



Medicare Planning Tool

Retirement Checklist

Expected Retirement Date:

____/____/____
 month date year



Finance

✓ when complete

- | | | |
|--|--|--------------------------|
| 12+ months
before retirement | Determine how much money you will need to retire; revise retirement date, if necessary. | <input type="checkbox"/> |
| 10-12 months
before retirement | Make a list of all expenses and financial obligations to set up a post-retirement monthly budget. Start reducing outstanding debt. | <input type="checkbox"/> |
| 10 months
before retirement | Meet with your attorney or financial advisor to put together an income distribution plan. Review payout options if you have a pension, 401(k) or 403(b). | <input type="checkbox"/> |
| 8 months
before retirement | Review your Social Security statement to make sure your reported income is correct. Wrong information can affect the amount of your retirement benefits. | <input type="checkbox"/> |
| 4 months
before retirement | Apply for Social Security (unless already collecting retirement benefits). | <input type="checkbox"/> |



Lifestyle

✓ when complete

- | | | |
|--|--|--------------------------|
| 12+ months
before retirement | Think carefully about what you want to do with your time once you retire. How much money you will need in retirement depends on what you will be doing and where. | <input type="checkbox"/> |
| 12+ months
before retirement | Married? Include your spouse in your retirement planning. Avoid being blindsided by differences over lifestyle, retirement dreams or expectations. | <input type="checkbox"/> |
| 10 months
before retirement | Plan to travel? Make a list of the places you want to go and the estimated cost of each trip. | <input type="checkbox"/> |
| 7 months
before retirement | If you're relocating (or downsizing) and plan to sell your current home, talk to a realtor. Get an idea of the likely sale price and discuss potential advantages of being more or less aggressive with your asking price depending on your timeframe. | <input type="checkbox"/> |
| 6 months
before retirement | Talk to a retirement counselor about any fears or concerns you may have about retirement: money, leaving a job you love, boredom, moving away from family, health care. It's a good step to help identify ways to alleviate those worries. | <input type="checkbox"/> |



Health Care

✓ when complete

12+ months before retirement	Start thinking about Long-Term Care options and how you might pay for services you may need as you age.	<input type="checkbox"/>
11-12 months before retirement	Meet with the employee benefits department at work (or at a former job) to discuss retiree health benefits.	<input type="checkbox"/>
8-11 months before retirement	Start reading up on Medicare: eligibility, Parts A, B, C and D, what it does and doesn't cover, enrollment timeframes.	<input type="checkbox"/>
9 months before retirement	Ask your doctors if they participate in Medicare and if they accept Medicare assignment.	<input type="checkbox"/>
3 months before birth month	Apply for Medicare benefits (Parts A and B) if retiring at age 65 (and not already receiving Social Security benefits).	<input type="checkbox"/>
Within 8 months after retirement	Enroll in Medicare Part B if you are retiring after 65 and will no longer have employer-provided health insurance. You qualify for a Special Enrollment Period (SEP). Meet with your employer plan benefits administrator to discuss what you need to do and what they will need to provide to Medicare.	<input type="checkbox"/>
In the first 8 months you have COBRA	Enroll in Medicare Part B if you are over 65 and have COBRA coverage on an employer's policy. (You will not qualify for a Special Enrollment Period.)	<input type="checkbox"/>
5-6 months before retirement	Get health insurance quotes for Medicare Advantage or Medicare Supplement (Medigap) plans.	<input type="checkbox"/>
1-2 months before retirement	Enroll in a Medicare Advantage or Medicare Supplement plan.	<input type="checkbox"/>



Speak with a Medicare Specialist
Call 1-800-936-1825 (TTY: 711)



Get more info online
thpmp.org

*Monday – Friday, 8:00 a.m. – 8:00 p.m. (Oct. 1 – Feb. 14, 7 days a week, 8:00 a.m. – 8:00 p.m.).

Tufts Health Plan is an HMO plan with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal. 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.

Tufts Medicare Preferred Supplement One rates are for <2017>.

Tufts Medicare Preferred HMO Saver Rx rates are for 2018.



Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Tufts Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Tufts Health Plan at 1-800-701-9000 (TTY: 711).

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Tufts Health Plan, Attention:

Civil Rights Coordinator, Legal Dept.

705 Mount Auburn St. Watertown, MA 02472

Phone: 1-888-880-8699 ext. 48000, (TTY number—711 or 1-800-439-2370. Español: 866-930-9252)

Fax: 617-972-9048

Email: OCRCoordinator@tufts-health.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

thpmp.org | 1-800-701-9000

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-701-9000 (TTY: 711).

Arabic: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-701-9000 (رقم هاتف الصم والبكم: 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-701-9000 (TTY 711)。

Farsi: توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. 1-800-701-9000 (TTY: 711) فراهم می باشد. با تماس بگیرید.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-701-9000 (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-701-9000 (TTY: 711).

Greek: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-701-9000 (TTY: 711).

Gujarati: સુચન: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-701-9000 (TTY: 711).

Haitian Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-701-9000 (TTY: 711).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-701-9000 (TTY: 711).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-701-9000 (TTY: 711) まで、お電話にてご連絡ください。

Khmer (Cambodian): ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អូល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-701-9000 (TTY: 711)

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-701-9000 (TTY: 711) 번으로 전화해 주십시오.

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-701-9000 (TTY: 711).

Navajo: Díí baa akó nínízin: Díí saad bee yánílt'igo Diné Bizaad, saad bee áká'anída'áwoḍęę, t'áá jiik'eh, éí ná hóló, koji' hódíílnih 1800-701-9000 (TTY: 711.)

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-701-9000 (TTY: 711).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-701-9000 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-701-9000 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-701-9000 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-701-9000 (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-701-9000 (TTY: 711).