



# Medicare Planning Tool

## Cost Comparison



**What you need to know about paying for Medicare's coverage gaps.**

**Did you know Original Medicare only covers about 80% of your medical expenses?** The remaining 20% is your responsibility, and it could cost you thousands of dollars!

This cost comparison tool will show you where Original Medicare benefits stop, and your payment responsibilities begin. You will also see how plans from Tufts Health Plan Medicare Preferred can help protect your health and lifestyle, for less than you think.

**“Meet” three different people with three different Medicare options.**

Everyone’s health care needs are different, and so are their household budgets. But with Original Medicare only covering 80% of most medical expenses, many people choose private insurance to help fill Medicare’s gaps. For example...



**Meet Elena:** Elena is in excellent health and rarely sees a doctor. She wanted a “safety net” to help pay for big-ticket items (like a hospital stay or surgery), but didn’t want a big monthly premium. She chose a low-cost Medicare Advantage HMO plan for the emphasis on wellness and prevention...and extra benefits over what Original Medicare provides.



**Meet Carol:** Carol wanted extra coverage, but didn’t want to have to get referrals or pay out of pocket for every service. She chose a Medicare Supplement plan that lets her use any doctor or hospital that accepts Medicare because she frequently visits family and friends out of state.



**Meet Bob:** Bob has Original Medicare — Part A (Hospital Insurance) and Part B (Medical Insurance). He is on a tight budget and has no other coverage. He hopes that Medicare alone will be enough, no matter what happens with his health.

Plan Premiums	Elena’s Costs: Tufts Medicare Preferred HMO Saver Rx Plan	Carol’s Costs: Tufts Medicare Preferred Supplement One Plan	Bob’s Costs: Original Medicare Only
Medicare Part B Monthly Premium*	\$104.90	\$104.90	\$104.90
Private Plan Monthly Premium*	\$0**	\$194**	N/A
<b>Total Annual Premiums</b>	<b>\$1,258.80</b>	<b>\$3,586.80</b>	<b>\$1,258.80</b>




**Elena’s Medicare Advantage HMO plan** has no monthly premium, but she pays fixed amounts for hospital, medical and other related services — her annual out-of-pocket medical costs are capped at \$3,400. Her plan also includes prescription drug coverage.

**Carol’s Medicare Supplement plan** costs more upfront, but it covers her Medicare Part A and Part B deductibles, and pays her 20% share of medical charges. Her plan does not include prescription drug coverage (Medicare Part D).

**Bob pays the Medicare Part B monthly premium PLUS** deductibles, hospital copays and 20% of all other medical expenses (Medicare pays 80%).

## Hospital Stays (Medicare Part A)

**Now let's look at health care that can really impact your finances: Hospitalization.** For a single day in the hospital with Medicare as your only coverage, you would owe the Part A deductible of \$1,288<sup>†</sup>. With a Medicare Advantage HMO plan or Medicare Supplement plan, your out-of-pocket costs would be significantly lower.

	 <b>Elena's Costs:</b> Tufts Medicare Preferred HMO Saver Rx Plan	 <b>Carol's Costs:</b> Tufts Medicare Preferred Supplement One Plan	 <b>Bob's Costs:</b> Original Medicare Only
<b>For a Brief Hospital Stay (1 day)</b>			
Medicare Part A Deductible	\$0 (Part A deductible covered)	\$0 (Part A deductible covered)	\$1,288
Copay for 1 Day	\$350	\$0	\$0
<b>Total Potential Expensess</b>	<b>\$350</b>	<b>\$0</b>	<b>\$1,288</b>

**Elena pays a fixed amount (copay) for 1 day.** Her Medicare Advantage HMO plan pays for the rest. Following hospitalization, Elena can rely on her Care Manager to answer questions and work closely with doctors to help guide her through her follow-up care.

**Carol has NO out-of-pocket costs.** Her Medicare Supplement plan covers everything.

**Bob owes the Medicare Part A deductible: \$1,288<sup>†</sup>.** Medicare pays for the rest.




### **An Extended Hospital Stay could cost you even more...**

**For Days 1-60,** your coinsurance with Original Medicare would be \$0 for each benefit period. But for a stay over 60 days, relying on just Medicare would also leave you owing daily coinsurance — \$322<sup>†</sup> per day for days 61-90, and \$644<sup>†</sup> per day for days 91 and beyond. If you had to have two separate hospital stays, with Medicare alone you would owe at least \$2,576<sup>\*\*</sup>— twice the cost of your Part A deductible. In addition, there is **no capped limit** on the amount you would pay, so a serious illness could mean big bills for you.

## Outpatient Services (Medicare Part B)

**Now let's think about an unexpected health care cost: Gallbladder Surgery.**

One common outpatient procedure could have a significant impact on your wallet if you rely on Original Medicare alone. Plus, if you need frequent doctor visits, tests and lab services, 20% coinsurance can quickly add up. With a Medicare Advantage HMO plan or Medicare Supplement plan, you will have fixed copays and predictable costs.

	 <b>Elena's Costs:</b> Tufts Medicare Preferred HMO Saver Rx Plan	 <b>Carol's Costs:</b> Tufts Medicare Preferred Supplement One Plan	 <b>Bob's Costs:</b> Original Medicare Only
<b>Outpatient Services</b> (gallbladder endoscopy)			
Annual Medicare Part B Deductible	\$0 (Part B deductible covered)	\$0 (Part B deductible covered)	\$166 <sup>+</sup>
Specialist/Doctor (one office visit)	\$40 copay	\$0 (20% coinsurance for non-preventive service fee covered)	\$67 (20% coinsurance for non-preventive service fee of \$334)
Outpatient Surgery	\$250 per day	\$0 (20% coinsurance for non-preventive service fee covered)	\$775 (20% coinsurance for non-preventive service fee of \$3,875)
<b>Total Potential Expenses</b>	<b>\$290</b>	<b>\$0</b>	<b>\$1,008</b>

Source: HealthcareBluebook.com. Example based on "Fair Price" for Office Visit, New Patient, Level 4; and Gallbladder Endoscopy (ERCP) with biopsy.

**Elena pays a fixed amount (copay).** Her Medicare Advantage HMO plan pays for the rest. Following surgery, Elena can rely on her Care Manager to answer questions and work closely with doctors to help guide her through her follow-up care.

**Carol pays nothing.** Her Medicare Supplement plan covers everything.

**Bob owes the Part B deductible and 20% coinsurance.** Medicare pays 80% of the cost.

## Prescription Drugs (Medicare Part D)

**Consider how costly prescription drugs can be.** Original Medicare and Medicare Supplement plans don't cover them at all. So even if you had only two prescription drugs, it could quickly add up to hundreds of dollars out of your pocket.

	 <b>Elena's Costs:</b> Tufts Medicare Preferred HMO Saver Rx Plan	 <b>Carol's Costs:</b> Tufts Medicare Preferred Supplement One Plan	 <b>Bob's Costs:</b> Original Medicare Only
High Cholesterol (Tier 1 generic, Fluvastatin 40 mg. capsule)	\$6 copay <sup>†</sup>	\$71 (full retail price)	\$166 <sup>†</sup>
Bone Loss (Tier 2 non-preferred generic, Raloxifene 60 mg. tablet)	\$12 copay <sup>†</sup>	\$138 (full retail price)	\$138 (full retail price)
<b>Total Potential Monthly Expenses</b>	<b>\$18</b>	<b>\$209</b>	<b>\$304</b>

Source: HealthcareBluebook.com. Based on "Fair Price" for prescription drugs listed.




**Elena pays a fixed amount (copays as low as \$6)** because her Medicare Advantage HMO plan includes prescription drug benefits. Plus, her plan has a \$0 deductible for Tier 1 and Tier 2 drugs, so she can start saving right away!

**Carol owes the full retail cost for each prescription** because her Medicare Supplement plan does not cover prescription drugs. She does have the option of purchasing a stand-alone Medicare Part D plan.

**Bob also owes the full retail cost for each prescription** because Original Medicare does not cover prescription drugs. Like Carol, he has the option of a stand-alone Medicare Part D plan.

# Summary Comparison

**Now let's add it all up.** The chart below summarizes your potential out-of-pocket costs, based on examples provided on previous pages. These are just two examples of several Tufts Medicare Preferred plan options. One is sure to be right for you!

			
<b>Sample Annual Costs</b> (12 months)	<b>Elena's Costs:</b> Tufts Medicare Preferred HMO Saver Rx Plan	<b>Carol's Costs:</b> Tufts Medicare Preferred Supplement One Plan	<b>Bob's Costs:</b> Original Medicare Only
Total Premiums	\$1,258.80	\$3,586.80	\$1,258.80
Brief Hospital Stay (1 day)	\$350	\$0	\$1,288 <sup>†</sup>
Extended Hospital Stay (up to 150 days)	\$1,750	\$0	\$49,588
Outpatient Services	\$290	\$0	\$1,008
Prescription Drugs (12-month supply)	\$216	\$2,508	\$3,648
Eyeglasses (\$200 frames)	\$50 (\$150 eyewear benefit)	\$100 (\$100 eyewear benefit)	\$200 (no eyewear benefit)
Fitness Club (\$240)	\$90 (\$150 reimbursement)	\$90 (\$150 reimbursement)	\$240 (no reimbursement)
<b>Total Potential Expenses</b>	<b>\$4,004.80</b>	<b>\$6,284.80</b>	<b>\$57,230.80</b>

**Elena's Medicare Advantage HMO plan has all the benefits** of Original Medicare, plus prescription drug coverage, routine vision exam, \$150 a year for eyewear, \$150 a year for wellness allowance, worldwide emergency coverage and access to Care Manager services. Plus, her annual hospital and medical costs are capped at \$3,400 (does not include prescription drugs, eyeglasses, and fitness).

**Carol's Medicare Supplement plan helps keep her out-of-pocket costs lower** than if she had Original Medicare alone. For \$194\*\* a month, she also gets the flexibility to see any doctor who accepts Medicare, plus some routine coverage throughout the U.S., worldwide emergency coverage, \$100 annual reimbursement for eyewear, and \$150 annual reimbursement for fitness and nutrition counseling.

**Bob will pay the most out of pocket.** If he had decided to join a Tufts Medicare Preferred plan, he could have saved money! With our \$0 premium HMO, he could get more coverage for nothing more per month than the Medicare Part B premium he already pays.

**It's easy to see how quickly Medicare's gaps can add up.** That's why more than 130,000 Massachusetts residents with Medicare have turned to Tufts Health Plan. We can help protect your health and your lifestyle, too.

**Now is the time to learn more about your coverage options, including Tufts Medicare Preferred HMO Saver Rx, Tufts Medicare Preferred Supplement One and more quality plans.**



**Compare plans online at [thmp.org/plans](http://thmp.org/plans)** or call our Medicare Specialists at 1-800-593-6760<sup>††</sup> (TTY 1-888-899-8977)

\*Tufts Medicare Preferred HMO Saver Rx (\$0 monthly premium) and Tufts Medicare Preferred Supplement One (\$194 monthly premium) 2016 plans, including all costs and pricing shown, are used for demonstration purposes only. The Medicare Part B premium shown is for 2016, applies to most people and may change on January 1, 2017.

\*\*You must continue to pay your Medicare Part B premium.

†This is a 2016 Medicare cost share and may change on January 1, 2017.

††Original Medicare measures your use of hospital and skilled nursing facility (SNF) services as a “benefit period.” It begins the day you’re admitted as an inpatient, and ends when you haven’t received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new one begins. You must pay the inpatient hospital deductible each time; there’s no limit to the number of benefit periods.

‡After total prescription costs reach \$2,960 (Medicare coverage gap), and until payments reach \$4,700, member owes 65% of the cost for generics and 45% for brand drugs.

††Specialists available Monday – Friday, 8 a.m. – 8 p.m. (7 days a week, Oct. 1 – Feb. 14).

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

Medicare Advantage Plans:

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

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year. The pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

This information is available for free in other languages. Please call our Customer Relations number at 1-800-701-9000 (TTY 1-800-208-9562), Monday - Friday 8:00 a.m. - 8:00 p.m. (from Oct. 1 - Feb. 14 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.).

Esta información está disponible de forma gratuita en otros idiomas. Comuníquese con nuestro departamento de atención al cliente al número 1-800-701-9000 para obtener información adicional. (Los usuarios de TTY deben llamar al 1-800-208-9562). El horario es de lunes a viernes, de 8:00 am a 8:00 pm (del 1 de octubre al 14 de febrero, los representantes están disponibles los 7 días a la semana, de 8:00 am a 8:00 pm).