

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

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

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.

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 have Medicare Parts A and B to apply for a Medicare Advantage plan.

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 have Medicare Parts A and B to qualify.



Coverage Choices

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

- 1 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.
- 2 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 You can choose a Medicare Supplement plan** to provide all of the benefits you may be entitled to under Original Medicare plus extras. A Medicare Supplement plan is a health insurance plan that may be purchased in addition to Original Medicare coverage. 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 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.

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.

On this page, we will cover enrollment periods that are specific to your circumstances. On the next page, 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 the 3 months after your birthday month. This is referred to as the **Initial Enrollment Period (IEP)**.

3 Months Before

65th
Birthday Month

3 Months After

Special Enrollment Period:

If you did not sign up for Medicare during your IEP, 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. The length of the SEP and the effective date of your new coverage vary depending on the reason for the SEP, though most tend to take place two to eight months after your qualifying event.

**If your employer offers Medicare health plan coverage for retired employees, your enrollment period may be different.*

**Special
Qualifying 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**. This period begins the first day of the month in which you are 65 or older and enrolled in Medicare Part B, and ends 6 months later.

65th
Birthday Month

6 Months After

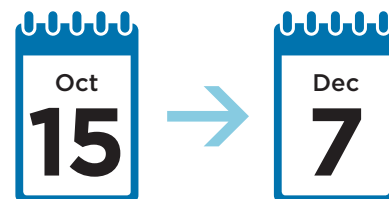
Annual Enrollment Periods

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.

Annual Election Period (AEP):

October 15 - December 7

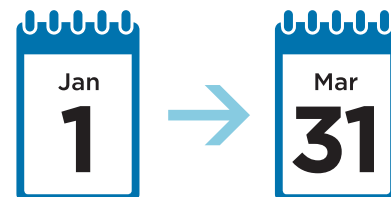
This is for anyone wishing to join a Medicare Advantage or prescription drug plan, or switch to a different plan. Your coverage will begin on January 1 of the following year.



Open Enrollment Period (OEP):

January 1 - March 31

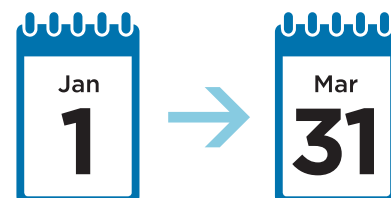
This is for Medicare Advantage Plan members looking to disenroll from their current plan and make a one-time switch to a different Medicare Advantage plan. Your new coverage will begin on the first day of the following month after you make a change.



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 July 1. 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.



Know Your Enrollment Dates

Complete the form 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 65th birthday month, as well as the three months before and three months after.

I will be turning 65 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

Medicare Supplement 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.

I enrolled in Medicare Part B on: _____

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

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

Special Enrollment Period:

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

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 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 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 the monthly premium is \$428.

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. The Part B monthly premium is generally \$109–\$134 depending on your income.

Resources

Medicare

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

24 hours, 7 days a week

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.

www.medicare.gov

Social Security Administration

1-800-772-1213 // TTY: 1-800-325-0778

7 a.m. – 7 p.m., Monday – Friday

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.

www.ssa.gov



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. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Tufts Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Tufts Health Plan at 1-800-701-9000 (TTY: 711).

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Tufts Health Plan, Attention:

Civil Rights Coordinator, Legal Dept.

705 Mount Auburn St.

Watertown, MA 02472

Phone: 1-888-880-8699 ext. 48000 (TTY: 711)

Fax: 1-617-972-9048

Email: OCRCoordinator@tufts-health.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019 (TDD: 1-800-537-7697)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

thpmp.org | 1-800-701-9000 (TTY: 711)

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-701-9000 (TTY: 711).

Arabic: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-701-9000 (رقم هاتف الصم والبكم: 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-701-9000 (TTY: 711)。

Farsi: توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. 1-800-701-9000 (TTY: 711) فراهم می باشد. با تماس بگیرید.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-701-9000 (TTY: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-701-9000 (TTY: 711).

Greek: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-701-9000 (TTY: 711).

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-701-9000 (TTY: 711).

Haitian Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-701-9000 (TTY: 711).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-701-9000 (TTY: 711).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-701-9000 (TTY: 711) まで、お電話にてご連絡ください。

Khmer (Cambodian): ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-701-9000 (TTY: 711)

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-701-9000 (TTY: 711) 번으로 전화해 주십시오.

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-701-9000 (TTY: 711).

Navajo: Díí baa akó nínízin: Díí saad bee yánílt'igo Diné Bizaad, saad bee áká'ánída'áwoḍęę, t'áá jiik'eh, éí ná hóló, koji' hódíílnih 1-800-701-9000 (TTY: 711).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-701-9000 (TTY: 711).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-701-9000 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-701-9000 (TTY: 711).

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-701-9000 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-701-9000 (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-701-9000 (TTY: 711).

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



Speak with a Medicare Expert
1-844-226-5169 (TTY: 711)*



Get more info online
www.thpmp.org

*Monday – Friday, 8:00 a.m. – 8:00 p.m. (Oct. 1 – Mar. 31, 7 days a week, 8:00 a.m. – 8:00 p.m.). Tufts Health Plan is an HMO plan with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal. This information is not a complete description of benefits. Call 1-800-488-0229 (TTY: 711) for more information.

5 Reasons to Choose 5 Stars

Why should our 5 out of 5-Star Medicare plan rating matter to you?¹



1. Because it means you get the highest quality health plan

Only a handful of Medicare Advantage plans out of nearly 400 nationwide earned 5 Stars from Medicare in 2020—and we are the only plan in Massachusetts to ever receive a 5-Star rating 5 years in a row.

4. Because it means you can switch plans if you need to

If your needs change, even if it's not an enrollment period, you can switch from one Tufts Medicare Preferred HMO plan to another that's right for you. Only 5-Star Medicare plans let you do that.²

2. Because it means you get better customer service

Part of our 5-Star rating was earned for keeping members happy. Fewer of our members submitted complaints or left the plan, and more got the service they needed and in a timely matter.

5. Because 5-Star quality is affordable, as low as \$0/month

We offer a range of Tufts Medicare Preferred HMO plans to meet your needs, including ones with low premiums and others with low out-of-pocket costs. We'll even help you find the right one.

3. Because it means we work harder to keep members healthier

Part of our 5-Star rating was earned for easy access to services like physical examinations, vaccinations, and preventive screenings as well as help with chronic health conditions.

**Choose us as your
Medicare plan and
see why 97% of our
members stay year
after year.**

Call
1-844-226-5169
(TTY: 711)



**Choose the only Medicare Advantage plan in
Massachusetts with 5 Stars 5 years in a row.¹**

Call 1-844-226-5169 (TTY: 711)



¹Every year, Medicare evaluates plans based on a 5-Star Rating System. Tufts Medicare Preferred HMO plans received 5 out of 5 Stars for contract years 2016, 2017, 2018, 2019, and 2020. For more information on plan ratings, go to www.medicare.gov.

²Eligibility conditions apply, call the toll-free number shown above to speak with a representative.

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