



a Point32Health company

# Medicare, made simple.

A guide to your health plan options



# Introduction

When you're eligible for Medicare, comparing all of your health plan options can be confusing.

**The truth is, it doesn't have to be.**

In this guide, you'll find everything you need to know in order to choose the right plan for you, including:



The different parts of Medicare



Available health plan options



When you can enroll

Plus, we've added an easy-to-use calendar to help you keep track of your personal enrollment dates.

Our goal is to help you find a plan that meets your needs and budget, and have you feel confident about your decision.

**Let's get started.**

# The different parts of Medicare

## A



**Part A (hospital insurance)** helps pay for inpatient hospital stays, skilled nursing facilities, home health care, hospice, and other related services.

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## B



**Part B (medical insurance)** helps pay for medically necessary doctors' services, lab work, and other outpatient care. You pay a premium (cost) if you want this coverage.

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## C



**Part C (Medicare Advantage plans)** are provided by private health plans and include all of your Medicare-covered medical benefits (Parts A and B) plus extra benefits. You must be eligible for Medicare Parts A and B to apply for a Medicare Advantage plan.

## D



**Part D (prescription drug coverage)** is offered through private health plans. It can be either a stand-alone prescription drug plan (PDP) or a Medicare Advantage prescription drug plan (MA-PD) that combines medical (Parts A and B) and drug coverage (Part D). You must be eligible for Medicare Parts A and B to qualify.



# Coverage choices

You have 4 basic choices if you are eligible for Medicare:

1



## Original Medicare only

You can rely on Original Medicare (Parts A and B) to provide your coverage.

Original Medicare is managed by the federal government, and provides Medicare Part A (hospital) coverage and Part B (medical) coverage. Usually a fee is charged for each health care service or supply that one gets. This fee is in addition to the Medicare Part B premium, which you must pay each month.

Original Medicare is available to all people who are 65 years of age and older, or people who qualify through disability.

What many people don't know is that Original Medicare doesn't cover everything. Original Medicare only pays about 80% of your expenses. The remaining 20% is your responsibility, and it could add up to thousands of dollars each year.

Original Medicare  
only pays about 80%  
of your expenses.

2



## A Medicare Advantage plan

You can choose a Medicare Advantage plan (Part C) and get all of the benefits you may be entitled to under Original Medicare plus extra benefits like annual physicals; vision; hearing; prescriptions; reimbursements for eyewear, fitness, wellness programs, and acupuncture, plus optional dental coverage.

With some monthly premiums as low as \$0, worldwide emergency and urgent care, and a cap on your out-of-pocket medical expenses, Medicare Advantage plans offer more predictability and peace of mind than relying on Original Medicare alone.

3



## A Medicare Supplement plan

A Medicare Supplement plan is a health insurance plan that may be purchased in addition to Original Medicare coverage. Like a Medicare Advantage plan, a Medicare Supplement plan provides coverage for benefits not included with Original Medicare. Generally, Medicare Supplement plans have a higher monthly premium than HMO plans, but you can see any doctor who accepts Medicare.

Medicare Supplement plans are designed to fill “coverage gaps” in Original Medicare.

With a Medicare Supplement plan, you must purchase a separate prescription drug plan if you want prescription drug coverage.

4



## Original Medicare plus a prescription drug plan

You can add a prescription drug plan (Part D) to Original Medicare by joining a Medicare prescription drug plan. A Part D prescription drug plan can help you save money even if you don't take a lot of prescription drugs.

Some Medicare Advantage (part C) plans also include Medicare Part D coverage. Stand-alone prescription drug plans can be combined with Original Medicare or a Medicare Supplement plan.

If you're eligible to join a Medicare prescription drug plan and choose not to enroll, you may have to pay a late enrollment penalty when you do join.

## Which plan option is right for you?

When determining which option is best for you, consider how often you see a doctor, if you prefer to pay less each month or less when you visit a doctor, and if you prefer to have drug coverage included with your plan or to purchase it separately. Our team of Medicare Experts can answer all your Medicare questions and help you find the plan that's right for you. Just call **1-844-890-0339 (TTY: 711)**.

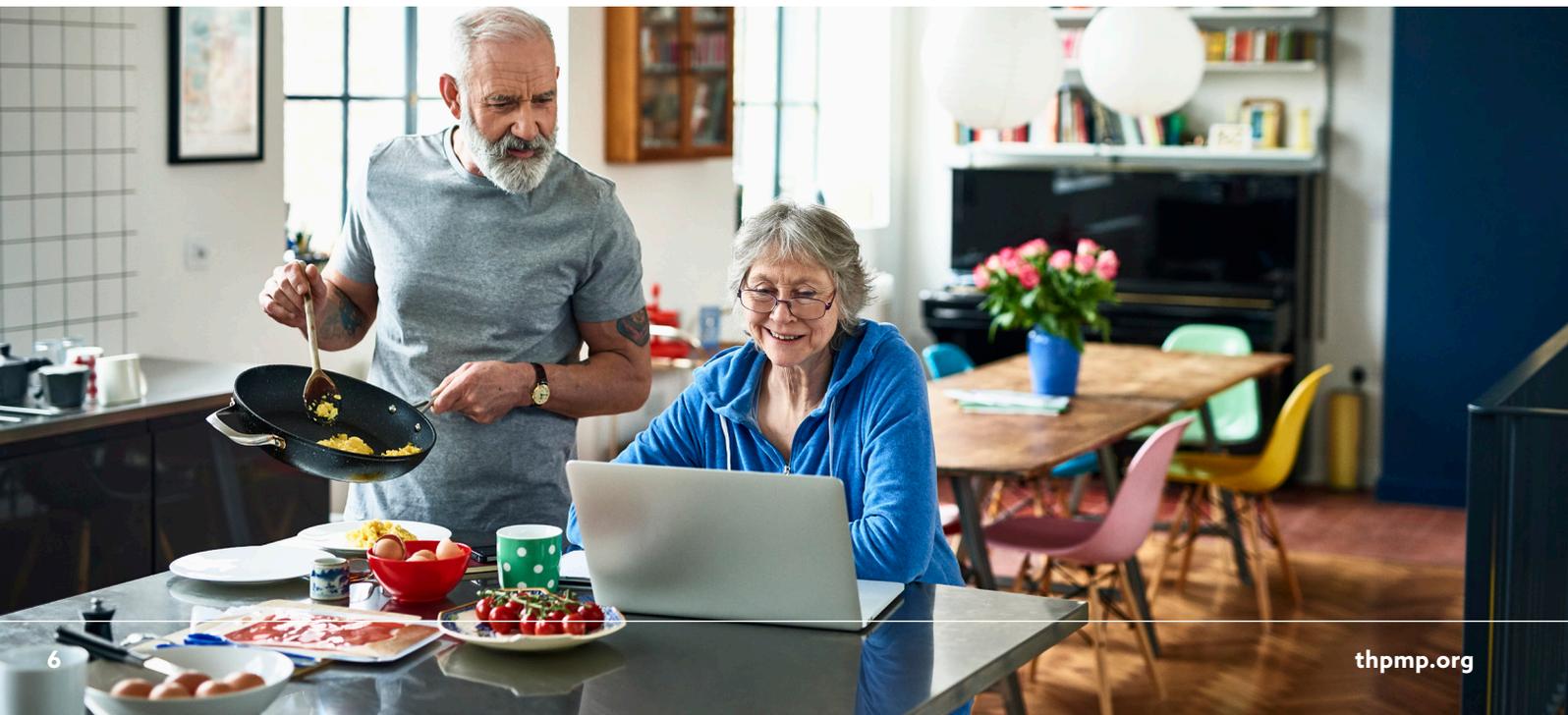
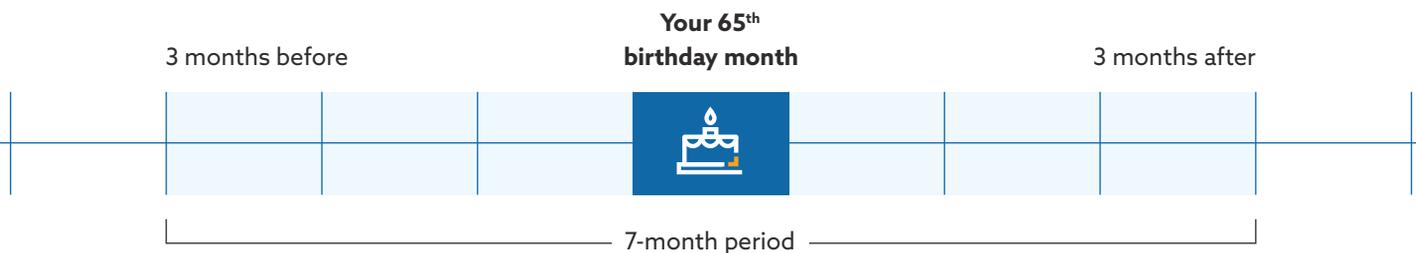
# When you can enroll

The Centers for Medicare & Medicaid Services (CMS) have established various enrollment periods in which you can sign up for Original Medicare (Parts A & B), Medicare Advantage (Part C), and/or Medicare prescription drug (Part D) coverage, as well as make changes to your existing plan.

In this section, we will cover enrollment periods that are specific to your circumstances. In the next section, we will cover the enrollment periods that take place at the same time each year.

## Initial Enrollment Period

If you are turning 65, you can sign up for Original Medicare and a Medicare Advantage plan in the **3 months before** your birthday month, **during** your birthday month, or in the **3 months after** your birthday month. This 7-month period is referred to as the Initial Enrollment Period.



## Special Enrollment Period

If you did not sign up for Medicare during your Initial Enrollment Period, you may still be eligible to enroll during what Medicare refers to as a Special Enrollment Period (SEP). You may qualify for a SEP under special circumstances, such as after your employment or group health insurance ends (e.g., when you retire), you have a change in residence, etc. If your employer offers Medicare health plan coverage for retired employees, your enrollment period may be different.

The length of the SEP and the effective date of your new coverage vary depending on the reason for the SEP, though most take place two to eight months after your Qualifying Life Event.



You change where you live



You have a chance to get other coverage



You lose your current coverage



Your plan changes its contract with Medicare

You can find a more comprehensive list of these Qualifying Life Events on the Medicare.gov website by scanning this QR code.



### Qualifying Life Event



Timing varies by circumstance

## Medicare Supplement Open Enrollment Period

Eligible individuals can join a Medicare Supplement plan any month during the year. However, the best time to purchase a Medicare Supplement plan is during the 6-month Medicare Supplement Open Enrollment Period (OEP). During this period, you will generally get better prices and more choices among policies. The Medicare Supplement OEP begins the first day of the month in which you are 65 or older and enrolled in Medicare Part B (your Part B effective date), and ends 6 months later.

### Your Part B effective date



End of the 6<sup>th</sup> month

6-month period

# Know your enrollment dates

Complete the worksheets below to keep track of when you will be eligible and able to enroll.

## Initial Enrollment Period

Identify your Initial Enrollment Period by circling your 65<sup>th</sup> birthday month, as well as the three months before and three months after.

I will be turning 65 on:  /  /  (Happy birthday! 🎂)

I can sign up for Original Medicare and a Medicare Advantage plan during:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

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## Medicare Supplement Open Enrollment Period

Identify your Medicare Supplement Open Enrollment Period by circling the month in which you are 65 years old and enrolled in Medicare Part B, and then the six months after. Two simple ways to determine your Medicare Part B effective date is to refer to the lower right corner of your Medicare card or to refer to your letter from Social Security.

I enrolled in Medicare Part B on:  /  /

The best time to sign up for a Medicare Supplement plan is:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

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## Special Enrollment Period

There are multiple circumstances that may qualify you for a Special Enrollment Period (SEP). This common example is for individuals who work past 65 and their (or their spouse's) employment or employer/group coverage ends. The SEP would take place the month in which employment/group coverage ends and then the two months after.

My employer/group coverage will be ending on:  /  /

I can sign up for Original Medicare and a Medicare Advantage plan during:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

# Annual enrollment periods

Below are the enrollment periods that happen annually. During these enrollment periods, individuals have an opportunity to sign up for Original Medicare, join a new Medicare Advantage or prescription drug plan, as well as make changes to their existing coverage.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Annual Enrollment Period</b>										Oct 15–Dec 7		
<b>Open Enrollment Period</b>	Jan 1–Mar 31											
<b>General Enrollment Period</b>	Jan 1–Mar 31											

## Annual Enrollment Period (AEP)

**October 15–December 7**

This is for anyone wishing to join a Medicare Advantage or prescription drug plan, or switch to a different plan. Your coverage will begin on January 1 of the following year.

## Open Enrollment Period (OEP)

**January 1–March 31**

This is for Medicare Advantage plan members looking to disenroll from their current plan and make a one-time switch to a different Medicare Advantage plan. Your new coverage will begin on the first day of the following month after you make a change.

## General Enrollment Period

**January 1–March 31**

If you did not sign up for Original Medicare (Parts A and B) during your Initial Enrollment Period and you do not qualify for a Special Enrollment Period, you can still sign up during the General Enrollment Period, and your coverage will begin on the first day of the following month. Please note: Failure to sign up for Medicare coverage during your Initial Enrollment Period can result in late enrollment penalties. See the FAQ page for more details.

# Frequently Asked Questions



**Q. If I'm still working and on my employer's health plan when I turn 65, do I need to sign up for Part B during my Initial Enrollment Period?**

**A. No.** You can wait until you're ready to move off your (or your spouse's) employer plan. When you do, you'll qualify for a Special Enrollment Period and have an 8-month window to sign up for Part B. It begins when your employer or union coverage ends, or when your employment ends, whichever is first. Be sure to elect Part B at that time to avoid the late enrollment penalty.

**Q. If I'm covered, is my spouse automatically covered?**

**A. No.** Each person must sign up for Medicare individually.

**Q. When I go on Medicare, do I need to stay with the same insurance company I have through my employer?**

**A. Absolutely not.** You can choose any type of plan you want, from any insurance company you want—possibly for the first time in your life. It's best to look at available plans, speak with your employer group benefits administrator, compare your options, and choose the best value.

**Q. How do I enroll in Medicare?**

**A.** Call or visit your local Social Security office or enroll online at [SSA.gov](https://www.ssa.gov).

**Q. When I enroll for Parts A and B with Social Security, do I also enroll for Part D?**

**A. No.** Part D enrollment is different. If you want Medicare prescription drug benefits (Part D), you must enroll in a private insurance plan that contracts with Medicare. You can join either a Medicare Advantage plan that offers combined health and drug coverage in one plan, or join a stand-alone plan that covers prescriptions only.

**Q. What are late enrollment penalties?**

**A.** If you fail to sign up for Medicare coverage during your Initial Enrollment Period, you may be subject to the following penalties:

- **Medicare Part A:** 10% late enrollment penalty applied to your monthly premium for twice the number of years you did not have Part A despite being eligible. If you or your spouse paid Medicare taxes while employed, there is typically no Part A monthly premium. Otherwise, you will be charged a monthly Part A premium where the cost is dependent on the amount of your income.
- **Medicare Part B:** 10% late enrollment penalty applied to your monthly premium for each full 12-month period that you did not have Part B despite being eligible. In most cases, this penalty will be added to your monthly premium for the remainder of your enrollment in Medicare.

## Have more questions?

Our team of Medicare Experts can answer all your Medicare questions and help you find the plan that's right for you. Just call **1-844-890-0339 (TTY: 711)**.

# Resources

## Medicare

Medicare is the federal health insurance program for people 65 years of age or older, some people under age 65 with disabilities, and people with end-stage renal disease.



**1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048)**

24 hours a day, 7 days a week



**Medicare.gov**



## Social Security Administration

Social Security is responsible for determining eligibility and handling enrollment for Medicare. If you are already getting Social Security checks, enrollment into Medicare is automatic.



**1-800-772-1213 (TTY: 1-800-325-0778)**

8 a.m.-7 p.m., Monday-Friday



**SSA.gov**



If you have questions about how Medicare works or about our plan options, please call or visit our website.



Speak with a Medicare Expert  
**1-844-890-0339 (TTY: 711)**



Get more info online  
**thmp.org**



 **TUFTS**  
Health Plan

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Representatives are available 8 a.m.–8 p.m., 7 days a week (Mon.–Fri. from Apr. 1–Sept. 30). Tufts Health Plan is an HMO/PPO plan with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal. Benefits eligibility requirements must be met. Not all may qualify. 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 (including pregnancy, sexual orientation, and gender identity). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711). Y0065\_2024\_141\_M