

Cost Comparison

Medicare Planning Tool



**What you need to know about paying
for Original 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 Tufts Health Plan 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 Original 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 Original 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**	\$204**	N/A
Total Annual Premiums	\$1,258.80	\$3,706.80	\$1,258.80




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 \$4,500. 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 Original Medicare as your only coverage, you would owe the Part A deductible of \$1,316.[†] With a Medicare Advantage HMO plan or Medicare Supplement plan, your out-of-pocket costs would be significantly lower.

			
For a Brief Hospital Stay (1 day)	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 A Deductible	\$0 (Part A deductible covered)	\$0 (Part A deductible covered)	\$1,316
Copay for 1 Day	\$350	\$0	\$0
Total Potential Expenses	\$350	\$0	\$1,316

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: \$1,316.[†] 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 Original Medicare would also leave you owing daily coinsurance — \$322[†] per day for days 61–90, and \$644[†] per day for days 91 and beyond. If you had to have two separate hospital stays, with Original Medicare alone you would owe at least \$2,576^{††} — 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.

			
Outpatient Services (gallbladder endoscopy)	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
Annual Medicare Part B Deductible	\$0 (Part B deductible covered)	\$0 (Part B deductible covered)	\$183 ⁺
Specialist/Doctor (one office visit)	\$45 copay	\$0 (20% coinsurance for non-preventive service fee covered)	\$67 (20% coinsurance for non-preventive service fee of \$334)
Outpatient Surgery	\$350 per day	\$0 (20% coinsurance for non-preventive service fee covered)	\$775 (20% coinsurance for non-preventive service fee of \$3,875)
Total Potential Expenses	\$395	\$0	\$1,025

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.

Prescription Drugs (30-day retail supply)	 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
High Cholesterol (Tier 1 generic, Fluvastatin 40 mg. capsule)	\$6 copay [†]	\$71 (full retail price)	\$183 [†]
Bone Loss (Tier 2 non-preferred generic, Raloxifene 60 mg. tablet)	\$12 copay [†]	\$138 (full retail price)	\$138 (full retail price)
Total Potential Monthly Expenses	\$18	\$209	\$321

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!

			
Sample Annual Costs (12 months)	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
Total Premiums	\$1,258.80	\$3,706.80	\$1,258.80
Brief Hospital Stay (1 day)	\$350	\$0	\$1,316 ⁺
Extended Hospital Stay (up to 150 days)	\$1,750	\$0	\$49,588
Outpatient Services	\$395	\$0	\$1,025
Prescription Drugs (12-month supply)	\$216	\$2,508	\$3,852
Eyeglasses (\$200 frames)	\$50 (\$150 eyewear benefit)	\$100 (\$100 eyewear benefit)	\$200 (no eyewear benefit)
Fitness Club (\$240)	\$0 (\$250 reimbursement)	\$90 (\$150 reimbursement)	\$240 (no reimbursement)
Total Potential Expenses	\$4,019.80	\$6,404.80	\$57,479.80

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, \$250 a year for wellness and fitness, worldwide emergency and urgent care coverage and access to Care Manager services. Plus, her annual hospital and medical costs are capped at \$4,500 (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 \$204** a month, she also gets the flexibility to see any doctor who accepts Medicare, plus some routine coverage throughout the U.S., worldwide emergency and urgent care 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 Original Medicare's gaps can add up. Over 120,000 people turn to Tufts Health Plan. We're a Massachusetts company with the largest Medicare Advantage membership, and we 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
thpmp.org/plans

*Tufts Medicare Preferred HMO Saver Rx (\$0 monthly premium) and Tufts Medicare Preferred Supplement One (\$204 monthly premium) 2017 plans, including all costs and pricing shown, are used for demonstration purposes only. The Medicare Part B premium shown is for 2017, applies to most people 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.

[†]This is a 2017 Medicare cost share and may change on January 1, 2018.

^{††}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 \$3,700 (Medicare coverage gap), and until payments reach \$4,950, member owes 51% of the cost for generics and 40% for brand drugs.

^{††}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. 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.

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: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક 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 ដោយមិនគិតល្អូល 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'ánída'áwo'dęę, t'áá jiikeh, 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).