

## **Pre-Enrollment Checklist**

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-800-701-9000 (TTY: 711). 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.).

Understanding the Benefits	
$\square$ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for the which you routinely see a doctor. Visit www.thpmp.org or call 1-800-701-9000 to view a	
☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now If they are not listed, it means you will likely have to select a new doctor.	v are in the network.
☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription metwork. If the pharmacy is not listed, you will likely have to select a new pharmacy for you	
Understanding Important Rules	
$\square$ In addition to your monthly plan premium, you must continue to pay your Medicare Pa This premium is normally taken out of your Social Security check each month.	rt B premium.
☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2021.	
☐ Except in emergency or urgent situations, we do not cover services by out-of-network productors who are not listed in the provider directory).	oviders

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

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.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Llame al 1-800-701-9000 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis.

Ligue para 1-800-701-9000 (TTY: 711).

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