

Simplifying things.

The more you know, the better equipped you'll be to make important coverage decisions.

Medicare is organized into four parts:

- ✓ **Part A** (hospital insurance) helps pay for inpatient hospital stays, skilled nursing facilities, home health care, hospice and other related services, and is free for most people.
- ✓ **Part B** (medical insurance) helps pay for medically necessary doctors' services, lab work and other outpatient care. You pay a monthly Part B premium if you want this optional coverage.
- ✓ **Part C** refers to the Medicare Advantage program, through which beneficiaries can enroll in a private health plan, such as a health maintenance organization (HMO). You receive Medicare-covered medical benefits plus extra benefits, such as eyeglasses or a fitness program.
- ✓ **Part D** is prescription drug coverage. The Part D benefit is offered through private plans. It can be either a stand-alone prescription drug plan (PDP) or a Medicare Advantage prescription drug plan (MA-PD) that combines medical and drug coverage.

You can rely on Medicare for your health care coverage, but it may not be enough.

Medicare Part A and Part B have deductibles and coinsurance, with no limit on out-of-pocket spending, and you are responsible for the gaps. It DOES NOT COVER Part D prescription drugs; routine vision and hearing services; eyeglasses (except after certain cataract surgeries); emergency services outside the U.S.; and certain other services.

You have other options:

1. **You can add a Medicare Supplement policy.** This is supplemental insurance that may help fill Medicare's gaps. Some plans have little or no out-of-pocket costs for covered services (other than your monthly premium).
2. **Or you can join a Medicare Advantage plan.** These are generally HMOs and PPOs that provide all the health care coverage you receive under Medicare, and may include extra benefits like vision, hearing and fitness.

For Part D prescription drug coverage you can join a stand-alone PDP plan or add drug coverage to a Medicare Advantage plan if available.

✓ Medicare Enrollment

At age 65, you are eligible for full Medicare benefits. In most cases, if you're already getting benefits from Social Security or the Railroad Retirement Board (RRB), you will automatically get Part A and Part B starting the first day of the month you turn 65. If your birthday is on the first day of the month, Part A and Part B will start the first day of the prior month. If you are still working and not on Social Security you can still sign up for Medicare if you so choose.

✓ Part B Initial Enrollment Period

While Part A is typically premium-free there are costs associated with Part B. You can enroll three months prior to, the month of, or three months after your 65th birthday. This is called your Initial Enrollment Period.

If you do not sign up during your Initial Enrollment Period, a 10% penalty may be added to the Part B premium (unless you have health coverage through your employer — or your spouse's — and qualify for a Special Enrollment Period).

This 10% penalty is applied to each 12-month period that you delay Part B enrollment. For example, if you delay enrolling for two years after your Initial Enrollment Period the penalty would be 20%. In addition, the penalty will continue for as long as you have Part B.

We hope you'll give
**Tufts Health Plan
Medicare Preferred**
the opportunity to earn
your trust and confidence.

Tufts Medicare Preferred Supplement plans are offered in accordance with Massachusetts law.

Medicare Advantage Plans:

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

Tufts Medicare Preferred HMO plans are not available in Berkshire, Dukes, Franklin and Nantucket Counties.

**TUFTS  Health Plan
Medicare Preferred**

Tufts Health Plan Medicare Preferred offers HMO and Medicare Supplement plans.
One is sure to be right for you!