup> (HMO)/(HMO-POS) plans among the top 27% percent of plans nationally.



## Tell your friends

From low costs, to high-quality benefits and coverage, to national recognition for quality, Harvard Pilgrim Health Care Stride<sup>SM</sup> plans have a lot to offer. Make sure your friends don't miss out.

Tell your friends to call today to learn more about joining Harvard Pilgrim Health Care

**(844) 576-7313**

**(TTY: 711)**



## Common Questions:

# How to give someone permission to talk about your benefits

Your Member Services team responds to common questions from members.

With three options for giving someone permission to discuss your benefits, how do you know which is right for you? Your Member Services team explains the options.



### **Q: Can my spouse call Harvard Pilgrim Health Care and discuss my benefits?**

**A:** The federal law, HIPAA (Health Insurance Portability and Accountability Act), requires us to have policies and procedures in place to protect your health information from being shared with a spouse, family member, or anyone else without your permission.

### **Q: How can I provide permission?**

**A:** You can give someone the ability to discuss your benefits and/or act on your behalf by filling out one of the following forms:

- **Authorization to Disclose Protected Health Information form**  
(Provides permission to discuss your benefits but not to make decisions on your behalf.) This form provides permission for an authorized representative to speak to us about your protected health information.
- **Designated Representative form**  
(Provides permission to discuss your benefits and to make decisions on your behalf.) This form allows a designated representative to receive all information pertaining to your protected health information and to make decisions or changes related to your plan (e.g., demographic and plan changes, premium payments, etc.)
- **Centers for Medicare & Medicaid Services Appointment of Representative form**  
This form allows someone to file a coverage request, appeal, or grievance on your behalf.

### **Q: Where can I find these forms?**

**A:** You can find these forms on our website at [harvardpilgrim.org/strideforms](https://www.harvardpilgrim.org/strideforms) or you can call Member Services at **(888) 609-0692 (TTY: 711)** to have one mailed to you.

### **Q: Where do I send my completed form?**

**A:** You can send your completed form to us at:  
**Harvard Pilgrim Health Care Stride  
Member Services Department  
PO Box 496  
Canton, MA 02021-0496**



# Use your plan to fight inflation

## **NEW** Preferred pharmacies help you save on Rx costs

Your 2023 Stride<sup>SM</sup> (HMO) plan pharmacy benefit will include “preferred” and “standard” pharmacies. Preferred pharmacies provide an easy way to save on your prescription drug costs. Cost differences for preferred and standard pharmacies are listed in the prescription drug section of the benefit chart on page 12.

## Use your over-the-counter (OTC) benefit

Make sure to use your annual allowance to purchase health-related drugs and supplies, including cough, cold and allergy medicines, vitamins, first aid supplies and much more—at no cost to you! Just select items from the 2023 Over-the-Counter Brochure available on our website at [harvardpilgrim.org/stridedocuments](https://harvardpilgrim.org/stridedocuments) and call us at **(888) 609-0692 (TTY: 711)** to place your order. Up to \$170 a year depending on the plan you are in:

- Basic Rx (HMO) \$170/year
- Value Rx (HMO) \$100/year
- Value Rx Plus (HMO) \$100/year
- Choice Rx (HMO-POS) \$150/year

Make sure to take advantage of all the great benefits, savings, and discounts your plan offers in 2023.

## Stay healthy and save with your Wallet Benefit

Your Wallet Benefit provides the flexibility and choice for you to achieve your own health and wellness. The Wallet Benefit can be used towards the cost of acupuncture, fitness membership, fitness tracking devices, eyewear, massage therapy, holistic medicine visits, mind/body therapies, and installation of bathroom safety devices. Up to \$400 a year depending on the plan you are in:

- Basic Rx (HMO) \$350/year
- Value Rx (HMO) \$325/year
- Value Rx Plus (HMO) \$400/year
- Choice Rx (HMO-POS) \$325/year

## \$0 vision exam

Your plan makes it easy to have regular vision exams with a \$0 copay for an annual vision exam each year. (Note: Choice Rx (HMO-POS) plan members—not covered out-of-network.)

## Save with your hearing aid benefit

You can get up to two prescription hearing aids every year. Members have a copayment of \$699 or \$999 per aid depending on the model. Your prescription hearing aid benefit includes:

- Free follow-up provider visits for the first year after your hearing aid(s) purchase
- 3-year extended warranty

- 80 free batteries per hearing aid for non-rechargeable models
- 60-day trial period
- Advanced and Premium hearing aids are available in various styles and colors, and in rechargeable style options for an additional \$50 fee per hearing aid

## Save on Rx with mail order

You can save money on your prescription drugs by using our convenient Optum Home Delivery program and have your prescriptions sent directly to your home by mail. Shipping is free and you could save up to \$50 for a 90-day supply of prescription medication (depending on the plan you are in and the tier your drug is on). That's a potential savings of up to \$200 a year! To sign up for mail order, just fill out the form on our website at [harvardpilgrim.org/strideforms](https://www.harvardpilgrim.org/strideforms).

## \$0 health screenings

Getting regular screenings is one of the best ways to stay healthy. Take advantage of a \$0 copay for many screenings including cancer, diabetes, depression, and many more.

## Dental coverage to smile about

Harvard Pilgrim offers an annual reimbursement for dental services. There are no network restrictions. Members can go to any licensed dentist and get reimbursed for their dental services up to \$1,000 of coverage on the Stride<sup>SM</sup> Basic Rx plan and up to \$500 coverage on other plans.

For a complete list of covered dental services, see your Evidence of Coverage Dental Addendum on our website at [harvardpilgrim.org/stridedocuments](https://www.harvardpilgrim.org/stridedocuments).

## \$0 annual physical exam

Seeing your doctor each year for a physical exam makes it easier to spot problems earlier and maintain a healthy lifestyle. \$0 copayment for 1 visit per year (Note: Choice Rx (HMO-POS) plan members—not covered out-of-network.)



## Important message about what you pay for vaccines

All our plans include prescription drug coverage. This means Part D vaccines are covered at no cost to you, even if your plan includes a prescription drug deductible that you haven't paid.

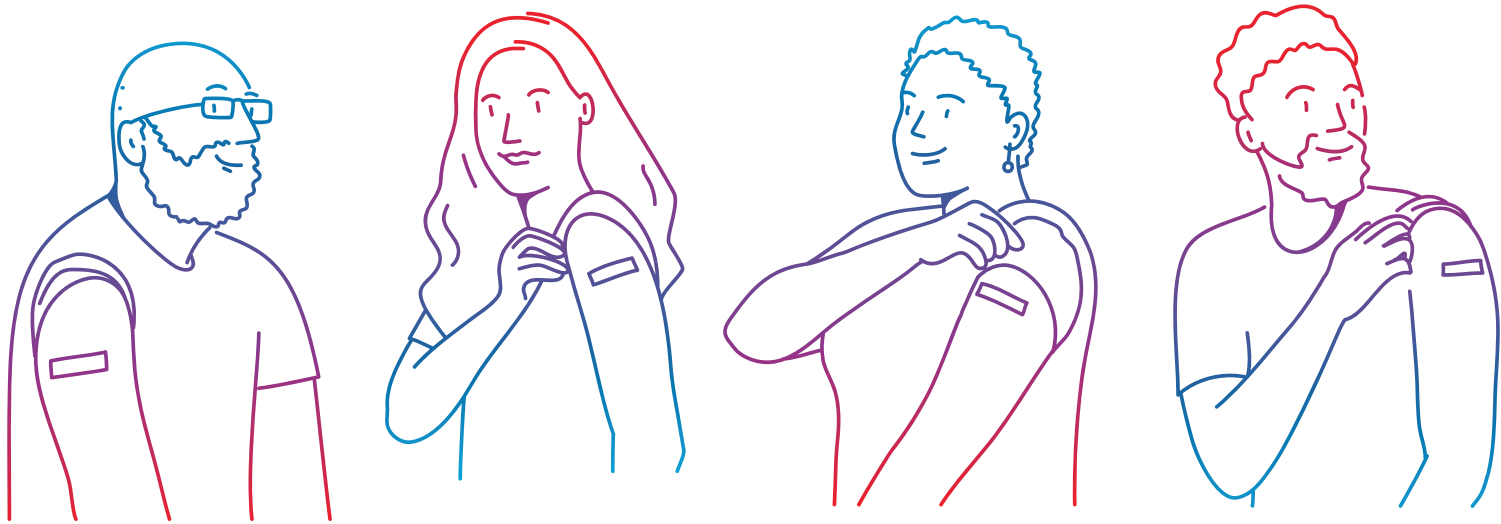


## You don't have to take any action to continue your plan in 2023

We're thrilled to have you as a member of Harvard Pilgrim Health Care. Your coverage will automatically continue in 2023. You don't have to do anything or notify us to continue your plan—we've got you covered in 2023!

If your health care needs have changed and you want to review our other plan options, just give us a call at **(888) 609-0692 (TTY: 711)**.





## Stay Up to Date With COVID-19 Vaccines, Including Boosters

Getting vaccinated prevents severe illness, hospitalizations, and death. According to the Centers for Disease Control and Prevention (CDC), people 65 and older who received both doses of either Pfizer or Moderna vaccines showed a **94% reduced risk** of COVID-19-related hospitalization. Getting your COVID-19 booster is important to maintain protection against COVID-19.

The CDC recommends everyone stay up to date with COVID-19 vaccines for their age group.

### Updated boosters are recommended for people ages 5 years and older:

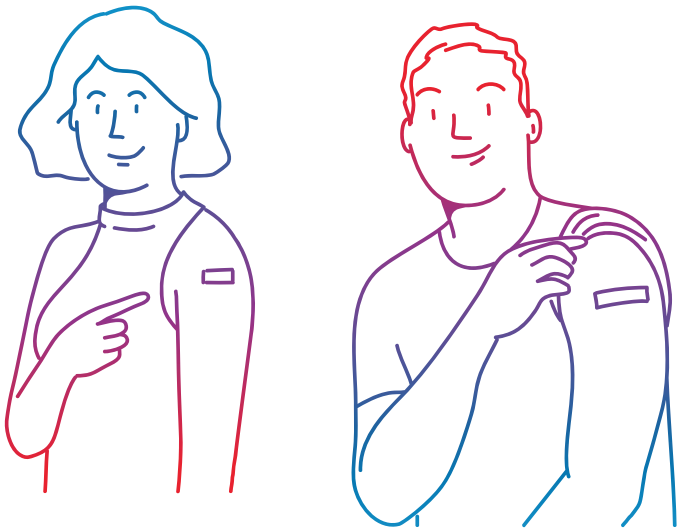
- Receive one updated (bivalent) booster if it has been at least 2 months since your last COVID-19 vaccine dose, whether that was:
  - Your final primary series dose, or
  - An original (monovalent) booster

People who have gotten more than one original (monovalent) booster are also recommended to get an updated (bivalent) booster.

You can receive a booster through your health care provider, a vaccine clinic, or participating pharmacies. Visit [Vaccines.gov](https://www.vaccines.gov) to find a nearby pharmacy or vaccine clinic.

People who are moderately or severely immunocompromised have different recommendations for COVID-19 vaccines. **Talk to your health care provider if you have additional questions. For more details, visit [cdc.gov](https://www.cdc.gov).**





# Don't Forget Your *flu shot*

You can get a COVID-19 vaccine and other vaccines, including a flu vaccine, at the same visit.

Getting a flu shot each year is the best way to protect yourself against the flu. Adults age 65 or older are at higher risk for serious complications if they get the flu. Even among healthy older people, the flu can result in heart attacks

You have a \$0 copay for a flu shot each year. There are several convenient ways to get your flu shot:

- Call your doctor to schedule an appointment to get your flu shot.
- Pharmacies such as CVS, Rite Aid, Walmart, and participating independent pharmacies.
- Town or school clinics. For locations, contact your city or town administrator.
- If you receive home health services, you can receive the flu vaccine in your home.
- If you get a flu shot anywhere other than your primary care physician's (PCP's) office, remember to let your PCP know.

Flu season is during the fall and winter. After you are vaccinated, it takes about two weeks for your body to make antibodies to protect you from the flu, so the earlier you get vaccinated, the better.

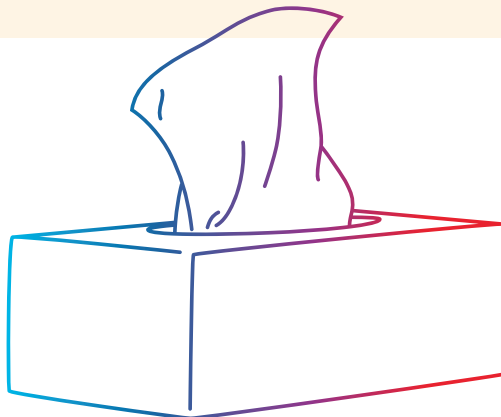


**Updated (bivalent) boosters** are called "bivalent" because they protect against both the original virus that causes COVID-19 and the Omicron variants BA.4 and BA.5.

**Previous boosters are called "monovalent"** because they were designed to protect against the original virus that causes COVID-19. They also provide some protection against Omicron, but not as much as the updated (bivalent) boosters.



You pay \$0 copayment for COVID-19 vaccines



# 2023 Benefits Overview

## Stride<sup>SM</sup> (HMO)/(HMO-POS) Medicare Advantage Plan Comparison

Benefits	Basic Rx (HMO) Plan You Pay	Value Rx (HMO) Plan You Pay	Choice Rx (HMO-POS) Plan You Pay	Value Rx Plus (HMO) Plan You Pay
<b>Resident County and Premium</b>	\$0 Belknap, Cheshire, Grafton, Hillsborough, Merrimack, Rockingham and Sullivan	\$57 Belknap, Cheshire, Grafton, Hillsborough, Merrimack, Rockingham and Sullivan	\$68 Belknap, Cheshire, Grafton, Hillsborough, Merrimack, Rockingham and Sullivan	\$141 Belknap, Cheshire, Grafton, Hillsborough, Merrimack, Rockingham and Sullivan \$146 Strafford
<b>Annual Medical Deductible</b>	\$0	\$0	\$0	\$0
<b>Primary Care Provider (PCP) Office Visit</b>	\$0 copayment per visit	\$0 copayment per visit	\$0 copayment per visit†	\$0 copayment per visit
<b>Annual Physical Exam</b>	\$0 copayment, 1 visit per year	\$0 copayment, 1 visit per year	\$0 copayment, 1 visit per year*	\$0 copayment, 1 visit per year
<b>Specialist Office Visit</b>	\$40 copayment per visit	\$35 copayment per visit	\$40 copayment per visit	\$30 copayment per visit
<b>Diagnostic Tests, X-ray, Lab Services</b>	\$0 copayment for labs \$30 copayment for diagnostic tests & X-rays \$350 copayment for MRI/CT scans	\$10 copayment for labs \$10 copayment for diagnostic tests & X-rays \$350 copayment for MRI/CT scans	\$15 copayment for labs \$15 copayment for diagnostic tests & X-rays \$350 copayment for MRI/CT scans	\$15 copayment for labs \$15 copayment for diagnostic tests & X-rays \$275 copayment for MRI/CT scans
<b>Chemotherapy Drugs &amp; Part B Prescription Drugs</b>	\$35 insulin copayment per 30-day supply with covered DME. All others 20% coinsurance.	\$35 insulin copayment per 30-day supply with covered DME. All others 20% coinsurance.	\$35 insulin copayment per 30-day supply with covered DME. All others 20% coinsurance.	\$35 insulin copayment per 30-day supply with covered DME. All others 20% coinsurance.
<b>Outpatient Surgery (Hospital)</b>	\$350 copayment per visit	\$350 copayment per visit	\$350 copayment per visit	\$275 copayment per visit
<b>Outpatient Surgery (Surgical Center)</b>	\$300 copayment per visit	\$300 copayment per visit	\$300 copayment per visit	\$200 copayment per visit
<b>Inpatient Hospital Care</b>	Days 1-5, \$370 copayment each day	Days 1-5, \$350 copayment each day	Days 1-5, \$370 copayment each day*	Days 1-6, \$275 copayment each day
<b>Inpatient Mental Health (includes Substance Abuse and Rehabilitation Services)</b>	Days 1-5, \$370 copayment each day	Days 1-5, \$350 copayment each day	Days 1-5, \$370 copayment each day*	Days 1-6, \$275 copayment each day
<b>Skilled Nursing Facility (in a Medicare Certified Skilled Nursing Facility)</b>	Days 1-20, \$0 copayment per day Days 21-100, \$188 copayment per day	Days 1-20, \$0 copayment per day Days 21-100, \$188 copayment per day	Days 1-20, \$0 copayment per day Days 21-100, \$188 copayment per day*	Days 1-20, \$0 copayment per day Days 21-100, \$188 copayment per day
<b>Durable Medical Equipment</b>	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
<b>Diabetic Monitoring Supplies (includes Continuous Glucose Monitors)</b>	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment
<b>Home Health Care</b>	\$0 copayment per visit for Medicare-covered services	\$0 copayment per visit for Medicare-covered services	\$0 copayment per visit for Medicare-covered services*	\$0 copayment per visit for Medicare-covered services

Benefits	Basic Rx (HMO) Plan You Pay	Value Rx (HMO) Plan You Pay	Choice Rx (HMO-POS) Plan You Pay	Value Rx Plus (HMO) Plan You Pay
<b>Worldwide Emergency and Urgent Coverage</b>	\$90 copayment per visit, waived if admitted for inpatient care or outpatient observation within 24 hours	\$90 copayment per visit, waived if admitted for inpatient care or outpatient observation within 24 hours	\$90 copayment per visit, waived if admitted for inpatient care or outpatient observation within 24 hours	\$90 copayment per visit, waived if admitted for inpatient care or outpatient observation within 24 hours
<b>Virtual Visits (includes Mental Health)</b>	\$0 copayment for e-Visits & Virtual Check-Ins; \$0-\$40 copayment for Telehealth Visits	\$0 copayment for e-Visits & Virtual Check-Ins; \$0-\$35 copayment for Telehealth Visits	\$0 copayment for e-Visits & Virtual Check-Ins; \$0-\$40 copayment for Telehealth Visits	\$0 copayment for e-Visits & Virtual Check-Ins; \$0-\$30 copayment for Telehealth Visits
<b>Urgent Care</b>	\$60 copayment per visit	\$60 copayment per visit	\$60 copayment per visit	\$60 copayment per visit
<b>Ambulance</b>	\$300 copayment per one-way trip	\$275 copayment per one-way trip	\$275 copayment per one-way trip	\$250 copayment per one-way trip
<b>Routine Eye Exam</b>	\$0 copayment, 1 visit per year	\$0 copayment, 1 visit per year	\$0 copayment, 1 visit per year <sup>††</sup>	\$0 copayment, 1 visit per year
<b>Routine Hearing Exam</b>	\$40 copayment, 1 visit per year	\$35 copayment, 1 visit per year	\$40 copayment, 1 visit per year <sup>✧</sup>	\$30 copayment, 1 visit per year
<b>Prescription Hearing Aid Benefit</b>	\$699 copayment per hearing aid for Advanced \$999 copayment per hearing aid for Premium	\$699 copayment per hearing aid for Advanced \$999 copayment per hearing aid for Premium	\$699 copayment per hearing aid for Advanced <sup>✧</sup> \$999 copayment per hearing aid for Premium <sup>✧</sup>	\$699 copayment per hearing aid for Advanced \$999 copayment per hearing aid for Premium
<b>Dental Benefit</b>	\$1,000 Annual reimbursement for dental services <sup>^^</sup> No network restrictions	\$500 Annual reimbursement for dental services <sup>^^</sup> No network restrictions	\$500 Annual reimbursement for dental services <sup>^^</sup> No network restrictions	\$500 Annual reimbursement for dental services <sup>^^</sup> No network restrictions
<b>Over-the-Counter Allowance</b>	\$170 annual allowance towards over-the-counter health care related drugs and supplies	\$100 annual allowance towards over-the-counter health care related drugs and supplies	\$150 annual allowance towards over-the-counter health care related drugs and supplies	\$100 annual allowance towards over-the-counter health care related drugs and supplies
<b>Out-of-Pocket Limit</b>	\$7,550 yearly out-of-pocket limit	\$6,700 yearly out-of-pocket limit	\$6,700 yearly in- and out-of-network out-of-pocket limit	\$5,500 yearly out-of-pocket limit
<b>Wallet Benefit</b>	Up to \$350 reimbursement annually for qualified health and wellness expenses including home fitness equipment, a fitness tracker, fitness membership, weight loss programs, eyewear, chiropractic visits and more	Up to \$325 reimbursement annually for qualified health and wellness expenses including home fitness equipment, a fitness tracker, fitness membership, weight loss programs, eyewear, chiropractic visits and more	Up to \$325 reimbursement annually for qualified health and wellness expenses including home fitness equipment, a fitness tracker, fitness membership, weight loss programs, eyewear, chiropractic visits and more	Up to \$400 reimbursement annually for qualified health and wellness expenses including home fitness equipment, a fitness tracker, fitness membership, weight loss programs, eyewear, chiropractic visits and more

\* Not covered out-of-network.

† Not covered out-of-network except when traveling outside the plan's service area.

<sup>^^</sup> Excludes orthodontics and implants.

<sup>††</sup> Not covered out-of-network.

<sup>✧</sup> Not covered out-of-network unless using a TruHearing<sup>®</sup> provider.

# 2023 Benefits Overview

## Stride<sup>SM</sup> (HMO)/(HMO-POS) Medicare Advantage Plan Prescription Drug Benefits

Coverage Stage	Basic Rx (HMO) Plan You Pay	Value Rx (HMO) Plan You Pay	Choice Rx (HMO-POS) Plan You Pay	Value Rx Plus (HMO) Plan You Pay
<b>Annual Prescription Drug Deductible</b>	<b>\$445</b> annual deductible for Tier 3 (excluding Select Insulins), Tier 4 and Tier 5 Part D prescription drugs	<b>\$270</b> annual deductible for Tier 3 (excluding Select Insulins), Tier 4 and Tier 5 Part D prescription drugs	<b>\$270</b> annual deductible for Tier 3 (excluding Select Insulins), Tier 4 and Tier 5 Part D prescription drugs	<b>\$270</b> annual deductible for Tier 3 (excluding Select Insulins), Tier 4 and Tier 5 Part D prescription drugs
<b>Initial Coverage:</b> After your yearly deductible, you pay the following until your total yearly drug costs reach \$4,660. Total yearly drug costs are the total drug costs paid by both you and Harvard Pilgrim.				
<b>Tier 1 Preferred Generic</b> 30-Day Supply-Preferred Retail Pharmacy Tier 1 Non-Preferred Retail Pharmacy 90-Day Supply-Mail Order Pharmacy	\$0 copayment \$5 copayment \$0 copayment	\$0 copayment \$5 copayment \$0 copayment	\$0 copayment \$5 copayment \$0 copayment	\$0 copayment \$5 copayment \$0 copayment
<b>Tier 2 Generic</b> 30-Day Supply-Preferred Retail Pharmacy Tier 2 Non-Preferred Retail Pharmacy 90-Day Supply-Mail Order Pharmacy	\$10 copayment \$20 copayment \$20 copayment	\$8 copayment \$20 copayment \$16 copayment	\$8 copayment \$20 copayment \$16 copayment	\$8 copayment \$20 copayment \$16 copayment
<b>Tier 3 Preferred Brand-Name</b> 30-Day Supply-Retail Pharmacies 90-Day Supply-Mail Order Pharmacy	\$47 copayment \$94 copayment	\$47 copayment \$94 copayment	\$47 copayment \$94 copayment	\$47 copayment \$94 copayment
<b>Tier 4 Non-Preferred Drugs</b> 30-Day Supply-Retail Pharmacies 90-Day Supply-Mail Order Pharmacy	\$100 copayment \$250 copayment	\$100 copayment \$250 copayment	\$100 copayment \$250 copayment	\$100 copayment \$250 copayment
<b>Tier 5 Specialty</b> (60 and 90 day supplies not available)	25% coinsurance	28% coinsurance	28% coinsurance	28% coinsurance
<b>Tier 6 Vaccines</b> (Mail order not available) <b>Select Insulins</b> 30-Day Supply-Retail Pharmacies 90-Day Supply-Mail Order Pharmacy	\$0 copayment \$35 copayment \$70 copayment	\$0 copayment \$35 copayment \$70 copayment	\$0 copayment \$35 copayment \$70 copayment	\$0 copayment \$35 copayment \$70 copayment
<b>Coverage Gap:</b> You pay the following until you and others on your behalf have paid a total of \$7,400* for covered Part D drugs.				
<b>Tier 1 Preferred Generic</b> <b>Tier 2 Generic</b> <b>Tier 3 Preferred Brand-Name</b> <b>Tier 4 Non-Preferred Drugs</b> <b>Tier 5 Specialty</b> <b>Tier 6 Vaccines</b> <b>Select Insulins</b>	Tiers 1-5, excluding Select Insulins: While you are in the Coverage Gap, you pay 25% of the cost for generic drugs including brand drugs treated as generic, and 25% of the negotiated price (plus a portion of the dispensing fee) for brand name drugs. In this stage, the Medicare Coverage Gap Discount Program provides a 75% manufacturer discount on brand name drugs. Both the amount you pay and the amount discounted by the manufacturer count toward your out-of-pocket costs as if you had paid them. \$0 copayment \$35 copayment			
<b>Catastrophic Coverage:</b> Tier 6 Vaccines are \$0 copayment and Select Insulins are \$35, per 30-day supply, during Catastrophic Coverage. Otherwise, you pay the following for the remainder of the calendar year.				
<b>Generic Drugs</b> (including brand name drugs treated as generic)	Greater of 5% coinsurance or \$4.15 copayment			
<b>All Other Drugs</b>	Greater of 5% coinsurance or \$10.35 copayment			

\*Please note: Drugs covered by Stride<sup>SM</sup> (HMO)/(HMO-POS) that are not covered by Medicare Part D do not count toward this amount. Different out-of-pocket costs may apply for people who have limited incomes, live in long-term care facilities or have access to Indian/Tribal/Urban (Indian Health Service) providers.

# 5 Ways to Avoid Winter Falls



Each winter comes with the danger of slipping on patches of snow or ice. These hazards are especially dangerous for older adults. Fractured ankles and broken hips are some of the most common injuries caused by slipping on snow or ice, but all falls present a serious risk. According to the Centers for Disease Control and Prevention (CDC), falls are the leading cause of both fatal and nonfatal injuries among older adults.

## How to Prevent Winter Falls

- 1. Get traction** - Shoes with rubber soles and good tread provide better traction than leather or plastic soles.
- 2. Change your walking style** - When walking on slippery surfaces, bend your body slightly forward and take shorter strides to protect against falls.
- 3. Take your time** - Avoid rushing or taking shortcuts across untreated areas.
- 4. Follow the path** - Use cleared pathways that have been treated with sand or salt.
- 5. Watch your step** - Make sure your footing is solid when getting into or out of a car as it can be more difficult to see slippery areas.

## What to Do if You Fall

### Get Immediate Medical Attention

Even if you do not have an obvious injury, if you have any loss of consciousness or any sign of confusion after falling, seek immediate medical attention.

### Notify Your Primary Care Physician (PCP)

Even if you have no injury, make an appointment with your PCP. Your fall could be related to a medical problem, and a falls evaluation will be needed to find the cause and help prevent another fall.



# What vaccines do you need?

Vaccines are especially important for older adults, but do you know which ones you need? In addition to staying up to date with COVID-19 vaccines (see page 8 for details) test your knowledge on these vaccines:

**1. How often do you need a tetanus shot?**

- a. Every year
- b. Every three years
- c. Once plus a booster every 10 years

**2. The CDC recommends which of these vaccines for shingles?**

- a. Varicella
- b. Shingrix
- c. Zostavax

**3. Which condition may mean you need a meningitis vaccine?**

- a. Non-functional spleen
- b. Arthritis
- c. High blood pressure

**4. How often should you get the pneumonia vaccine?**

- a. Once
- b. Every year
- c. Twice—there are two vaccines given at separate times

**5. Why do you need a flu shot every year?**

- a. The flu vaccine changes each year
- b. The flu virus changes each year
- c. All of the above

**6. You may not need a vaccine for measles and mumps if you were born before which year?**

- a. 1945
- b. 1960
- c. 1957

## Answers

**1: C.** There are two tetanus shots—the Tdap shot (for tetanus, diphtheria, and whooping cough) and the Td shot (for tetanus and diphtheria). The Centers for Disease Control and Prevention (CDC) recommends every adult have a Tdap shot once and a Td booster shot every 10 years.

**2: B.** Both Shingrix and Zostavax are vaccines used to prevent shingles in older adults but the CDC currently recommends the Shingrix vaccine over Zostavax.

**3: A.** Meningitis is a bacterial infection that causes swelling around the brain and spinal cord. Because the spleen helps to kill bacteria in the bloodstream, people with damaged spleens are more vulnerable to many infections including meningitis.

**4: C.** To protect yourself against pneumonia, the CDC recommends two vaccines given at separate visits. The first vaccine is called PVC13, the second is called PPSV23. Your doctor can tell you how much time should pass between getting the first and second vaccine.

**5: C.** The flu vaccine is only effective for that year's flu season. The flu vaccine changes each year because the flu virus also changes slightly every year. Getting a flu shot early in the fall offers you the best protection.

**6: C.** Nobody was vaccinated before 1957. If you were born before 1957, you may have had the disease and already have immunity. However, check with your doctor if you are unsure if you need the vaccine.



## \$0 vaccines on Tier 6

You pay \$0 for Tier 6 vaccines used to treat the flu, shingles, pneumonia, and more.



*Thank you*

**for being a member!**

Representatives are available 8 a.m.–8 p.m., 7 days a week (Mon.–Fri. from Apr. 1–Sept. 30).

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care and Harvard Pilgrim Health Care of New England, Inc. Every year, Medicare evaluates plans based on a 5-Star rating system. Visit [www.medicare.gov](http://www.medicare.gov) for more information. Harvard Pilgrim Health Care Medicare Advantage (HMO)/(HMO-POS) plans received 4 out of 5 Stars for contract year 2023. Harvard Pilgrim Health Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (888) 609-0692 (TTY: 711).



a Point32Health company

1 Wellness Way  
Canton, MA 02021-1166

Presort Standard  
U.S. Postage  
Paid  
Boston MA  
Permit #357

## High-quality benefits, low costs, and great savings

With our Stride<sup>SM</sup> (HMO) / (HMO-POS) plans, you get more of the great benefits you deserve – up to \$1,000 dental reimbursement, \$0 routine vision exam, up to \$400 a year with our Wallet Benefit and much more!

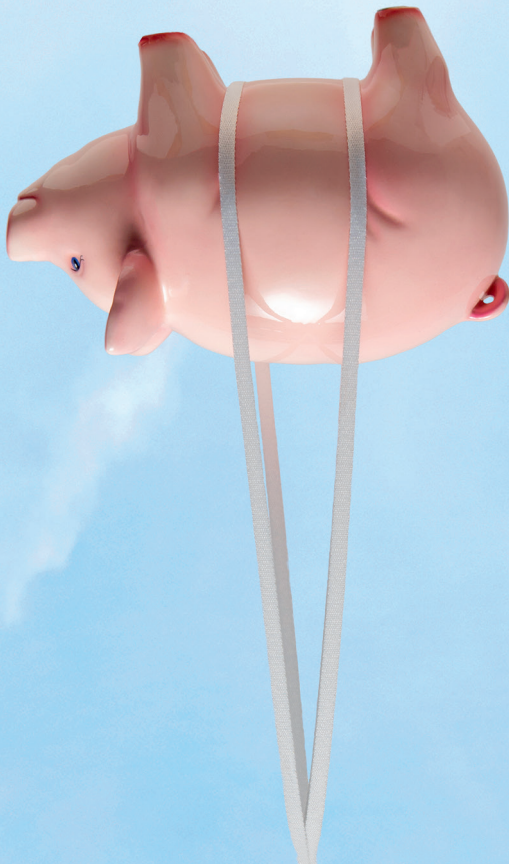
Make sure your friends don't miss out. Refer your friends to Harvard Pilgrim Health Care today. Tell your friends to call **(844) 576-7313 (TTY: 711)** for a FREE Medicare plan review. No obligation.



**(844) 576-7313**  
**(TTY: 711)**

H6750\_23116\_M

Health and Wellness or Prevention Information



Page 6

# Use your plan to fight inflation in 2023

Fall 2022

# Welli

a Point32Health company

