

Send your completed and signed form to:

Tufts Health Plan Medicare Preferred
P.O. Box 483
Canton, MA 02021-9936

A Personal information

First name:

Middle initial:

Last name:

Member ID number:

Primary phone number:

 - -

This is a mobile number

Alternate phone number: (optional)

 - -

This is a mobile number

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

Email address:

Permanent street address: (P.O. Box not allowed unless you do not have a permanent residence)

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>\$19.50</i>	HMO Saver Rx (HMO)	\$0/month	<i>\$19.50</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 Rx (HMO)	\$59/month	<i>\$78.50</i>	HMO Basic Rx (HMO)	\$48/month	<i>\$67.50</i>
HMO Value No Rx (HMO)	\$103/month	<i>\$122.50</i>	HMO Value Rx (HMO)	\$97/month	<i>\$116.50</i>
HMO Value Rx (HMO)	\$167/month	<i>\$186.50</i>	HMO Prime Rx (HMO)	\$117/month	<i>\$148</i>
HMO Prime No Rx (HMO)	\$133/month	<i>\$164</i>	HMO Prime Rx Plus (HMO)	\$137/month	<i>\$168</i>
HMO Prime Rx (HMO)	\$194/month	<i>\$225</i>			
HMO Prime Rx Plus (HMO)	\$228/month	<i>\$259</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>\$19.50</i>	HMO Saver Rx (HMO)	\$0/month	<i>\$19.50</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>\$47.50</i>	HMO Basic No Rx (HMO)	\$20/month	<i>\$39.50</i>
HMO Basic Rx (HMO)	\$69/month	<i>\$88.50</i>	HMO Basic Rx (HMO)	\$51/month	<i>\$70.50</i>
HMO Value No Rx (HMO)	\$123/month	<i>\$142.50</i>	HMO Value No Rx (HMO)	\$112/month	<i>\$131.50</i>
HMO Value Rx (HMO)	\$189/month	<i>\$208.50</i>	HMO Value Rx (HMO)	\$174/month	<i>\$193.50</i>
HMO Prime No Rx (HMO)	\$156/month	<i>\$187</i>	HMO Prime No Rx (HMO)	\$152/month	<i>\$183</i>
HMO Prime Rx (HMO)	\$224/month	<i>\$255</i>	HMO Prime Rx (HMO)	\$204/month	<i>\$235</i>
HMO Prime Rx Plus (HMO)	\$256/month	<i>\$287</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)

/ **0** /

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 **\$19.50 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 **\$31 per month** for *HMO Prime Rx*, *HMO Prime Rx Plus*, and *HMO Prime No Rx* plans. The Tufts Health Plan Medicare Preferred Dental Option is **NOT available for the HMO Smart Saver Rx plan**. 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

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 having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. DON'T pay Tufts Health Plan Medicare Preferred the Part D-IRMAA.

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

For plans with a \$0 premium: If you currently owe a late enrollment penalty or have selected the optional supplemental dental benefit, we need to know how you 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 having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month. **If you do not owe a late enrollment penalty or have not selected the optional supplemental dental benefit, a payment option is not required.**

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.

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)
 / /
- 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)
 / /
- 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 Ethnicity and race, alternative languages, and accessible formats

Are you of Hispanic, Latino/a, or Spanish origin? Select all that apply.

- No, not of Hispanic, Latino/a, or Spanish origin Yes, Cuban
 Yes, Mexican, Mexican American, Chicano/a Yes, another Hispanic, Latino/a, or Spanish origin
 Yes, Puerto Rican I choose not to answer

What's your race? Select all that apply.

- American Indian or Alaska Native Guamanian or Chamorro Other Pacific Islander
 Asian Indian Japanese Samoan
 Black or African American Korean Vietnamese
 Chinese Native Hawaiian White
 Filipino Other Asian I choose not to answer

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.

Please continue > 4

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 Member Services.

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):

 / /

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:

Agency Name:

Date application received: (mm/dd/yyyy)

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

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).