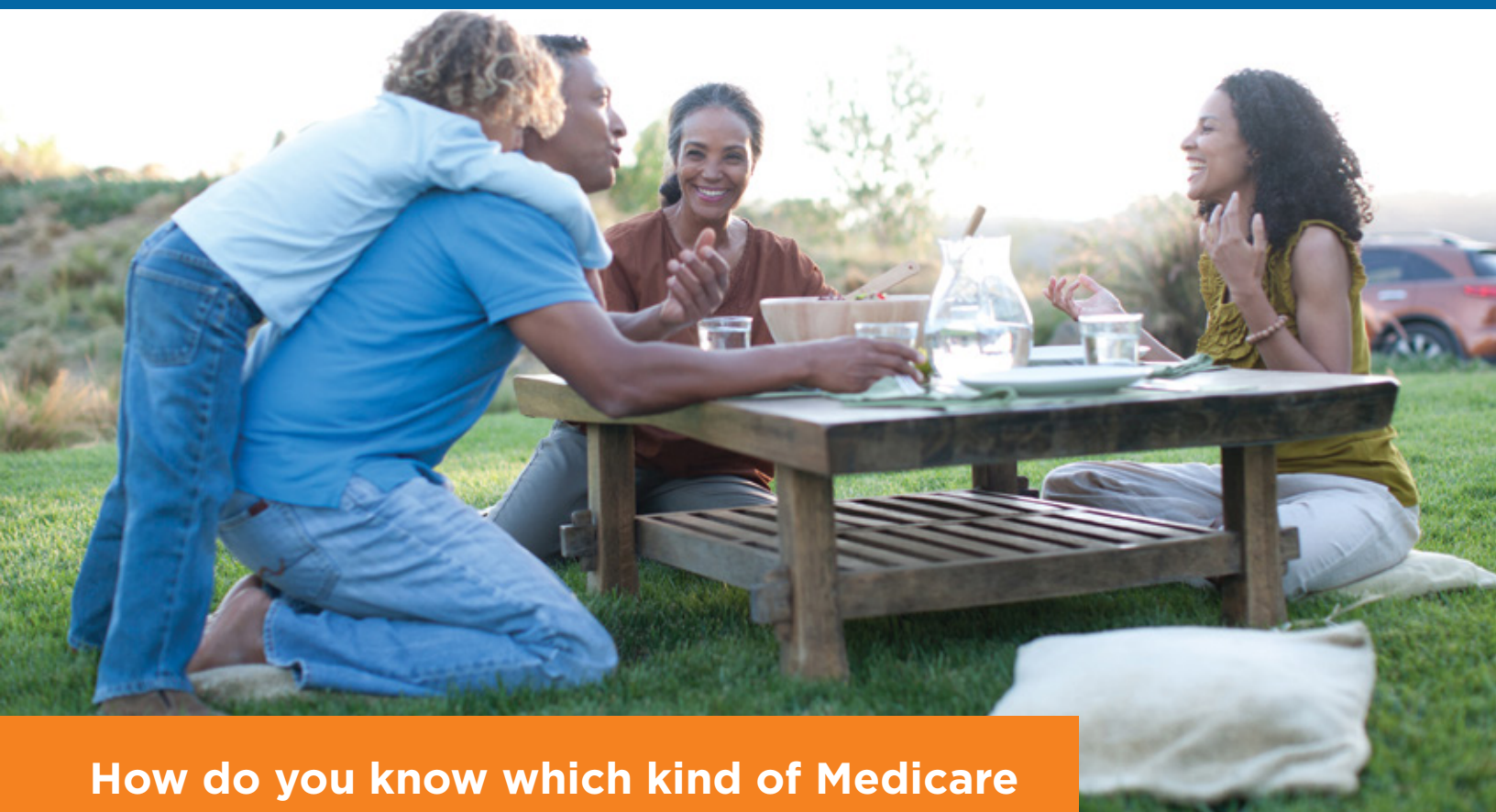


Health Needs Assessment

Medicare Planning Tool



How do you know which kind of Medicare coverage may be right for you?

You know what you want out of life. Deciding what you want out of a health plan isn't so easy. We can help. This simple assessment tool will help explain why you may need more coverage than Original Medicare alone, and outline your health care needs and options. It's your first step toward choosing the right Medicare plan for you when it's time to enroll.

No matter what your plans are for retirement, you need to plan for health care expenses. As good as Original Medicare is, it only pays about 80% of your medical expenses. The remaining 20% is your responsibility, and it could cost you thousands of dollars! For example, if you have no coverage other than Medicare, you could pay \$1,316* for a single day in the hospital.

Complete the following health care assessment to discover the Medicare plan that may be right for you. Here is how it works: Review “Your Needs” and “Your Options.” Then for each row, make one check mark for “Your Plan Preference” — choose either Medicare Advantage or Medicare Supplement.

Your Needs	Your Options	Your Plan Preference (select one)	
Provider Needs Doctors and Hospitals	<p>With a Medicare Advantage HMO plan, your primary care doctor works with a network of specialists to coordinate your health care.</p> <p>With a Medicare Supplement plan, you manage your own care and use any doctor or specialist who accepts Medicare.</p>	<input type="checkbox"/> Medicare Advantage	<input type="checkbox"/> Medicare Supplement
Budget Needs	<p>A Medicare Advantage HMO plan has no or low monthly premiums and some additional costs, like copayments, when you use certain services.**</p> <p>A Medicare Supplement plan has a higher monthly premium, but you will pay less out of pocket as you use the plan.**</p>	<input type="checkbox"/> Medicare Advantage	<input type="checkbox"/> Medicare Supplement
Prescription Drug Needs	<p>If you have prescription drug needs, some Medicare Advantage HMO plans have built-in prescription drug benefits.</p> <p>Medicare Supplement plans don't include prescription drug coverage, but you can purchase a stand-alone Medicare Part D prescription plan.</p>	<input type="checkbox"/> Medicare Advantage	<input type="checkbox"/> Medicare Supplement

Your Needs	Your Options	Your Plan Preference	
Health Care Needs	<p>A Medicare Advantage HMO plan may be a better choice if you have complex health needs, or if you see the doctor only a few times a year. You will have a lower monthly premium** with more out-of-pocket costs for usage, plus you get access to a care manager to help you with complex health situations.</p> <p>A Medicare Supplement plan may be better if you want the freedom to use any doctor or hospital that accepts Medicare. The monthly premium is higher, but expect little to no out-of-pocket expenses.**</p>	<input type="checkbox"/> Medicare Advantage	<input type="checkbox"/> Medicare Supplement
		<p>IMPORTANT NOTE: <i>Both kinds of plans provide comprehensive coverage that helps pick up where Original Medicare leaves off.</i></p>	
Travel Needs	<p>If you travel outside Massachusetts, both a Medicare Advantage HMO plan <u>AND</u> a Medicare Supplement plan provide emergency coverage.</p> <p>If you live outside the state for part of the year, a Medicare Supplement plan also gives you the ability to receive routine care from any doctor who accepts Medicare.</p>	<input type="checkbox"/> Medicare Advantage	<input type="checkbox"/> Medicare Supplement

Congratulations! You've completed your assessment. Add up "Your Plan Preference" check marks for each column. Which plan has more check marks, Medicare Advantage or Medicare Supplement? The answer gets you one step closer toward choosing the right plan for your health and your lifestyle.

We'll help you pick the right Medicare plan — enroll 3 months before your 65th birthday.

Over 120,000 people turn to Tufts Health Plan. We're a Massachusetts company with the largest Medicare Advantage membership, and offer a wide variety of plans to fit your needs and budget.



Speak with a Medicare Specialist
Call 1-877-442-3145 TTY: (711)



Get more info online
thmp.org/plans

* This is the 2017 deductible for Medicare Part A and may change on January 1, 2018.

** You must continue to pay your Medicare Part B premium. \$0 premium not available in Hampden and Hampshire counties.

† A sales person will be present with information and applications. For accommodation of persons with special needs at sales meetings, please call the toll-free number above.

†† Monday – Friday, 8:00 a.m. – 8:00 p.m. (Oct. 1 – Feb. 14, 7 days a week, 8:00 a.m. – 8:00 p.m.).

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. This information provided is not a complete description of benefits. Contact the plan for more information. 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.

Tufts Medicare Preferred Supplement One rates are for <2017>.

Tufts Medicare Preferred HMO Saver Rx rates are for 2018.



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 number—711 or 1-800-439-2370. Español: 866-930-9252)

Fax: 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, 800-537-7697 (TDD)

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

thpmp.org | 1-800-701-9000

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 (ATS : 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: સુચન: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક 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'anída'áwoḍęę, t'áá jiik'eh, éí ná hóló, koji' hódíílnih 1800-701-9000 (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 (телетайп: 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).