

MEDICARE MADE SIMPLE



A brief guide
to your health
care options

TUFTS  Health Plan

 Medicare Preferred

When you're on Medicare, understanding and comparing all of your health care options can be confusing. Yet, it is important for you to understand those options, so you can make a choice you are comfortable with and one that will provide you with the benefits you need.

This brochure was written to help inform you about some of your options, so you can be prepared and confident when you select the coverage that is right for you.



What are my Medicare coverage options?

You have four basic coverage options as a Medicare beneficiary, including:

- **Original Medicare**—Covers only Medicare Part A and Medicare Part B.
- **Medicare Supplement Plans (Medigap)**—Health insurance plans that “supplement” your Original Medicare coverage, filling in some of the coverage and financial gaps. Medicare Supplement plans do not cover prescription drugs so you must purchase a prescription drug plan separately.
- **Medicare Advantage Plans (Medicare Part C)**—Health Maintenance Organizations (HMO), Preferred Provider Organizations (PPO) and Private Fee-For-Service (PFFS) plans that contract with Medicare to provide coverage for hospital, doctor and outpatient services. Many plans also include prescription drug coverage, preventive and wellness care for a modest monthly premium.
- **Prescription Drug Plans (PDP) (Medicare Part D)**—Cover some prescription drug costs and are purchased separately to supplement Original Medicare, Medicare Supplement or some Medicare Advantage PFFS plans. You generally pay a monthly Medicare Part D premium when purchasing a stand-alone Prescription Drug Plan.

What are my prescription drug coverage options?

You have several different options to choose for your Medicare Part D benefit. It's up to you to choose the prescription drug coverage that best fits your health care needs and budget.

Your options include:

- **Medicare Part D plan with no drug coverage in the gap**—You can choose to have both medical and prescription drug coverage all in one plan (Medicare Advantage with Part D). Medicare makes it simple. Medicare works with a contracting Insurer to provide an option where you may pay no up front deductible, but copays are generally higher and they generally do not include Tier 1 drugs in the coverage gap.
- **Medicare Part D plan with drug coverage in the gap**—You can also choose to have both medical and prescription drug coverage that includes 100% of all generic and brand name drugs in Tier 1 in the coverage gap. Plus, copays generally are lower.
- **Stand Alone Medicare Part D plan**—This option is convenient for those who have chosen to stay on Original Medicare alone or have selected a Medicare Supplement, Medicare Advantage PFFS, or Medicare Medical Savings Account plan and only want prescription drug coverage. You can choose between plans with or without generic drug coverage in the coverage gap and Medicare Prescription Drug (PDP) plans with no up front deductible.

Who is eligible to enroll?

The Center for Medicare and Medicaid Services have established the following eligibility criteria for Medicare Advantage and Part D plans.

Eligibility Criteria:

- Eligible for Medicare
- Entitled to Medicare Part A and enrolled in Part B
- Pays Medicare Part B premiums, if not otherwise paid for under Medicaid or by another third party
- Live in the health plan's service area
- Do not currently have end-stage renal disease (ESRD). If you have had a successful kidney transplant and do not need regular dialysis, you are eligible by supplying a doctor's note or record with your enrollment form. (Does not apply to PDP Plans.)

You're also eligible for Medicare if:

- You are 65 years old or under age 65 with certain disabilities,
- You are a U.S. citizen and a permanent resident,
- You or your spouse have paid Social Security taxes for at least 10 years and/or,
- You are over 65 and no longer receiving coverage through your or your spouse's employer

When can I join Medicare Advantage and Part D plans?

If you're just turning 65, you may enroll 3 months before, the month of, and 3 months after you become eligible for Medicare.

If you're over 65 and will no longer receive coverage through an employer, please call us about when you should enroll. Generally, the Medicare Part B enrollment period runs for eight months from the time you (or your spouse) retire or lose your health insurance.

When can I switch, add or drop a Medicare Advantage plan?

The Centers for Medicare & Medicaid Services (CMS) determines when you can change plans. You may switch Medicare Advantage plans each year between November 15 - December 31 (Annual Election Period) and January 1- March 31 (Open Enrollment Period).

You may add or drop prescription drug coverage (including PDP plans) only during November 15 – December 31 (Annual Election Period). You may also change these plans at other times of the year under certain circumstances. Please call us to see what rules apply to your specific situation.



This information was provided by Tufts Health Plan Medicare Preferred

If you have any questions, please call us toll free and we will be happy to assist you 1-800-978-2222; TTY 1-888-899-8977. Representatives are available Monday – Friday, 8:00 a.m. – 8:00 p.m. (From November 15 – March 1, representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m.) After hours and on holidays, please leave a message and a representative will return your call the next business day.

Or visit our Web site at tuftshealthplan.com/medicare

The following resources may also be helpful in answering other questions or for additional information:

Social Security Office: 1-800-772-1213; TTY 1-800-325-0778

Medicare: 1-800-633-4227; TTY 1-877-486-2048

Massachusetts Office of Medicaid: 1-617-210-5000

Medicare Web site: www.medicare.gov

Tufts Health Plan is a Medicare Advantage organization with a Medicare contract and is a Medicare approved Part D sponsor.



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For more than 25 years, Tufts Health Plan has been committed to providing a high standard of health care coverage and to improving the quality of care for every member. This dedication to delivering quality coverage and services has helped Tufts Health Plan Medicare Preferred to become one of Massachusetts' largest Medicare Advantage organizations.

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