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COMMISSIONER OF INSURANCE

Bulletin 2002-15

To: **Commercial Health Insurers, Blue Cross and Blue Shield of Massachusetts, Inc. and Health Maintenance Organizations**

From: **Commissioner Julianne M. Bowler** Julianne M Bowler

Re: **Addendum to "2002 Guide to Health Insurance for People with Medicare"**

Date: **September 16, 2002**

Enclosed please find a copy of the Massachusetts Addendum to the "2002 Guide to Health Insurance for People with Medicare." The Massachusetts Addendum must be provided along with the "2002 Guide to Health Insurance for People with Medicare" to those people eligible for Medicare pursuant to Massachusetts regulations 211 CMR 42.09(4) and 211 CMR 71.13(2)(d)4. Please note that the Massachusetts Addendum is in 14-point type.

Please do not inadvertently include this bulletin cover memo with the Addendum when it is given to consumers. Questions regarding this bulletin by licensed carriers may be directed to Kevin Beagan, Director, Health Unit of the State Rating Bureau at the Division of Insurance at (617) 521-7347.

The Commonwealth of Massachusetts
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Massachusetts Bulletin for People with Medicare

Medicare beneficiaries have several options for receiving health care. Major health care options include:

- The Original Medicare Plan (Parts A and B)
- Medicare Supplement Insurance (Medigap)
- Medicare Management Care Plans (Medicare HMOs)
- Group health coverage (employer, professional, union or trade group)
- Retiree group health plan
- Veterans' Administration Health Care program
- MassHealth (Medicaid)
- Free Care program pays for full or partial care and services at hospitals and community health centers
- Prescription Advantage, Massachusetts' prescription insurance plan for seniors and adults with disabilities.

This Bulletin provides basic information about Medicare, Medigap, Medicare HMOs, MassHealth and other health care programs. If you have group plan health coverage, contact your group insurer for information about your health plan. If you are a veteran, contact your local veteran's agent with questions about veterans' health care services.

Included in this Bulletin are:

- Charts showing Medicare A and B benefits, copayments and deductibles
- Charts detailing the three standard Massachusetts Medigap policies, Medigap insurance carriers, and premiums
- Charts listing Medicare HMOs with premiums and co-payment amounts.

Medicare

Medicare is a health insurance program for:

- People age 65 or older,
- Certain people with disabilities under age 65, and
- People with End-Stage Renal Disease (permanent kidney failure)

Medicare has two parts:
Part A (Hospital Insurance) helps pay for hospital care, skilled nursing care, home health care, hospice care and other services.

Part B (Medical Insurance) helps pay for doctors' services, x-rays and tests, outpatient hospital care, ambulance service, medical supplies and equipment and other medical services.

Under Medicare, you may get your health care coverage from the Original Medicare plan or a Medicare HMO. Both plans cover Part A and Part B services. Most people do not have to pay for Part A coverage. A monthly premium is charged for Part B coverage.

The Original Medicare Plan

Under the Original Medicare plan you may go to any doctor, specialist, hospital or other provider that accepts Medicare. Medicare does not pay for all of the costs for Medicare covered services. Medicare beneficiaries pay deductibles and copayments depending on the category of service. See the attached chart ***Medicare Part A and Part B Benefits and Gaps;*** also, read the ***Medicare & You*** Handbook for details.

Medicare Supplement Insurance (Medigap)

Medigap is health insurance sold by private insurance companies to people enrolled in Original Medicare. **Medigap** policies are sold by insurance companies and are regulated by federal and state laws.

Medigap helps pay for deductibles and copayments not covered in the Original Medicare Plan. The **Medigap** policy must be clearly marked **"Medicare Supplement Insurance."** The attached Medigap chart shows the three standard **Medigap policies** that can be sold in Massachusetts. They are named:

- Medicare Supplement Core
- Medicare Supplement 1 (no outpatient prescription drug coverage)
- Medicare Supplement 2 (unlimited outpatient prescription drug coverage)

Coverage under each of the three policy forms is identical from insurer to insurer. Group health insurance (employer, professional, union, or trade group, etc.) may supplement Original Medicare but is not Medigap insurance and does not have to meet federal and state Medigap requirements.

Medigap beneficiaries pay premiums for Medigap coverage. Medigap companies selling policies in Massachusetts offer one community rate to all policy holders and cannot charge a different premium based on your age or health problems. Medigap companies

may offer you a premium discount if you are initially eligible for enrollment into Medicare.

You do not need to buy a Medigap policy if you are enrolled in a Medicare HMO plan (most Medicare HMO plans cover Medicare deductibles and copayments). Also, Medigap policies in Massachusetts do not include coverage for excess physician fees because under Massachusetts law a licensed physician cannot collect more than the Medicare approved charge for any Medicare covered service provided to a Medicare beneficiary. This law is known as the "Massachusetts Ban on Balance Billing".

Who Can Buy A Medigap Policy?

Any Massachusetts resident enrolled in Medicare Part A and Part B may buy Medigap insurance in Massachusetts **except for** individuals *under age 65 who are eligible for Medicare solely due to End-Stage Renal Disease.*

Medigap insurers in Massachusetts cannot refuse to sell a policy, exclude or limit coverage, or require a waiting period before coverage starts due to existing health problems. Federal law guarantees that they must sell a policy to you ("guarantee issue ") if you are eligible and they are open for enrollment. Medigap companies are allowed to limit sales to certain times in the year.

When Can You Buy Medigap Insurance?

You can buy a Medigap policy during one of the following Medigap Open Enrollment Periods:

a. **The Annual Open Enrollment Period** starts **February 1st and ends March 31st**. Any person who is eligible can buy any approved plan sold by an insurer in Massachusetts. Coverage begins the following **June 1**.

b. **A Six Month Open Enrollment Period** occurs when a person:
   - enrolls in Medicare Part B for the first time, or
   - becomes a resident of Massachusetts, or
   - moves out of the service area of their HMO plan, or
   - lost or is about to lose employer coverage, or
   - turns 65, after they already became eligible for Medicare Part B benefits due to end stage renal disease *before* turning age 65.

c. **A Five Month Open Enrollment Period** occurs when a person is enrolled in a Medicare HMO or PACE Program that stops doing business in their area as of December 31st. The open enrollment period **begins** upon receipt of an October 2nd notification letter from the plan and **ends** March 4 of the following year.

d. **A 63 Day Open Enrollment Period** begins when any of the following events occur:
   - employer health insurance coverage is terminated
   - retiree health insurance is terminated
   - Medigap insurance is terminated due to insolvency
   - Medigap insurer or Medicare HMO misrepresented the terms of the plan or substantially violated a provision of its policy
   - A new Medicare beneficiary who had enrolled into a Medicare HMO plan decides to disenroll (for any reason) within the first 12 months of enrollment.

There may be special situations when Medigap insurers are authorized to enroll beneficiaries other than the regular enrollment periods. Call the SHINE Program for additional information.

Medicare HMOs

A Medicare HMO is a private company under yearly contract to Medicare as a Medicare +Choice Organization to provide Medicare Part A and Part B covered services to enrolled Medicare beneficiaries residing in the service area of the Medicare HMO. Medicare HMOs **may provide additional benefits** such as periodic checkups, health screenings, vision services, prescription drugs, dental visits, hearing exams, eyeglasses and/or wellness programs.

Medicare HMO services are provided through a network of contracting medical providers. Medical providers, however, may terminate their contract with the Medicare HMO during the year. Most Medicare HMO plans (except for out of area emergency and urgently needed services) require members to get all routine health care from the HMO's network of providers and facilities. Beneficiaries must follow all plan member rules including rules for emergency services, getting referrals and prior authorization when necessary.

See the attached Medicare HMO Chart for more information about plan service areas, telephone numbers, monthly premiums, and co-payment amounts.

Who Can Join a Medicare HMO?

You may join a Medicare HMO if:

1. You are enrolled in both Medicare Part A and Part B,
2. Your permanent residence is in the HMO's service area. (In general, if you move out of an HMOs service area, you may join a new HMO or revert to Original Medicare and buy a Medigap policy), and
3. You do not have End Stage Renal Disease unless you developed ESRD while enrolled in the same HMO in another service area

When Can You Join a Medicare HMO?

You may join a Medicare HMO up to three months before your Medicare A&B coverage begins or at any time thereafter. You may switch to another HMO plan or disenroll and return to Original Medicare throughout the year. HMO enrollment will be open continuously through December 31, 2004.

What is the SHINE Health Insurance Counseling Program?

The **SHINE Health Insurance Counseling Program** trains elder community volunteers to provide free health care information, counseling and assistance to Medicare beneficiaries of all ages. The SHINE Program is administered by the Massachusetts Executive Office of Elder Affairs in partnership with elder network and social service agencies across the state. SHINE is partly funded by the Centers for Medicare and Medicaid Services.

SHINE Counselors are volunteers trained and certified by the Executive Office of Elder Affairs in all areas of elder health insurance, Counselors meet face to face with Medicare beneficiaries to explain Medicare, Medicare HMOs, Medigap, Medicaid (MassHealth), Medicare Savings Programs, prescription drug options, and other insurance options for Medicare beneficiaries. Once you have insurance, SHINE Counselors can help solve problems you may have with billing mistakes or appealing denials in health care coverage. Their services are provide free of charge in confidential community settings.

To contact a **SHINE** Counselor, call **1-800-AGE-INFO (1-800-243-4636) (TTY: 1-800-872-0166)** or call or visit your Council on Aging. For printed SHINE Fact Sheets and charts, please contact your local SHINE counselor or visit the "resources section, downloadable documents, SHINE Program section" of the Elder Affairs web site at **www.800ageinfo.com**.

Programs That Help Pay Health Care Costs

Massachusetts has programs that help pay health care costs for Massachusetts residents with limited income and assets.

MassHealth (Medicaid) **1-800-841- 2900 (TTY: 1-800-497-4648)**

Various MassHealth programs pay for all or part of the healthcare costs for elders with limited income and resources and adults with disabilities. A few programs are listed below:

MassHealth Standard Health Insurance pays for Medicare premiums, deductibles and co-payments for Medicare beneficiaries and provides additional benefits, too, including outpatient prescription drugs, hearing aids, eyeglasses, medical transportation, adult day health programs, and other services. You may enroll in MassHealth if you are:

- single and your income does not exceed $759* per month and your assets do not exceed $2,000*.
- married and your combined marital income does not exceed $1,015* per month and your combined assets do not exceed $3,000*.

Medicare Savings Programs help pay Medicare B premiums and other medical costs such as deductibles and copayments for qualified residents of Massachusetts with limited income and resources. Medicare Savings programs include the following :

Qualified Medicare Beneficiary Program (QMB)

QMB pays the Medicare Part B premium, Medicare deductibles and copayments. You can enroll in QMB if you are:

- single and your income does not exceed $759* per month and your assets do not exceed $ 4,000*.
- married and your combined income does not exceed $1,015 and your combined assets do not exceed $6,000 .

Specified Low-Income Medicare Beneficiary Program (SLMB) & Qualifying Individual (QI-1) Programs

SLMB and Q1-1 programs pay the Medicare Part B premium. You can enroll if you are :

- single and your income does not exceed $1,017* per month and your assets do not exceed $ 4,000*.
- married and your combined income does not exceed $1,364* per month and your combined assets do not exceed $6,000*.

**2002 amounts subject to change on April 1st of each year*

Call the **MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648)** for information about MassHealth programs and the Medicare Savings Programs.

Prescription Advantage
P.O. Box 15153
Worcester, MA 01615-0153
www.800ageinfo.com

1-800-AGE-INFO
(1-800-243-4636)
TTY: 877-610-0241

Prescription Advantage is a prescription drug insurance plan available to Massachusetts residents age 65 and over, and younger, low-income individuals with disabilities. Prescription Advantage offers unlimited prescription drug coverage that is combined with an annual out-of-pocket spending limit to provide drug coverage with financial protection. Prescription Advantage was created by the Commonwealth of Massachusetts and is administered by the Massachusetts Executive Office of Elder Affairs.

Residents can join at any time if they are:

- age 65
- under age 65 and meet income and disability guidelines, or
- aged 66 or older and one of the following events has happened within the past 6 months:
    a. moving to Massachusetts;
    b. retiring and losing employer-sponsored health care coverage; or
    c. involuntarily losing health care coverage, losing MassHealth eligibility, or losing Medicare HMO coverage due to an HMO leaving a service area.

All other residents aged 66 or older may join Prescription Advantage during the plan's annual open enrollment period from March through May. Those who join during open enrollment receive coverage beginning the following July 1st. Plan members pay monthly premiums, a quarterly deductible and copayments, all of which are graduated based on gross annual household income. However, plan members never pay more than the annual out-of-pocket spending limit, excluding premiums, in any given plan year. Call Prescription Advantage Customer Service at **800-AGE-INFO (800-243-4636) (TTY: 877-610-0241)** or visit their website at **www.800ageinfo.com**

Free Care (Uncompensated Care Pool) **617-988-3222**

The Massachusetts Division of Health Care Finance and Policy administers the Free Care program that helps pay for medical services at acute care hospitals and community health centers for uninsured and underinsured Massachusetts residents . For information contact your hospital or community health center or call 617-988-3222.

Veterans' Administration (VA) Health Care System **1-877-222-VETS**
The VA Health Care System provides inpatient and outpatient medical services and medications.Veterans may enroll at any time at any VA medical center or clinic and at any veteran's agent office in Massachusetts. For more information, call the VA Health Benefits Service Center or visit the VA website at **www.va.gov/health/elig.**

Health Care Telephone Directory

SHINE Health Insurance Counseling Program **1-800-AGE-INFO (800-243-4636)**
www.800ageinfo.com **(TTY:800-872-0166)**

The SHINE Program provides free health insurance information, assistance and counseling to Medicare beneficiaries of all ages. SHINE Counselors help beneficiaries compare costs and benefits of various health plans, explain the benefits of Medicare and additional insurance options, including Medigap, HMOs, MassHealth and prescription drug options, and sort out problems with claims, billing or denials in care.

Massachusetts Division of Insurance **Boston** **617-521-7777**
www.state.ma.us/doi **Springfield** **413-785-5526**

The Division of Insurance monitors insurance companies authorized to sell insurance in Massachusetts, reviews insurance contracts, forms and rates to ensure compliance with Massachusetts regulations, and investigates consumer complaints against insurance companies, brokers, agents and other licensees. The Division provides general insurance information, publications and advice on consumer rights and protections.

Medicare's 24-Hour Information Hotline **800-638-6833**
www.medicare.gov **TTY: 800-820-1200**

Medicare Part A **888-896-4997**
For information about Medicare A claims, benefits and services **TTY: 207-822-4646**

Medicare Part B **800-882-1228**
For information about Medicare B claims, benefits and services **TTY: 800-559-0443**

Durable Medical Equipment -Medicare **800-842-2052**
For information about durable medical equipment claims and benefits **TTY: 800-842-9519**

MassPRO (Massachusetts Peer Review Organization) **800-252-5533**
www.masspro.org

MassPro reviews beneficiary medical quality of care complaints about hospitals, skilled nursing facilities, home health agencies, health centers, HMOs and doctor's offices. MassPro processes appeals for Medicare patients denied Medicare covered services.

Massachusetts Medicare Advocacy Project (MAP) **800-323-3205**

MAP provides Medicare beneficiaries free legal advice and legal representation for appealing medical decisions made by Medicare providers in both fee-for-service Medicare and Medicare HMOs and for other insurance programs.

MassMedLine **1-866-633-1617**

www.massmedline.com

MassMedLine provides prescription medication information and help to Massachusetts residents applying for prescription drug assistance programs. MassMedLine is staffed by pharmacy professionals who work with patient's doctors to obtain medications at the lowest price. MassMedLine provides information about drug interactions and using medications correctly. MassMedLine is service of the Massachusetts College of Pharmacy and Sciences and the Massachusetts Executive Office of Elder Affairs.

Long Term Care Ombudsman Program **1-800-AGE-INFO**
Massachusetts Executive Office of Elder Affairs

Assists elders in nursing homes and rest homes with complaints resolution, information referral, and quality of care reviews.

Elder Abuse Hotline **1-800-922-2275**
Massachusetts Office of Elder Affairs
Protective Services

Protective Services provide services to eliminate or alleviate abuse of elders. Community agencies and case workers coordinate and provide a variety of health, mental health, legal and social services. To report elder abuse, call the Elder Abuse Hotline 24-hours a day, 7 days a week.

Office of the Massachusetts Attorney General Insurance Hotline **1-888-830-6277**

www.ago.state.ma.us

The Attorney General's Hotline staff answers questions and assists with consumer complaints for all types of insurance. The Attorney General's Office mediates problems and provides educational materials.

Social Security Administration **1-800-772-1213**

Contact Social Security to enroll in Social Security or Medicare or to report a change in status or address, to replace a lost Medicare card, or for information about Supplemental Security Income (SSI) and Social Security Disability Income (SSDI).

Three Standard Medigap Plans Sold in Massachusetts - 2002

Comparison of Plans	Core	Supplement 1	Supplement 2
Basic Benefits Included In All Plans:			
Hospitalization Part A Co-payments			
Days 61 - 90: $203 per day	X	X	X
Days 91-150: $406 per day	X	X	X
365 Additional Lifetime Hospital days - Paid in full	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	**Core**	**Supplement 1**	**Supplement 2**
Part A Deductible for Hospital Days 1 - 60 $812 per benefit period		X	X
Skilled Nursing Facility Coinsurance Days 21-100 - $101.50 per day		X	X
Part B Annual Deductible - $100.00		X	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
Outpatient Prescription Drugs ** From Retail Pharmacies after a you meet a $35 calendar quarter deductible: • 100% coverage for generic drugs • 80% coverage for brand-name drugs			X

** These drugs include: insulin needles and syringes provided by a home infusion therapy provider; and drugs used on an off-label basis for the treatment of cancer or HIV/AIDS and medically necessary services associated with the administration of such drugs.

When Can You Buy Medigap Insurance?

You can buy a Medigap policy sold by an insurer in Massachusetts providing the insurer receives the application during a designated Medigap Open Enrollment Period.

a. The *2-month annual Medigap open enrollment period* for Medigap policies starts February 1st and ends March 31st. Benefits for people who enroll during the annual open enrollment period begin June 1st.

b. A *six month open enrollment period* occurs when a person:
   - enrolls in Medicare Part B for the first time, or
   - becomes a resident of Massachusetts, or
   - moves out of the service area of their HMO plan, or
   - lost or is about to lose employer coverage, or
   - turns 65, after they already became eligible for Medicare Part B benefits due to end stage renal disease *before* turning age 65.

c. A *63 day Medigap open enrollment period* begins after several events occur, including when a person:
   - has employer health insurance coverage that pays second to Medicare, but the coverage was stopped or is about to be stopped, or
   - loses retiree health insurance coverage, or
   - has a Medigap policy end due to an involuntary termination, or
   - is insured by a Medigap policy or Medicare HMO and the company or its agent misrepresents the policy's terms and conditions during marketing or substantially violates a provision of its policy or contract; or
   - who is enrolled in their first Medicare HMO plan decides to disenroll (for any reason) from the plan within the first 12 months of enrollment.
     i. If they had cancelled a Medigap policy to join the HMO, they can get the old policy back if it is still offered for sale; if not, they can choose a Core policy or Supplement 1 policy.
     ii. If the Medicare HMO was their first choice of insurance as a Medicare beneficiary, then they may select any Medigap policy offered for sale in the state.

   In fact, the consumer can apply to a Medigap company up to 60 days before the actual HMO disenrollment date, so as to avoid any break in coverage.

A *five-month open enrollment period* occurs if a person is enrolled in a Medicare HMO or Pace Program that announces it will stop doing business in their area as of December 31st. If this happens, the Medigap open enrollment period would begin upon the receipt of an October 2nd notification letter from the plan and end March 4 of the following year.

Check with the SHINE Program to learn if there are any other special situations that give you an individual right to buy Medigap insurance at other times.

Monthly Premiums
Medicare Supplement Plans Offered in Massachusetts
As of September 13, 2002

Medigap Carriers Please note that rates may change in 2003.	Medicare Supplement Core	Medicare Supplement 1	Medicare Supplement 2
Blue Cross & Blue Shield of MA (Medex™) **1-800-678-2265 sales/applications** **1-800-258-2226 member services** **(open enrollment: Feb-Mar; at initial eligibility[1]); other events.**	$66.66	$124.46	$379.95
United HealthCare™ Insurance Company Only for members of AARP (American Association of Retired Persons) **1-800-523-5800** **(open enrollment: Feb-Mar[2]; at initial eligibility[1]; other events.**	$94.75	$135.00	$379.50

Who Can Buy Medigap Insurance?

Medigap companies in Massachusetts cannot deny coverage, limit coverage or impose a waiting period based on pre-existing health conditions to any person, except to individuals *under age 65* who are eligible for Medicare solely due to End-Stage Renal Disease (permanent kidney failure with dialysis or a transplant). Medigap companies do not have to sell to individuals with End Stage Renal Disease until they reach the age of 65.

1. Plan offers discounted rates to certain members joining when initially eligible.
2. Plan adds surcharge for enrollment after initial eligibility period.

Medicare HMO Plans Offered in Massachusetts
For Coverage in 2003 (for coverage taking effect on January 1, 2003)

Medicare HMO 2003 Chart	Monthly Premium	Office Visit Co-payments	Prescription Drug Benefit Features	Service Area by County
Fallon Community Health Plan, Inc. **1-800-868-5200** **TTY: 877-608-7677**	Fallon Senior Plan $40 See Service Area by County	$10	$40 premium Fallon Senior Plan offers no drug benefit.	Worcester County and portions of Hampden, Hampshire, and Norfolk Counties $40
	Fallon Senior Plan with Prescription $90 See Service Area by County	$10	$90 premium Fallon Senior Plan with Prescription offers a drug benefit: $175 per calendar quarter benefit at discounted price ($700 total per year) Co-payment (up to 30-day): $ 8 Tier I prescriptions $ 15 Tier II prescriptions $ 35 Tier III prescriptions Mail Order Discount: 2-month co-payment for a 3-month supply of Tier I and Tier II prescriptions; 3-month co-payment for a 3-month supply of Tier III prescriptions.	Worcester County and portions of Hampden, Hampshire, and Norfolk Counties $90
	Fallon Senior Plan with Prescription $60 See Service Area by County	$10	$60 premium Fallon Senior Plan with Prescription offers no drug benefit.	Portions of Franklin and Middlesex Counties $60
	Fallon Senior Plan with Prescriptions $110 See Service Area by County	$10	$110 premium Fallon Senior Plan offers a drug benefit. $175 per calendar quarter at discounted price ($700 total per year) Co-payment (up to 30-day): $ 8 Tier I $ 15 Tier II $ 35 Tier III Mail Order Discount: 2-month co-payment for a 3-month supply of Tier I and Tier II prescriptions; 3-month co-payment for a 3-month supply of Tier III prescriptions.	Portions of Franklin and Middlesex Counties $110

Medicare HMO Plans Offered in Massachusetts
For Coverage in 2003 (for coverage taking effect on January 1, 2003)

Medicare HMO 2003 Chart	Monthly Premium	Office Visit Co-payments	Prescription Drug Benefit	Service Area by County
Harvard Pilgrim Health Care, Inc. **1-800-779-7723** **TTY: 1-800-439-2370**	First Seniority $120 See Service Area by County	$15	$150 per calendar quarter at retail price ($600 total per year) Co-payments (30-day): $10 for Generic $20 for Preferred Brand $35 for Non-preferred Mail Order (90-day): $20 for Generic $40 for Preferred Brand $105 for Non-preferred	Essex, Middlesex Norfolk, and Suffolk $120
Blue Care 65 **Blue Cross Blue Shield** **1-800-678-2265** **TTY: 1-800-522-1254**	Blue Care 65 $122 to $130 See Service Area by County	Primary Care Physician $10 Specialty Care Provider $20	$150 per calendar quarter at discounted price ($600 total per year) Retail Copay (34-day): $ 8 for Generic $15 for Brand Mail Order (90-day): $10 for Generic $20 for Brand	Middlesex, Norfolk, Suffolk; $127 Franklin, Hampshire, Hampden; $122 Essex, Plymouth; $126 Barnstable, Bristol; $125 Worcester; $130
Tufts Associated Health Plan **1-800-246-2400** **TTY: 1-888-899-8977**	Secure Horizons $105 to $145 See Service Area by County	$15	$150 per calendar quarter at negotiated price ($600 total per year) Retail Copay (30-day): $ 10 for Generic $20 for Preferred Brand $40 for Non-preferred Mail Order (90-day): $20 for Generic $40 for Preferred Brand $80 for Non-preferred	Norfolk; $125 Suffolk, Middlesex, Plymouth, Bristol; $135 Barnstable, $140 Worcester; $115 Hampden; $105 Essex; $145 **See chart on next page for list of 19 towns not included in HMO network.**

The premium and co-payment levels printed in this chart have been submitted for approval to the Center for Medicare and Medicaid Services, the agency that administers Medicare, on September 9, 2002. Please note the Center for Medicare and Medicaid Services must review the health plan's request and issue a final approval before November 1, 2002. Contact the company for more information about these products.

Towns where changes in physician and hospital participation will limit access to Tufts' Secure Horizons Medicare HMO for 2003:

Barnstable County - Bourne, Falmouth, Mashpee, Sandwich

Bristol County – East Taunton, Taunton, Dighton, Berkeley

Essex County- Marblehead, Salem, Swampscott

Middlesex County - Everett

Plymouth County- Middleborough, Lakeville

Suffolk County- Chelsea, Revere, Winthrop, Charlestown, East Boston

If you are insured through an employer group health plan and are a resident of one of these towns, please check with Tufts or your employer to learn your options.