



Tufts Health Plan Medicare Preferred Disclaimers

Tufts Health Plan is an HMO plan with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal.

Tufts Health Plan Medicare Supplement plans are offered in accordance with Massachusetts law. Members must have Part A and Part B to enroll in this plan.

Representatives are available 7 days a week, 8 a.m.–8 p.m. (Apr. 1–Sept. 30, Mon.–Fri., 8 a.m.–8 p.m.)

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

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. [View the Notice of Non-Discrimination.](#)

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For accommodations of persons with special needs at meetings call 1-800-701-9000 (TTY: 711).

Out-of-network/non-contracted providers are under no obligation to treat Tufts Health Plan Medicare Preferred members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network service.

Medicare beneficiaries may also enroll in Tufts Health Plan through the CMS Medicare Online Enrollment Center located at www.medicare.gov.

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