SHINE

Medicare Health Insurance Counseling

2026 Medicare Beginner's Guide for Massachusetts Consumers

The SHINE Program

Revised: August 2026

ACL

Administration for Community Living

SHIP

State Health Insurance Assistance Program

Navigating Medicare

This project is supported in part by Grant #90SAPG, from the US Department for Community Living, Department of Health and Human Services, Washington DC, 20201. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.

Medicare Beginner's Guide

Disclaimer: This guide covers the basics – and just the basics – about applying for Medicare. It does not include every detail of this complicated subject. You can contact SHINE (Serving Health Insurance Needs of Everyone) for more information. SHINE is an educational resource that is designed to inform you about the complexities of Medicare. Information was obtained via the Social Security, Medicare, and Division of Insurance websites, IRS, as well as the Medicare & You Handbook.

Are you ready to enroll in Medicare? If so, your first step should be to contact the Social Security Administration!

If you're turning 65 in the next 3 months and are not yet receiving benefits from the Social Security Administration (SSA), you will not get Medicare automatically! It is your responsibility to contact Social Security if you wish to enroll in Medicare. You will not receive any reminders or notifications from either Social Security or Medicare.
Social Security Disability Insurance (SSDI) and Medicare- if you're under 65 and have a disability, you'll automatically get Part A and Part B once you have received 24 months of SSDI payments.

Social Security manages 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. If you have a higher income, your Part B and Part D premiums may be higher. This is known as the Income-Related Monthly Adjustment Amount (IRMAA). Find out more information about Medicare costs

NOTE: In most situations, Medicare eligibility is under a beneficiary's own social security number. However, in the event the beneficiary is collecting spousal's/widow/widower benefits, then the Medicare entitlement would be transferred to the record where the beneficiary currently collects cash benefits. The beneficiary still retains his/her own unique Medicare number which is shown on their Medicare.gov account.

The Social Security Administration will require customers to schedule an appointment for service in their field offices, including requests for Social Security cards. SSA encourages customers to become accustomed to:

- online services, where many transactions can be completed conveniently and securely, and
- automated services available on the National 800# at 1-800-772-1213.

SSA will not turn people away for service who are unable to make an appointment or do not want to make an appointment. For example, members of vulnerable populations, military personnel, people with terminal illnesses, and individuals with other situations requiring immediate or specialized attention may still walk in for service at the field offices. Some of the offices also have minimal to no wait times, and they will still serve customers who walk in.

- 1-800-772-1213; **Social Security Website** (www.ssa.gov)
- View When can I sign up for Medicare

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

What is Medicare?

Medicare is the federal health insurance program that was created in 1965 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
Part C (Medicare Advantage) combines Part A, B and usually Part D in one plan

Preventive Services

Medicare does provide numerous preventive services at no cost to beneficiaries (ex. Vaccines, screenings, etc.) A complete list of these services is available at this link: Medicare Part B Preventive Services

Who is Eligible?

You are eligible for Medicare if you are:

- 65 years old and older and a U.S. Citizen, permanent residents, Cuban Haitian entrants and people residing under the Compacts of Free Association
- Medicare is available for certain people with disabilities who are under age 65. 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.

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 health 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 also 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. For further HSA questions, refer to the IRS publication 969, your Human Resources Department or professional tax accountant. IRS Publication 969 (2022) Health Savings Accounts

Medicare has specific enrollment periods:

1. Initial Enrollment Period (Parts A, B, C & D)
2. General Enrollment Period (Parts A & B)
    a. To enroll in Part B outside of the Initial Enrollment Period & General Enrollment Period, you must qualify for a Special Enrollment Period (eg. losing employer-based coverage)
3. Open Enrollment Period (Parts C & D)
4. Medicare Advantage Open Enrollment Period (MA OEP)
    a. Must be enrolled in an MA plan between January 1st and March 31st
5. Special Enrollment Period (Parts B, C & D)

For more information please visit:
Medicare.gov-When does Medicare Coverage Start?

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

Initial Enrollment Period

Timeframe surrounding 65th birthday	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
When Medicare coverage will begin	The 1st day of the month you turn 65	The 1st day of the month you turn 65	The 1st day of the month you turn 65	The 1st day of the following month	The 1st day of the following month	The 1st day of the following month	The 1st day of the following month

If your birthday falls on the first day of the month, your coverage would be effective a month earlier.

Penalties

- 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.

Protection from Penalties

- 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 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 lost 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

Once you have enrolled in Medicare A and B via Social Security, you will have two options: (See page 9 for a comparison chart)

1. Original Medicare (Parts A & B) with an optional Medigap and/or standalone drug plan (Part D)

2. Medicare Advantage plan (also known as Medicare Part C or MA plan). You must have Part A and Part B in order to have a MA plan.

Medicare Advantage Plans

Medicare Advantage (also known as Medicare Part C or MA plan) 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.

Key Components of an MA Plan:

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

Note: You must be enrolled in a Medicare Advantage Plan between January 1st and March 31st in order 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 all your providers 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?

Medicare Medical Savings Accounts *Not Currently available in Massachusetts*

Medicare Medical Savings Accounts (MSA) are consumer-directed plans that pair high-deductible coverage with a Medical Savings Account. 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 pages 12-14 for a list of Medicare Advantage 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 first day of the following month of enrollment. Medigap plans in Massachusetts are also community rated, this means the same monthly premium is charged to everyone who has the Medigap policy regardless of age or medical history.

(See pages 15-17 for a list of Medigap plans 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 a Medicare Advantage plan, most include Part D coverage. If you do not have a Medicare Advantage plan, you can enroll in a Medicare Part D Stand-alone Prescription Drug Plan (PDP). You cannot enroll in a stand-alone Part D plan and an Medicare Advantage Prescription Drug plan (MA-PD). Beneficiaries with higher incomes will pay more than the standard premium for either type of plan due to IRMAA. Your Part D Premium Costs

There are 3 phases of Part D drug coverage: 1) Deductible 2) Initial and 3) Catastrophic. Depending on your drug plan, as well as your annual prescription drug costs, you may not reach all of these phases.

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? (Quantity Limits, Prior Authorization, Step Therapy, or in/out of network)
- What pharmacies are in-network and are any preferred?

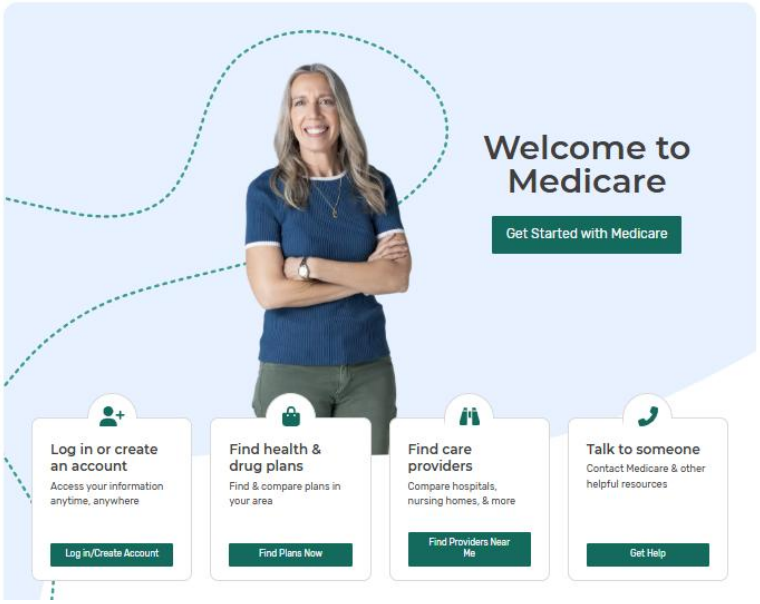
Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a new payment option in the prescription drug law that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by your plan by spreading them across the calendar year (January–December). Starting in 2025, anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage Plan with drug coverage) can use this payment option. **All plans offer this payment option, and participation is voluntary.**

If you select this payment option, each month you'll continue to pay your plan premium (if you have one), and you'll get a bill from your health or drug plan to pay for your prescription drugs (instead of paying the pharmacy). There's no cost to participate in the Medicare Prescription Payment Plan.

Online Tool to Compare Options:

You can view available Part D drug plans and Medicare Advantage plans using the Medicare Plan Finder. Go to www.medicare.gov and click on "Find Plans Now" – or talk with a SHINE counselor.



Tip: Medicare also highly recommends that you create a secure Medicare.gov account on Medicare.gov.

To assist with Medicare, SHINE has 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 can also screen you for eligibility for programs that may reduce your Medicare costs. These programs, which are offered through Social Security, MassHealth and Prescription Advantage, can provide assistance with premiums, copays, deductibles and prescription drug costs.

Helpful Resources:	Contact Information
SHINE Program	1-800-243-4636
Social Security Administration	1-800-772-1213
Medicare	1-800-633-4227
MassHealth	1-800-841-2900
Prescription Advantage	1-800-243-4636

For additional information and a directory of SHINE Regional Offices you can also go to:
Mass.gov/info-details/serving-the-health-insurance-needs-of-everyone-shine-program

SHINE
Medicare Health Insurance Counseling

Two Options for Supplementing Medicare

Updated: March 2026

Required with Both Options

Medicare

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

Option #1
Medigap Policy

- Covers "gaps" in Medicare
- 3 different types of Medigap plans
    1. **Core**
       Covers 20% Part B coinsurance
    2. **Supplement 1A**
       Covers Part A deductible + 20% coinsurance
    3. **Supplement 1*** (only if Medicare eligible prior to 2020)
       Covers all gaps
- 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

Part D Optional*
Stand Alone Prescription Drug Plan

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

*Will incur a late enrollment penalty if you do not have creditable coverage and enroll later

Option #2
Medicare Advantage Plan (Part C)

- Replacement to Original Medicare
- Must maintain Part A & Part B and must pay Part B premium
- 4 types of MA plans in Massachusetts
    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 those who are dually eligible
- Usually includes prescription drug coverage
- Cannot have separate Part D plan
- 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 deductible
- Plans can include prescription drug coverage
- Automatic disenrollment when changing Medicare Advantage Plans

Doctor & network coverage should be the key deciding factor

Quick Reference Counselor Tips:

Pros of Medicare Advantage & Medigap Plans

Medigap

Medigap plans tend to be bought by people with a high utilization of medical services such as doctors and hospital services. These plans are also popular amongst individuals who travel in foreign countries and who like to be able to choose which doctor they see without a referral. Medigap plans DO NOT include prescription drug coverage.

Pro's:

- Can see any provider that accepts Medicare (no networks)
- No referrals or PCP is needed
- Continuous open enrollment periods (in Massachusetts)
- Low to no co-pays or deductible
- Many plans offer travel coverage
- All plans are standard and with only 3 types of plans available, choosing a plan is easier
- ESRD 65+ can join a Medigap plan

Medicare Advantage

Medicare Advantage plans tend to attract people who are not high utilizers of medical services. They also attract people who want a lower premium plan.

Pro's:

- Convenience of having only one plan (drug plan can be included)
- More choices available (HMO's, PPO's…)
- Lower premiums than Medigap plans
- Potential for better coordination of care (HMO's provide this)
- Additional benefits such as hearing, dental, vision, and annual exams
- No hospital stay required for SNF coverage benefit

Medicare Advantage Plans in Massachusetts
2026

Updated October 2025

Health Plan	Plan Types	Premiums	Plans Available in the Following Counties
Aetna Medicare **833-859-6031** Aetna Medicare Plans Homepage (www.aetnamedicare.com)	**HMO-POS PPO**	**$0**	**Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, Worcester**
Blue Cross Blue Shield of MA **800-678-2265** Blue Cross Massachusetts Medicare Plans Homepage (www.medicare.bluecrossma.com)	**HMO HMO-POS PPO**	**$0-$300**	**Barnstable, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester**
eternalHealth **833-870-3443** eternalHealth Medicare Plans Homepage (www.eternalhealth.com)	**HMO PPO**	**$0**	**Bristol, Middlesex, Norfolk, Plymouth, Suffolk, Worcester**
Fallon Health **888-377-1980** Fallonhealth Medicare Plans Homepage (www.fallonhealth.org/medicare)	**HMO**	**$0-$207**	**Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester**
Health New England **877-443-3314** Health New England Medicare Plans Homepage (www.healthnewengland.org/medicare)	**HMO PPO**	**$0-$168**	**Berkshire, Franklin, Hampden, Hampshire**
Humana **800-833-2364** Humana Medicare Plans Homepage (www.humana.com/medicare)	**PPO**	**$0**	**Bristol, Dukes, Essex, Hampden, Suffolk, Worcester**

Health Plan	Plan Types	Premiums	Plans Available in the Following Counties
Mass Advantage **844-941-3768** Mass Advantage Medicare Plans Homepage (www.massadvantage.com)	**HMO** **PPO**	**$0-$95**	**Worcester**
Mass General Brigham **888-828-5500** Mass General Brigham Medicare Plans Homepage (www.massgeneralbrighamadvantage.org)	**HMO-POS** **PPO**	**$0-$325**	**Bristol, Dukes, Essex, Middlesex, Nantucket, Norfolk, Plymouth, Suffolk, Worcester**
Tufts Health Plan **877-218-4835** Tufts Medicare Advantage Plans Homepage (www.tuftsmedicarepreferred.org)	**HMO** **PPO**	**$0-$255**	**Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester** **PPO plans in all counties except: Berkshire, Barnstable, Dukes, Franklin, Nantucket**
UnitedHealthcare **800-555-5757** AARP Medicare Plans Homepage (www.aarpmedicareplans.com)	**HMO** **HMO-POS** **PPO**	**$0-$48**	**Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester**

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

Medicare Advantage Plans

Pros:
- Convenience of having only one plan (drug plan can be included)
- More choices available (HMOs, PPOs, MSAs…)
- Some plans have lower premiums than Medigap plans
- Potential for better coordination of care (HMOs provide this)
- Some additional benefits such as hearing, vision, dental, transportation, OTC spending cards 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

Cons:
- Cannot live outside service area for more than 6 consecutive months
- Usually need referrals to see specialists
- Frequently has co-pays and deductibles
- Limited network of providers
- When outside of designated area, only urgent and emergency services covered

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 any 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 and what is the cost and are there any restrictions?

2026 Massachusetts Medigap Plans

Updated August 2026

Medigap Carriers	Supplement Core Monthly Premium	Supplement 1A Monthly Premium	Supplement 1 Monthly Premium (Available to those eligible for Medicare prior to 1/1/2020)
Blue Cross & Blue Shield of MA (Medex) 1-800-678-2265 (sales) Blue Cross Blue Shield Medigap Plans	$142.64	$233.24	$288.55
Fallon Community Health Plan 1-866-330-6380 (sales) Fallon Health Medigap Plans	$195.50	$240.35	$327.25
Harvard Pilgrim Health Care 1-877-906-4742 (sales) Harvard Pilgrim Medigap Plans	$177.10	$254.00	$315.15
Health New England 1-877-443-3314 Health New England Medigap Plans	$173.00	$254.00	$300.00
Humana (not available to new enrollees after 4/1/2026) All existing members may remain enrolled 1-800-872-7294 (sales) Humana Medigap Plans	$181.48 (as of 6/01/26)	$259.26 (as of 6/01/26)	$311.05 (as of 6/01/26)
Tufts Health Plan 1-888-508-1401 (sales) Tufts Medicare Preferred Medigap Plans	$167.75	$253.55	$296.45
United HealthCare 1-800-523-5800 United HealthCare Medigap Plans **Only for members of AARP**	$194.25 (as of 6/1/26)	$271.75 (as of 6/1/26)	$349.00 (as of 6/1/26)

Moving from Supplement 1 to Supplement 1A may be subject to restrictions.

REMINDER: Medex Choice is no longer sold but existing members may remain enrolled: $213.03/month in 2026**.**

Medicare Medigap 2 cannot be sold after December 31, 2005, but existing members may remain enrolled. Medex Gold premium is $1107.54/month in 2026.

Benefit	Costs for Beneficiary with Original Medicare	Costs for Beneficiary with Supplement Core	Costs for Beneficiary with Supplement 1A	Costs for Beneficiary with Supplement 1
Medicare Part A Inpatient Hospital Care Days 1-60	$1,736 deductible	$1,736	$0	$0
Inpatient Hospital Care Days 61-90	$434/Day	$0	$0	$0
Inpatient Hospital Care Days 91-150 (Lifetime Reserve)	$868/Day	$0	$0	$0
All Additional Inpatient Hospital Days	Full Cost	$0 for an additional 365 Lifetime Hospital Days	$0 for an additional 365 Lifetime Hospital Days	$0 for an additional 365 Lifetime Hospital Days
Inpatient Days in Mental Health Hospital	190 Lifetime Days	An additional 60 days per year	An additional 120 days per benefit period	An additional 120 days per benefit period
Skilled Nursing Facility Care (SNF) Days 1-20	$0	$0	$0	$0
Skilled Nursing Facility Care (SNF) Days 21-100	$217/day	$217/day	$0	$0
All Additional SNF Days	Full Cost	Full Cost	Full Cost	Full Cost
Blood- First 3 Pints	Full Cost	$0	$0	$0
Medicare Part B Inpatient Doctor's Services, Outpatient Medical (Dr. visits, lab tests, x-rays, etc.) Annual Deductible	$283	$283	$283	$0
Coinsurance for Part B after deductible	20%	$0	$0	$0
Medicare-covered services needed while traveling abroad	Full Cost	Full Cost (BCBS, HP, HNE, Tufts Core plans cover foreign travel)	$0	$0

SHINE Medicare Health Insurance Counseling

SHIP State Health Insurance Assistance Program Navigating Medicare

2026 Massachusetts Medigap Plans- Additional Benefits and Discounts

Note: All discounts and Additional Benefits are subject to change. Consumers must contact plans directly for current offers.

Medigap Carriers	Foreign Travel Included in Core	Vision/Eyewear Discounts	Hearing Exams/Hearing Aids Discount	Dental Discounts	Fitness Benefit	Other Health and Wellness Discount	Initial Enrollment Discount
Blue Cross & Blue Shield of MA (Medex)	Yes	Coverage offered through rider at additional cost	Coverage offered through rider at additional cost	Coverage offered through separate stand-alone plan	Yes	Yes	Yes
Fallon Community Health Plan	No	No	No	No	Yes	Yes	No
Harvard Pilgrim Health Care	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Health New England	Yes	No	No	No	Not available with Core Plan	No	Yes
Humana (Not available to new enrollees after 4/1/2026)	No	Yes	Yes	No	Yes	Yes	Yes
Tufts Health Plan	Yes	Not available with Core Plan	Not available with Core Plan	Coverage offered through rider at additional cost	Yes	Yes	Yes
United HealthCare	No	Yes	Yes	Yes	No	No	Yes