

Medicare Gap Guide

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Did you know Original Medicare only pays about 80% of your Part B medical expenses? The remaining 20% is your responsibility and it could add up to thousands of dollars each year.

Tufts Medicare Preferred Supplement plans help fill the gaps in Original Medicare to prevent costly medical surprises. In fact, our Tufts Medicare Preferred Supplement 1A plan pays ALL of your Medicare Part A deductible, coinsurance, and copays. Plus, with our Medicare Supplement plans you can see any doctor nationwide who accepts Medicare—no referrals required.

This chart shows you how Medicare Supplement plans such as Tufts Medicare Preferred Supplement 1A fill the gaps in Original Medicare.

	Original Medicare	Tufts Medicare Preferred Supplement Core	Tufts Medicare Preferred Supplement 1 ¹	Tufts Medicare Preferred Supplement 1A
2020 Part A Deductible	\$1,408 per benefit period	\$1,408 per benefit period	\$0 per benefit period	\$0 per benefit period
2020 Part B Deductible	\$198 per year	\$198 per year	\$0 per year	\$198 per year
Doctor Office Visits	20% coinsurance plus Part B deductible	\$0 after deductible	\$0 (No copays or coinsurance)	\$0 after deductible
Referrals Required	No	No	No	No
Urgent Care	20% coinsurance plus Part B deductible	\$0 after deductible	\$O	\$0 after deductible
Worldwide Emergency Care	Not covered	\$0 after deductible	\$O	\$0 after deductible
Annual Eyewear Allowance	Not covered	Not covered	\$100 reimbursement on glasses or contact lenses per calendar year	\$100 reimbursement on glasses or contact lenses per calendar year
Annual Routine Eye Exams	Not covered	Not covered	One routine eye exam per calendar year	One routine eye exam per calendar year
Annual Fitness or Wellness Program Allowance	Not covered	\$150 reimbursement per calendar year	\$150 reimbursement per calendar year	\$150 reimbursement per calendar year

Save up to 15%!

You may be eligible for three years of discounted premiums. If you are turning 65 and newly eligible for Part B, you may qualify for a discount that could save you 15% on premiums in your first year alone.² The chart below shows the possible savings for our Tufts Medicare Preferred Supplement Core, 1, and 1A plans:

	Tufts Medicare Preferred Supplement Core	Tufts Medicare Preferred Supplement 1	Tufts Medicare Preferred Supplement 1A
Monthly Base Rate	\$124.00	\$218.00	\$201.00
Monthly Discounted Rate ³	\$105.40	\$185.30	\$170.85
Annual Savings ²	\$223.20	\$392.40	\$361.80

Please note that Supplemental plan premiums are in addition to any monthly premium beneficiaries must pay for Medicare Part B.

Learn more, or enroll now. It's easy. Call 1-844-890-0340 (TTY: 711)

Or visit thpmp.org/medsupp



¹Tufts Medicare Preferred Supplement 1 is only available to members who are Medicare eligible prior to 1/1/20. ²If you enroll within 6 months of turning 65, you may qualify for a discounted premium. Annual savings shown reflect a 15% discount for the first year of coverage. Annual savings are calculated by multiplying the monthly savings (i.e. the difference in the monthly base rate from the monthly discounted rate) by twelve (12) months. Year two (2) discounts are 10% off the monthly base rate; year three (3) discounts are 5% off the monthly base rate. Contact Tufts Health Plan for more information. ³You must continue to pay your Medicare Part B premium. 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.