

2022 Tufts Medicare Preferred HMO Short Enrollment Request Form.

Send your completed and signed form to:

Tufts Health Plan Medicare Preferred
P.O. Box 9178
Watertown, MA 02472

A Personal information

First name:

Middle initial:

Last name:

Member ID number:

Primary phone number:

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This is a mobile number

Alternate phone number: (optional)

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This is a mobile number

We suggest providing your mobile number so that we can provide the most timely information and updates.

Email address:

Permanent street address: (P.O. box is not allowed)

City:

State:

Zip code:

Mailing address: (only if different from your permanent address)

City:

State:

Zip code:

B Please provide your plan information

The chart below shows available plans for each service area and standard monthly plan premiums (**in bold**). The chart also shows plan premiums with the Tufts Health Plan Medicare Preferred Dental Option included (*in italics*). To enroll in the Tufts Health Plan Medicare Preferred Dental Option, complete the *Optional Supplemental Benefit* section below.

Barnstable, Bristol, Middlesex, Norfolk, and Plymouth Counties	Plan Premium	<i>With Dental Option</i>	Hampden and Hampshire Counties	Plan Premium	<i>With Dental Option</i>
HMO Saver Rx (HMO)	\$0/month	<i>\$18.50</i>	HMO Saver Rx (HMO)	\$0/month	<i>\$18.15</i>
HMO Smart Saver Rx (HMO)	\$0/month	<i>N/A</i>	HMO Smart Saver Rx (HMO)	\$0/month	<i>N/A</i>
HMO Basic Rx (HMO)	\$56/month	<i>\$74.50</i>	HMO Basic Rx (HMO)	\$45/month	<i>\$63.50</i>
HMO Value No Rx (HMO)	\$103/month	<i>\$121.50</i>	HMO Value Rx (HMO)	\$89/month	<i>\$107.50</i>
HMO Value Rx (HMO)	\$164/month	<i>\$182.50</i>	HMO Prime Rx (HMO)	\$109/month	<i>\$139</i>
HMO Prime No Rx (HMO)	\$133/month	<i>\$163</i>	HMO Prime Rx Plus (HMO)	\$129/month	<i>\$159</i>
HMO Prime Rx (HMO)	\$191/month	<i>\$221</i>			
HMO Prime Rx Plus (HMO)	\$225/month	<i>\$255</i>			

Essex and Suffolk Counties	Plan Premium	<i>With Dental Option</i>	Worcester County	Plan Premium	<i>With Dental Option</i>
HMO Saver Rx (HMO)	\$0/month	<i>\$18.50</i>	HMO Saver Rx (HMO)	\$0/month	<i>\$18.50</i>
HMO Smart Saver Rx (HMO)	\$0/month	<i>N/A</i>	HMO Smart Saver Rx (HMO)	\$0/month	<i>N/A</i>
HMO Basic No Rx (HMO)	\$28/month	<i>\$46.50</i>	HMO Basic No Rx (HMO)	\$20/month	<i>\$38.50</i>
HMO Basic Rx (HMO)	\$71/month	<i>\$89.50</i>	HMO Basic Rx (HMO)	\$53/month	<i>\$71.50</i>
HMO Value No Rx (HMO)	\$123/month	<i>\$141.50</i>	HMO Value No Rx (HMO)	\$112/month	<i>\$130.50</i>
HMO Value Rx (HMO)	\$186/month	<i>\$204.50</i>	HMO Value Rx (HMO)	\$176/month	<i>\$194.50</i>
HMO Prime No Rx (HMO)	\$156/month	<i>\$186</i>	HMO Prime No Rx (HMO)	\$152/month	<i>\$182</i>
HMO Prime Rx (HMO)	\$216/month	<i>\$246</i>	HMO Prime Rx (HMO)	\$206/month	<i>\$236</i>
HMO Prime Rx Plus (HMO)	\$248/month	<i>\$278</i>			

Name of the plan you are currently a member of:

Tufts Medicare Preferred HMO

Current monthly premium:

\$

Name of the plan you would like to change to:

Tufts Medicare Preferred HMO

New monthly premium:

\$

Requested effective date:

(mm/dd/yyyy; must be in the future)

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- I understand that this plan has different health benefits and a different monthly premium.
 I have reviewed my new plan premium in the chart above.

OPTIONAL SUPPLEMENTAL BENEFIT: Tufts Health Plan Medicare Preferred Dental Option

The Tufts Health Plan Medicare Preferred Dental Option can only be elected along with a medical plan. The Tufts Health Plan Medicare Preferred Dental Option is **\$18.50 per month** for *HMO Saver Rx, HMO Basic Rx, HMO Basic No Rx, HMO Value Rx, and HMO Value No Rx* plans. The Tufts Health Plan Medicare Preferred Dental Option is **\$30 per month** for *HMO Prime Rx, HMO Prime Rx Plus, and HMO Prime No Rx* plans. The chart above shows plan premiums with the Tufts Health Plan Medicare Preferred Dental Option included (*in italics*).

- Yes, I would like to add the Tufts Health Plan Medicare Preferred Dental Option.**

C Please choose a Tufts Medicare Preferred HMO contracted primary care physician (PCP)

If you don't have a PCP, we will automatically assign one to you. You can change your PCP at any time after you enroll.

Primary care physician:

Are you a current patient?

Yes No

D Paying your plan premium

HMO Saver Rx plans only: If you are enrolling in a plan with a \$0 premium, and we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can pay by mail or Electronic Funds Transfer (EFT) each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.

Plans with monthly premiums: You can pay your monthly plan premium, including any late enrollment penalty that you currently have or may owe, by mail or Electronic Funds Transfer (EFT) each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.

All plans: If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or Railroad Retirement Board (RRB). **DO NOT** pay Tufts Health Plan Medicare Preferred the Part D-IRMAA.

People with limited incomes may qualify for *Extra Help* to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this *Extra Help*, contact your local Social Security office, or call Social Security at **1-800-772-1213**. TTY users should call **1-800-325-0778**. You can also apply for *Extra Help* online at **www.socialsecurity.gov/prescriptionhelp**.

If you qualify for *Extra Help* with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover.

If you don't select a payment option, you will get a bill each month.

Please select a premium payment option:

Get a bill each month.

Electronic Funds Transfer (EFT) from your bank account each month.

(If this option is selected, an *EFT Authorization Form* will be mailed to you. Please continue to pay your monthly premium until we notify you of your enrollment in the EFT program.)

Automatic deduction from your monthly Social Security benefit check.

Automatic deduction from your monthly Railroad Retirement Board (RRB) benefit check.

The Social Security/RRB deduction may take two or more months to begin. There may be a delay in withholding your premium due to the Social Security Administration's monthly processing schedule, as the start date of premium withholding cannot be retroactive. If there is a delay, you will be billed directly for the first 1-2 months until your premium is deducted from your Social Security or RRB benefit check. You are responsible for paying all premiums due until premium withholding begins. If you do not pay your premium for the month(s) before premium withholding begins, you may be disenrolled from Tufts Health Plan Medicare Preferred. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.

E Please select eligibility for enrollment period

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period. Please read the following statements carefully and check the box if the statement applies to you (check all that apply). By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on: (mm/dd/yyyy)
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- I am moving into, live in, or recently moved out of a long-term care facility (for example, a nursing home or long-term care facility). I moved on: (mm/dd/yyyy)
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- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid). I had this change on: (mm/dd/yyyy)
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- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get *Extra Help* paying for my Medicare prescription drug coverage, but I haven't had a change.
- Other reason: (please describe Special Election Period)

F Alternative languages and accessible formats

Preferred written language:

Preferred spoken language:

Select one if you want us to send you information in an accessible format:

- Braille Large print Audio CD

*Please contact Tufts Health Plan Medicare Preferred at **1-800-701-9000 (TTY: 711)** if you need information in an accessible format or language other than what is listed above. Representatives are available 8:00 a.m.–8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30.*

G Please read and sign below.

1. Tufts Health Plan Medicare Preferred is a plan that has a contract with the Federal government.
2. I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Tufts Health Plan Medicare Preferred, he/she may be paid based on my enrollment in Tufts Medicare Preferred HMO.
3. I understand that beginning on the date Tufts Medicare Preferred HMO coverage begins, I must get all of my health care from Tufts Medicare Preferred HMO, except for emergency or urgently needed services or out-of-area dialysis, and I must choose a primary care physician (PCP) and get a referral before seeing a specialist within my PCP's referral circle.
4. If I obtain routine care from providers outside my PCP's referral circle, neither Medicare nor Tufts Health Plan Medicare Preferred will be responsible for the cost. Services authorized by Tufts Medicare Preferred HMO and other services contained in my Tufts Medicare Preferred HMO *Evidence of Coverage* document (also known as a member contract or subscriber agreement) will be covered. Without authorization, NEITHER MEDICARE NOR TUFTS HEALTH PLAN MEDICARE PREFERRED WILL PAY FOR THE SERVICES.
5. Dental benefits for members of Tufts Health Plan Medicare Preferred are administered by Dominion Dental Services, Inc. For questions regarding your benefits or provider network, please contact Customer Relations.

Release of Information

1. By joining this Medicare health plan, I acknowledge that Tufts Health Plan Medicare Preferred will release my information to Medicare and other plans as is necessary for treatment, payment, and health care operations.
2. I also acknowledge that Tufts Health Plan Medicare Preferred will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations.
3. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
4. I understand that people with Medicare aren't covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Signature:

Today's date (mm/dd/yyyy):

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If you are the authorized representative, you must sign above and provide the following information.

Full name:

Street address:

City:

State:

Zip code:

Phone number:

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Relationship to Enrollee:

OFFICE/BROKER USE ONLY

Name of staff member/agent/broker, if assisted in enrollment: (please print)

Agent NPN:

Date application received (mm/dd/yyyy):

Effective date of coverage (mm/dd/yyyy):

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 / /

Plan ID#:

Barnstable, Bristol, Middlesex, Norfolk, and Plymouth Counties	Hampden and Hampshire Counties	Essex and Suffolk Counties	Worcester County
<input type="radio"/> Saver Rx 028/000	<input type="radio"/> Saver Rx 028/000	<input type="radio"/> Saver Rx 028/000	<input type="radio"/> Saver Rx 028/000
<input type="radio"/> Basic Rx 026/002	<input type="radio"/> Basic Rx 026/003	<input type="radio"/> Basic No Rx 042/000	<input type="radio"/> Basic No Rx 041/000
<input type="radio"/> Value No Rx 019/007	<input type="radio"/> Value Rx 018/008	<input type="radio"/> Basic Rx 026/001	<input type="radio"/> Basic Rx 036/000
<input type="radio"/> Value Rx 018/007	<input type="radio"/> Prime Rx 015/006	<input type="radio"/> Value No Rx 019/001	<input type="radio"/> Value No Rx 040/000
<input type="radio"/> Prime No Rx 016/002	<input type="radio"/> Prime Rx Plus 001/006	<input type="radio"/> Value Rx 018/001	<input type="radio"/> Value Rx 034/000
<input type="radio"/> Prime Rx 015/002	<input type="radio"/> Smart Saver Rx 046/000	<input type="radio"/> Prime No Rx 016/001	<input type="radio"/> Prime No Rx 039/000
<input type="radio"/> Prime Rx Plus 001/002		<input type="radio"/> Prime Rx 015/001	<input type="radio"/> Prime Rx 033/000
<input type="radio"/> Smart Saver Rx 046/000		<input type="radio"/> Prime Rx Plus 001/001	<input type="radio"/> Smart Saver Rx 046/000
		<input type="radio"/> Smart Saver Rx 046/000	

Enrollment period:

ICEP/IEP AEP OEP SEP (type:)

Not eligible

Tufts Health Plan 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 1-800-701-9000 (TTY: 711).