

A Massachusetts Consumer's Guide to Medicare



Massachusetts SHINE Program

Updated February 2023

Medicare Guide

Disclaimer: This guide covers the basics around applying for Medicare. Information for this guide was obtained via the Social Security Administration, Centers for Medicare and Medicaid Services, and state Division of Insurance websites, as well as the *Medicare & You Handbook*. It does not include every detail of the application process or eligibility requirements and residents are encouraged to contact SHINE (Serving Health Insurance Needs of Everyone) for more information or assistance. The Commonwealth's SHINE program is an educational resource that is designed to inform Massachusetts residents about the complexities of Medicare.

SHINE Counselors are highly trained, dedicated volunteers who are re-certified annually. They will be glad to make an appointment with you to further explain and clarify your Medicare options. SHINE Counselors will also screen you for eligibility programs that may reduce your Medicare costs. These programs are offered through Prescription Advantage and MassHealth.

For more information:

SHINE

For additional information and a directory of SHINE Regional Offices:

1-800-243-4636

SHINEMA.org

Medicare

1-800-633-4227

www.medicare.gov/

Social Security Administration

1-800-772-1213

www.ssa.gov

MassHealth

1-800-841-2900 (Medicaid)

www.mass.gov/masshealth

Prescription Advantage

1-800-243-4636

www.prescriptionadvantagemma.org

What is Medicare?

Medicare is the federal health insurance program for people 65 & older and some under 65 with disabilities to help with their hospital and medical coverage. The program helps with the cost of health care but it is not comprehensive; it does not cover all medical expenses or the cost of long-term care.

Different parts of Medicare help cover specific services:

- Part A – Hospital Insurance
- Part B – Medical Insurance
- Part D – Prescription Drug Coverage

Medicare provides numerous preventive services at no cost to beneficiaries. A complete list of these services is available at this link: [Medicare Part B Preventive Services](#)

Who is Eligible for Medicare?

You are eligible for Medicare if you are:

- **65 years old or older** and a U.S. citizen or lawfully permitted resident for 5 years
- **Under age 65 with disabilities.** These individuals must have received 24 months of **Social Security Disability Insurance (SSDI) benefit payments** or have End Stage Renal Disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS).
- Most people are eligible for premium-free Part A if they have paid Medicare taxes long enough through their own or a spouse's or ex-spouse's work record.

How do I Enroll in Medicare?

Social Security handles enrollment in Parts A and B, and will review your records to see if you qualify for Medicare. They will determine if you qualify for premium-free Part A, and what your monthly premium for Part B will be, based on your income. See [Your Part B Medicare Costs](#). You can enroll by physically going to a local Social Security Office, or by making an appointment to enroll over the phone or online at www.ssa.gov.

If you already receive benefits from Social Security, you'll get Medicare Part A and Part B automatically when you're first eligible and don't need to sign up. You should be on the lookout in the mail for an Enrollment Kit from Social Security and follow the instructions.

If you, your spouse or your loved one is turning 65 in the next 3 months and not already receiving benefits from Social Security, you will not get Medicare automatically. It is your responsibility to contact Social Security if you want to enroll.

TIP: Social Security highly recommends that you create a personalized *MySocialSecurity* account to enroll in Medicare online.

Do I Have to Enroll in Medicare if I am Still Working?

If you are working and covered by your employer’s group health plan (or by a spouse’s plan), you may want to delay enrollment in Part B and enroll only in Part A. You should check with your employer benefits manager on whether or not you need to enroll in Part B. The number of employees in your employer group plan may determine if you need to enroll in Medicare as your primary insurance. You can also delay enrollment in Part A unless you are already collecting Social Security benefits.

If you have a Health Savings Account (HSA) as part of a high deductible employer insurance plan, you may want to delay Part A because you cannot contribute to the HSA once your Part A coverage begins. You may use money that is already present in the account *after* you enroll in Medicare to help pay for deductibles, premiums, copayments, or coinsurance. If you contribute to your HSA after your Medicare Part A coverage starts, you may have to pay a *tax penalty*. You should stop HSA contributions six months prior to retiring.

When Do I Enroll in Medicare?

Medicare has specific enrollment periods:

1. Initial Enrollment Period (Parts A, B, C & D)
2. General Enrollment Period (Parts A & B)
3. Fall Open Enrollment Period (Parts C & D)
4. Medicare Advantage Open Enrollment Period
(Part C & D- must be enrolled in MA plan on Jan 1st)

To enroll outside of these 4 periods, you must qualify for a Special Enrollment Period

Initial Enrollment Period

3 months before the month you turn 65	2 months before the month you turn 65	1 month before the month you turn 65	The month you turn 65*	1 month after the month you turn 65	2 months after the month you turn 65	3 months after the month you turn 65
Enroll early to avoid a delay in coverage. To get Part A and Part B the month you turn 65, you must enroll during the first 3 months before the month you turn 65.			If you wait until the last 4 months of your Initial Enrollment Period to enroll, your Part B coverage will begin the first of the month following the month of enrollment.			

*IF your birthday falls on the first day of the month, your coverage will be effective the month preceding your birthday month.

If you do not enroll during your Initial Enrollment Period, you may be subject to late enrollment PENALTIES (with some exceptions), and a possible delay in your coverage.

Penalties for Late Enrollment

- Part A Late Enrollment Penalty
 - **If you enroll late, and aren't eligible for premium-free Part A, your monthly premium may go up 10% for twice the number of years you signed up late.**
- Part B Late Enrollment Penalty
 - **If enrolling late, Part B penalty is a surcharge added to your monthly Part B premium for life.** The Part B late enrollment penalty is calculated as 10% of the current Part B premium for every 12 month period you were not enrolled and did not have active employer coverage.
- Part D Enrollment Penalty
 - **If you do not have Part D coverage, even if you take no prescription drugs you can incur a lifetime penalty.** The Part D penalty is calculated as 1% of the national base beneficiary premium for each month you were not enrolled in a Part D plan and did not have creditable coverage.

How Can I Protect Myself from Penalties for Not Having Coverage?

- Once you are eligible for Medicare, as long as you are **working and covered by your employer's group health plan (or by a spouse's plan)**, you will not be assessed a Part B Late Enrollment penalty. You will need to provide an Employment Letter to Social Security. **COBRA does not provide coverage from the Part B penalty.**
- After you enroll in Medicare, if you have **creditable drug coverage** from any source, including employer, VA coverage, or COBRA coverage, you will not be assessed a Part D late enrollment penalty. If you lose this creditable coverage, you will have up to two months to enroll in a Medicare drug plan to avoid any penalties.

Two Options for Medicare Coverage

Once you have enrolled in Medicare Parts A and B via Social Security, you have two options:

- 1) **Original Medicare with an optional Medigap and/or standalone drug plan OR**
- 2) **Medicare Advantage plan (also known as Medicare Part C).**

Medicare Advantage Plans

Medicare Advantage (also known as Medicare Part C) is an “all in one” alternative to Original Medicare (Parts A and B). These bundled plans are offered by private insurance companies that contract with Medicare to provide beneficiaries with all of their Medicare benefits that include Part A, Part B, and usually Part D.

Out-of-pocket costs can vary. Some plans may have lower out-of-pocket costs than others for certain services. With Medicare Advantage, you can choose between an HMO, PPO or an HMO-POS plan. You must use doctors and/or other types of providers who are in the plan’s network if your Medicare Advantage Plan is an HMO (Healthcare Maintenance Organization). You may also need to get a referral to see a specialist. For PPO and HMO-POS plans, you may have the option of choosing out of network doctors but you will usually pay higher co-pays. Ask your primary doctor or other providers you use if they participate in any Medicare Advantage plans.

Emergency services will be covered anywhere within the United States. If you are traveling outside your region (zip code/county), check with your plan for coverage information.

Most plans offer extra benefits that Original Medicare doesn’t cover, like routine/limited vision, hearing, and dental. Check with your plan for coverage information.

You may pay a premium for the plan in addition to the monthly premium for Part B. Some plans have no monthly premium. Make sure to check your maximum out-of-pocket cost before committing to any plan.

To be eligible for a plan, you must:

- Have both Medicare Part A & Part B
- Reside in the plan’s geographic service area

When can I enroll or disenroll in a Medicare Advantage Plan?

- Initial Enrollment Period
- Special Enrollment Period
- Fall Open Enrollment (October 15 - December 7)
- Medicare Advantage Open Enrollment Period (January 1 - March 31)

✓ Note: You must already have a Medicare Advantage Plan as of January 1st to make any changes.

Things to consider before choosing Medicare Advantage:

- Do your medical providers accept the plan or are you willing to change providers?
 - PLEASE call your provider to confirm plan acceptance!
- How much are the premium, copays, and coinsurance?
- What is the plan’s maximum out-of-pocket cost for the year?
- Do you need to get referrals to see a specialist?
- Are your prescription drugs on the plan’s formulary and what is the cost and are there any restrictions?

(See Page 11 & 12 for a list of Medicare Advantage Plans Currently Offered in Massachusetts)

Medicare Advantage Plans:

- Convenience of having only one plan (drug plan can be included)
- More choices available (HMOs, PPOs...)
- Some plans have lower premiums than Medigap plans
- Potential for better coordination of care (HMOs provide this)

- Additional limited benefits such as hearing, vision, dental, and wellness benefits
- Annual physical exams covered
- No hospital stay required for Skilled Nursing Facility (rehab) coverage
- There is a yearly limit on your out-of-pocket costs

Medicare Health Maintenance Organization (HMO) Plan

Can I go anywhere to receive care?

- No, you may use network providers only, unless you have an emergency or urgent situation.

What is HMO-POS?

- POS benefit may allow you to use doctors, hospitals, and other providers who are not in the HMO network.

Do I need a referral to see a specialist?

- With an HMO plan, you need a referral to see a specialist.

Medicare Preferred Provider Organization (PPO) Plan

Can I go anywhere to receive care?

- PPO plans have a network of providers. You may have the option of choosing out of network doctors but you will usually pay higher out-of-pocket costs.

Do I need a referral to see a specialist?

- In most cases, you do not need a referral to see a specialist.

Important things to consider when choosing a Medicare Advantage Plan:

- Do your medical providers accept the plan or are you willing to change providers?
- How much are the premiums, co-pays and co-insurance?
- What is the plan's maximum out-of-pocket cost for the year?
- Do you need to get referral to see a specialist?
- Are your prescription drugs on the plan's formulary (list of covered drugs) and what is the cost and are there any restrictions?

Medicare Medical Savings Accounts (MSA)

Medicare Medical Savings Accounts are consumer-directed plans that pair high deductible coverage with a Medical Savings Account. There are two plan levels, both with a \$0 premium but with different deposit and deductible amounts. Although these plans are considered Medicare Advantage plans, there are some important distinctions:

- MSA plans do not include Part D drug coverage. Individuals who sign up for an MSA would need to join a separate Part D plan to have drug coverage.
- There are no networks, but individuals must use providers that accept their MSA plan

(See page 11-12 for a List of Medicare Advantage Plans and MSA Plans Currently Offered in Massachusetts)

Medigap Plans

Medigap plans, also known as supplements, provide extra coverage beyond Medicare by filling some of the gaps in Medicare coverage. Medigap plans do not provide prescription drug coverage. In Massachusetts, there are 7 private insurance companies that offer supplement plans across the state. Massachusetts offers **continuous open enrollment**, which allows you to enroll, change or drop your plan any month for an effective date the 1st of the following month.

(See page 15-17 for a List of Medigap Plans Currently Offered in Massachusetts)

Part D Prescription Drug Plans:

Even if you do not take any prescription medications, you MUST have a Part D plan to avoid a lifetime penalty unless you have other creditable coverage.

If you have Medicare Advantage, most include your Part D coverage. If you do not have Medicare Advantage, you can get a Medicare Part D Standalone Prescription Drug Plan (PDP). People with higher incomes will pay more than the standard premium for either type of plan. [Your Part D Premium Costs](#)

Medicare Part D standalone prescription drug plan carriers:

- Aetna (SilverScript)
- Blue Medicare Rx
- Cigna
- Elixir
- Humana
- Mutual of Omaha
- United Healthcare (AARP)
- WellCare

Choosing a Part D Plan:

These are the things to consider when choosing a Part D plan

- What is the Total Cost (premiums and co-pays)?
- Are your prescription drugs covered?
- Does the plan have a deductible?
- Are there any restrictions?
- What pharmacies are preferred?

Create an Account for a Personalized Medicare Plan Finder Experience

When you create an account, you can:

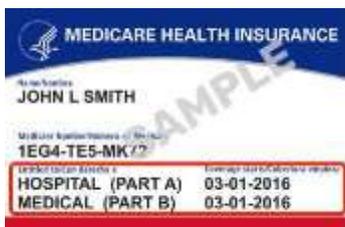
- Build a better drug list. We'll make suggestions based on prescriptions you filled within the last 12 months.
- Modify your drug list and save changes.
- Compare benefits and costs in your current plan to other plans available in your area.
- See prices based on any help you get with drug costs.

Create your new account

If you want access to personalized information and features, you'll need to create an account. Visit [Medicare.gov/plan-compare](https://www.Medicare.gov/plan-compare) and click "Log in or create account."

Have the following information ready (for yourself or the person you're helping):

1. Medicare Number – You can find this on your red, white, and blue Medicare card. If you're new to Medicare and don't have your Medicare card yet, you can get your Medicare number on the letter you get from Social Security after you enroll.
2. Last name
3. Date of birth
4. Current address with ZIP code or city
5. Part A or Part B coverage start date (find this on your Medicare card)



Once you add this information and select "Next," you can create a username and password and use your new Medicare account. You can write your username and a password hint below. Just remember to keep this sheet in a safe place to protect your privacy.

My Username:

My Password Hint:

Forgot your username or password?

If you have an existing account, but forgot the username or password, click "Trouble signing in?" under the Username box on the log in page. You'll need this information:

1. Medicare number
2. Last name
3. Date of birth



Your Medicare Options

REQUIRED WITH BOTH OPTIONS

MEDICARE

Enrolled in Medicare Part A & Part B and continue to pay monthly premiums

OPTION #1

Original Medicare



- **Optional** Medigap plan
- 3 different types of Medigap plans

1. **Core**
2. **Supplement 1A**
3. **Supplement 1***

(*Only if Medicare eligible prior to 2020)

- Free to choose any doctor or hospital that accepts Medicare
- No referrals needed to see specialists
- Does NOT include drug coverage
- When changing Medigap plans, need to call plan to disenroll



OPTIONAL PART D

Stand Alone Prescription Drug Plan

- Multiple plans to choose from
- Automatic disenrollment from Prescription Drug Plan when changing Part D plans

OPTION #2

Medicare Advantage Plan (Part C)

- Optional "Replacement"
- Must maintain Part A & Part B and must pay Part B premium
- 5 types of MA plans
 1. **HMO** (Health Maintenance Organization) - May use network providers only
 2. **HMO-POS** (HMO with Point Of Service)- HMO with limited out of network coverage
 3. **PPO** (Preferred Provider Organization)- Can go out of network for extra \$\$
 4. **SNP** (Special Needs Plans)
 - HMOs for institutionalized individuals or dual eligible
 5. **MSA** (Medicare Medical Savings Accounts)
 - Consumer directed high deductible plan
- Usually includes prescription drug coverage.
- Cannot have separate Part D plan (except MSAs)
- Cannot live outside service area for more than 6 consecutive months
- Covers some extra benefits
- Usually need referrals to see specialists
- May have co-pays and deductibles
- Plans can include prescription drug coverage
- Automatic disenrollment when changing Medicare Advantage Plans

Medicare Advantage Plans in Massachusetts 2023

Health Plan	Plan Types	Premiums	Plans Available in the Following Counties
Aetna Medicare 833-859-6031 https://www.aetnamedicare.com/	HMO- POS PPO	\$0	Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
Blue Cross Blue Shield of MA 800-678-2265 https://medicare.bluecrossma.com/	HMO HMO- POS PPO	\$0-\$258	Barnstable, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
Commonwealth Care Alliance 866-275-1222 https://www.commonwealthcarealliance.org/ma/become-a-member/	PPO	\$0-\$50	Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
eternalHealth 800-831-5431 https://eternalhealth.com/	HMO PPO	\$0-\$35	Middlesex, Suffolk, Worcester
Fallon Health 800-325-5669 https://fallonhealth.org/medicare	HMO	\$0-\$238	Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
Health New England 877-443-3314 https://healthnewengland.org/medicare	HMO PPO	\$0-\$168	Berkshire, Franklin, Hampden, Hampshire
Humana 800-833-2364 https://www.humana.com/medicare	PPO	\$0-\$19	Bristol, Hampden, Suffolk, Worcester

Medicare Advantage Plans in Massachusetts 2023

Health Plan	Plan Types	Premiums	Plans Available in the Following Counties
Mass Advantage 844-514-0674 https://massadvantage.com/	HMO PPO	\$0-\$100	Worcester
Mass General Brigham 855-833-3668 https://massgeneralbrighamadvantage.org	HMO- POS PPO	\$0-\$140	Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
Molina Healthcare (Senior Whole Health) 866-566-3526 https://www.molinahealthcare.com/	HMO	\$0	Bristol, Essex, Plymouth, Suffolk
Tufts Health Plan 877-218-4835 https://www.tuftsmedicarepreferred.org/	HMO PPO	\$0-\$256	Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
UnitedHealthcare 800-555-5757 https://www.aarpmedicareplans.com/	HMO HMO- POS PPO RPPO	\$0-\$53	All counties
Wellcare 844-917-0175 https://www.wellcare.com/medicare	HMO PPO	\$0-\$60	Berkshire, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
Lasso Healthcare 833-925-2776 https://lassohealthcare.com/	MSA	\$0	All counties

Note that not all companies offer plan options in your area; premiums may vary by county.
Call plan directly for details.

Medicare SPECIAL NEEDS PLANS in Massachusetts

This chart provides basic information about plan enrollment rules. Contact the plan for specific details, and ask if it's offered in your area and if you're eligible to join. Visit Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227) to compare plans or look for a plan that isn't listed. TTY users can call 1-877-486-2048. See page 14 to find out how to get personalized help when choosing a plan.

Plan Name	Service Area	Special Rules for Enrolling
Align Senior Care (H1277) / Health Maintenance Organization Too Small for Quality Rating www.alignseniorcare.com		
Align Connect (HMO C-SNP) (002) Phone: 855-855-0489	Virginia (partial) and Massachusetts (partial)	Must have certain chronic or disabling conditions
Align Premier (HMO I-SNP) (003) Phone: 855-855-0489	Massachusetts (partial)	Must live in an institution (like a nursing home) or require nursing care at home. Call plan for details.
Align Thrive (HMO I-SNP) (001) Phone: 855-855-0489	Virginia (partial) and Massachusetts (partial)	Must live in an institution (like a nursing home) or require nursing care at home. Call plan for details.
Commonwealth Care Alliance Massachusetts (H2225) / Health Maintenance Organization Members' Rating of Plan: 90% www.commonwealthcarealliance.org		
CCA Senior Care Options (HMO D-SNP) (001) Phone: 866-275 222	BRI, ESS, FRA, HMD, HMP, MID, NOR, PLY, SUF, WOR	Must have Medicare and Medicaid
Fallon Health (H8928) / Health Maintenance Organization Too New for Quality Rating www.fallonhealth.org		
NaviCare (HMO D-SNP) (001) Phone: 877-255-7108	Massachusetts except Dukes and Nantucket counties	Must have Medicare and Medicaid
Longevity Health Plan of Massachusetts (H9940) / Health Maintenance Organization Too New for Quality Rating www.longevityhealthplan.com		
Longevity Health Plan (HMO I-SNP) (001) Phone: 999-999-9999	Massachusetts (partial)	Must live in an institution (like a nursing home) or require nursing care at home. Call plan for details.
Senior Whole Health (H2224) / Health Maintenance Organization Members' Rating of Plan: 84% www.molinahealthcare.com/medicare		
Senior Whole Health (HMO D-SNP) (001) Phone: 888-566-3526	Brstl, Essx, Hmpdn, Mdlsx, Nrflk, Plmth, Sflk, Wor	Must have Medicare and Medicaid
Senior Whole Health NHC (HMO D-SNP) (003) Phone: 888-566-3526	Brstl, Essx, Hmpdn, Mdlsx, Nrflk, Plmth, Sflk, Wor	Must have Medicare and Medicaid
Tufts Health Plan (H8330) / Health Maintenance Organization Too New for Quality Rating www.tuftsmedicarepreferred.org		
Tufts Health Plan Senior Care Options (HMO D-SNP) (001) Phone: 855-670-5935	Most of Massachusetts	Must have Medicare and Medicaid
Tufts Health Plan Senior Care Options CW (HMO D-SNP) (002) Phone: 855-670-5935	Most of Massachusetts	Must have Medicare and Medicaid
UnitedHealthcare (H2226) / Health Maintenance Organization Members' Rating of Plan: 87% www.UHCCCommunityPlan.org		
UnitedHealthcare Senior Care Options (HMO D-SNP) (001) Phone: 800-555-5757	Boston, Springfield and Worcester Metro Areas	Must have Medicare and Medicaid
UnitedHealthcare Senior Care Options NHC (HMO D-SNP) (003) Phone: 800-555-5757	Boston, Springfield and Worcester Metro Areas	Must have Medicare and Medicaid

Medicare SPECIAL NEEDS PLANS in Massachusetts

Plan Name	Service Area	Special Rules for Enrolling
UnitedHealthcare (H5652) / Health Maintenance Organization Members' Rating of Plan: 89%		
www.EricksonAdvantage.com		
Erickson Advantage Champion (HMO-POS C-SNP) (004) Phone: 866-774-9671	Erickson Campuses - CO, KS, MA, MD, MI, NJ, PA, TX, VA, NC	Must have certain chronic or disabling conditions
Erickson Advantage Guardian (HMO-POS I-SNP) (003) Phone: 866-774-9671	Erickson Campuses - CO, KS, MA, MD, MI, NJ, PA, TX, VA, NC	Must live in an institution (like a nursing home) or require nursing care at home. Call plan for details.
WellSense Health Plan (H9585) / Health Maintenance Organization Members' Rating of Plan: 88%		
www.wellsense.org/sco		
WellSense Senior Care Options (HMO D-SNP) (001) Phone: 855-833-8124	Barnstable, Bristol, Hampden, Plymouth, Suffolk	Must have Medicare and Medicaid

Your costs in a Special Needs Plan will depend on whether you have Medicaid or get help from your state to pay Medicare costs. Call the plan for details.

**Medicare Supplement Plans
Offered in Massachusetts
2023**

Comparison of Plans	Core	Supplement 1*	Supplement 1A
Basic Benefits Included In All Plans:			
Hospitalization Part A Co-payments Days 61 - 90: \$371 per day Days 91-150: \$742 per day 365 Additional Lifetime Hospital days - Paid in full	X X X	X X X	X X X
Part B Coinsurance Coverage of coinsurance, in most cases, 20% of approved amount	X	X	X
Parts A and B Blood First 3 pints	X	X	X
Additional Benefits			
Part A Deductible for Hospital Days 1 - 60 \$1484 per benefit period		X	X
Skilled Nursing Facility Coinsurance Days 21-100 - \$185.50 per day		X	X
Part B Annual Deductible - \$203		X	
Foreign Travel - For Medicare-covered services needed while traveling abroad.		X	X
Inpatient Days in Mental Health Hospitals In addition to Medicare's coverage of 190 lifetime days and less any days previously covered by plan in same benefit period	60 days per calendar year	120 days per benefit period	120 days per benefit period

IMPORTANT NOTICE:

Medicare Supplement premium rates are required to be in effect for not less than 12 months. Effective dates shown for each Carrier are based on the most recent filing on record with the Division of Insurance.

****Only available if eligible for Medicare prior to 1/1/2020. Moving from Supplement 1 to Supplement 1A may be subject to restrictions.***

**Medicare Supplement Plans
Offered in Massachusetts
2023**

Medigap Carriers Please note that some rates may change during 2023	Medicare Supplement Core	Medicare Supplement 1*	Medicare Supplement 1A
Blue Cross & Blue Shield of MA (Medex™)^{1,2} 1-800-678-2265 sales/apps 1-800-258-2226 member services 711 (TDD) www.bluecrossma.com (continuous open enrollment)	\$116.73 Effective 01/01/2023	\$229.51 Effective 01/01/2023	\$192.63 Effective 01/01/2023
Blue Cross Optional Preventive Care Benefits Rider	\$ 2.66 Effective 01/01/2023	\$ 2.66 Effective 01/01/2023	\$ 2.66 Effective 01/01/2023
Fallon Health & Life Assurance Company 1-866-330-6380 sales/apps 1-800-868-5200 member services TRS 711 www.fallonhealth.org/medsupp (continuous open enrollment)	\$151.00 Effective 01/01/2023	\$251.00 Effective 01/01/2023	\$185.00 Effective 01/01/2023
HNE Insurance Company 1-877-443-3314 711 (TTY) www.healthnewengland.org (continuous open enrollment)	\$138.00 Effective 01/01/2023	\$249.00 Effective 01/01/2023	\$200.00 Effective 01/01/2023
HNE Insurance Company If you received communication that your former employer has a contracted relationship with below marketplaces please call: <ul style="list-style-type: none"> • AON Hewitt: 800-350-1470 or visit retiree.aon.com • Towers Watson: 866-322-2824 or visit my.viabenefits.com (continuous open enrollment)	\$131.00 Effective 01/01/2023	\$227.00 Effective 01/01/2023	\$200.00 Effective 01/01/2023

**Medicare Supplement Plans
Offered in Massachusetts
2023**

Medigap Carriers Please note that some rates may change during 2023	Medicare Supplement Core	Medicare Supplement 1*	Medicare Supplement 1A
HPHC Insurance Company, Inc.³ 1-877-909-4742 sales/apps 1-877-907-4742 member services 711 (TTY) www.hpforlife.org (continuous open enrollment)	\$138.50 Effective 01/01/2023	\$246.00 Effective 01/01/2023	\$198.50 Effective 01/01/2023
Humana Insurance Company 1-800-872-7294 sales/apps 1-800-866-0581 member services 1-800-833-3301 (TDD) www.humana.com (continuous open enrollment)	\$202.82 Effective 11/01/2022	\$338.64 Effective 11/01/2022	\$327.62 Effective 11/01/2022
Humana Insurance Company HEALTHY LIVING (including dental and vision benefits) 1-800-872-7294 sales/applications 1-800-866-0581 member services 1-800-833-3301 (TDD) www.humana.com (continuous open enrollment)	\$216.17 Effective 11/01/2022	\$351.99 Effective 11/01/2022	\$340.97 Effective 11/01/2022

**Medicare Supplement Plans
Offered in Massachusetts
2023**

Medigap Carriers Please note that some rates may change during 2023	Medicare Supplement Core	Medicare Supplement 1*	Medicare Supplement 1A
<p>Transamerica Life Insurance Company 1-800-458-5736 (Group Medicare Supplement insurance sponsored exclusively for eligible members of the American Medical Association.) www.amainsure.com (continuous open enrollment)</p> <p>1-800-247-1771 (Group Medicare Supplement insurance sponsored exclusively for eligible members of the American Institute of Certified Public Accountants (AICPA)) https://forms.cpai.com/personal-insurance/medicare-supp/ (continuous open enrollment)</p>	<p>\$119.20 Effective 09/09/2021</p>	<p>\$206.17 Effective 09/09/2021</p>	<p>\$184.73 Effective 09/09/2021</p>
<p>Tufts Insurance Company Sales: 1-888-508-1401 Customer Relations: 1-800-701-9000 711 (TTY) www.thpmp.org/medsupp (continuous open enrollment)</p>	<p>\$132.50 Effective 01/01/2023</p>	<p>\$234.50 Effective 01/01/2023</p>	<p>\$200.50 Effective 01/01/2023</p>
Tufts Optional Dental Rider	<p>\$45.50 Effective 01/01/2023</p>	<p>\$45.50 Effective 01/01/2023</p>	<p>\$45.50 Effective 01/01/2023</p>

Medicare Supplement Plans Offered in Massachusetts 2023

Medigap Carriers Please note that some rates may change during 2023	Medicare Supplement Core	Medicare Supplement 1*	Medicare Supplement 1A
UnitedHealthcare Insurance Company Only for members of AARP www.aarpmedicaresupplement.com 1-800-523-5800 (continuous open enrollment)	\$146.50 Effective 06/01/2022	\$263.00 Effective 06/01/2022	\$204.75 Effective 06/01/2022

***Only available if eligible for Medicare prior to 1/1/2020. Moving from Supplement 1 to Supplement 1A may be subject to restrictions.**

NOTE: If new to Medicare, check with each plan to see what discounts they may offer.

¹Medex Choice is no longer available to new customers, but existing members may remain enrolled. The premium is \$171.14/month in 2023.

²Medigap 2 cannot be sold to new customers after December 31, 2005, but existing members may remain enrolled. Medex Gold premium is \$940.66/month in 2023.

³HPHC Insurance Company Medigap plans will continue to be offered in 2023, **but enrollment must be done by calling the plan directly.**

For further information regarding these plans please visit the following website:
<https://www.medicare.gov/find-a-plan/questions/home.aspx>



2023 Medicare Part D Stand Alone Prescription Drug Plans Massachusetts

This chart is for information purposes only and is not approved by CMS

Insurance Company Name	Plan Name/ Plan ID	Monthly Premium	Monthly Premium with <u>full LIS*</u>
Aetna Medicare (1-833-526-2445) aetnamedicare.com	SilverScript Smart Saver (S5601-177)	\$6.80	\$6.80
	SilverScript Choice (S5601-004)	\$35.30	\$0.00
	SilverScript Plus (S5601-005)	\$72.70	\$59.50
Blue MedicareRx (1-877-479-2227) rxmedicareplans.com	Blue MedicareRx Value Plus (S2893-001)	\$42.40	\$6.10
	Blue MedicareRx Premier (S2893-003)	\$126.60	\$90.30
Cigna (1-800-735-1459) cigna.com/medicare	Cigna Saver Rx (S5617-352)	\$12.40	\$12.80
	Cigna Secure Rx (S5617-008)	\$34.50	\$0.00
	Cigna Extra Rx (S5617-247)	\$62.70	\$38.20
Clear Spring Health (1-877-317-6082) clearspringhealthcare.com	Clear Spring Health Value Rx (S6946-60)	\$28.70	\$0.00
	Clear Spring Health Premier Rx (S6946-64)	\$18.60	\$18.60
Elixir Insurance (1-888-377-1439) elixirinsurance.com	Elixir Rx Secure (S7694-125)	\$45.30	\$9.00
	Elixir RxPlus (S7694-2)	\$66.20	\$29.90

 Insurance Company Name	Plan Name/ Plan ID #	Premium	Premium with full LIS*
Humana (1-800-706-0872) humana.com/medicare	Humana Walmart Value Rx (S5884-182)	\$34.10	\$1.50
	Humana Basic Rx (S5884-102)	\$36.00	\$0.00
	Humana Premier Rx (S5884-149)	\$82.60	\$46.30
Mutual of Omaha (1-800-961-9006) mutualofomaharx.com	Mutual of Omaha Rx Essential (S7126-105)	\$20.40	\$20.40
	Mutual of Omaha Rx Premier (S7126-072)	\$94.20	\$57.90
	Mutual of Omaha Rx Plus (S7126-002)	\$95.60	\$59.30
UnitedHealthcare (1-888-867-5564) aarpmedicareplans.com	AARP MedicareRx Walgreens (S5921-385)	\$31.90	\$5.30
	AARP MedicareRx Saver Plus (S5921-348)	\$33.20	\$0.00
	AARP MedicareRx Preferred (S5820-002)	\$111.10	\$74.80
WellCare (1-866-859-9084) wellcare.com/pdp	WellCare Value Script (S4802-137)	\$8.60	\$8.60
	WellCare Classic (S4802-076)	\$35.00	\$0.00
	WellCare Medicare Rx Value Plus (S5768-126)	\$71.30	\$48.50

Plans highlighted in blue have a \$0 premium for beneficiaries with full LIS (Extra Help).

Plan copays listed are for 30-day supplies from standard and preferred retail pharmacies. Contact plan for more details, including mail order copays. Drug tiers: 1) preferred generic; 2) generic; 3) preferred brand, 4) non-preferred drug; 5) specialty; 6) select care drugs. Most plans use only five tiers.

*Some Medicare beneficiaries may qualify for financial assistance through Low Income Subsidies (LIS).