

## Mass Advantage Extra (PPO) offered by Central Mass Health, LLC (doing business as Mass Advantage)

### Annual Notice of Change for 2026

You're enrolled as a member of Mass Advantage Extra (PPO).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Mass Advantage Extra (PPO).
- To change to a **different plan**, visit [www.Medicare.gov](http://www.Medicare.gov) or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the Evidence of Coverage. Get a copy at [www.massadvantage.com](http://www.massadvantage.com) or call Member Services at (844) 915-0234 (TTY users call 711) to get a copy by mail.

#### More Resources

- Our plan must provide the notice in English and at least the 15 languages most commonly spoken by people with limited English proficiency in the relevant state or states in our plan's service area and must provide the notice in alternate formats for people with disabilities who require auxiliary aids and services to ensure effective communication.
- Call Member Services at (844) 915-0234 (TTY users call 711) for more information. Hours are 8 am to 8 pm EST, 7 days a week between October 1st and March 31st, and 8 am to 8 pm EST, Monday through Friday between April 1st and September 30th. This call is free.
- We must provide information in a way that works for you (e.g. in languages other than English, in large print, braille, audio, or other alternative formats) when requested.

#### About Mass Advantage Extra (PPO)

- Mass Advantage is an HMO and PPO plan with a Medicare contract. Enrollment in Mass Advantage depends on contract renewal.
- When this material says "we," "us," or "our," it means Mass Advantage. When it says "plan" or "our plan," it means Mass Advantage Extra (PPO).
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Mass Advantage Extra (PPO).** Starting January 1, 2026, you'll get your medical and drug coverage through Mass Advantage Extra (PPO). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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## Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
<b>Monthly Plan Premium</b> *Your premium can be higher than this amount. Go to Section 1.1 for details.	\$0	\$0
<b>Maximum Out-of-Pocket Responsibility</b> This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	From network providers: \$5,000 From network and out-of-network providers combined: \$9,500	<b>From network providers: \$6,750</b> <b>From network and out-of-network providers combined: \$10,000</b>
<b>Primary Care Office Visits</b>	<u>In-Network:</u> \$0 per visit <u>Out-of-Network:</u> \$20 per visit	<u><b>In-Network:</b></u> <b>\$0 per visit</b> <u><b>Out-of-Network:</b></u> <b>\$20 per visit</b>
<b>Specialist Office Visits</b>	<u>In-Network:</u> \$45 per visit <u>Out-of-Network:</u> \$65 per visit	<u><b>In-Network:</b></u> <b>\$45 per visit</b> <u><b>Out-of-Network:</b></u> <b>\$65 per visit</b>
<b>Inpatient Hospital Stays</b> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	<u>In-Network:</u> Days 1-5: \$370 per day Days 6-90: \$0 per day <u>Out-of-Network:</u> Days 1-90: 35% per day	<u><b>In-Network:</b></u> <b>Days 1-6: \$380 per day</b> <b>Days 7-180: \$0 per day</b> <u><b>Out-of-Network:</b></u> <b>Days 1-90: 35% per day</b> <b>Days 91-180: \$0 per day</b>

	2025 (this year)	2026 (next year)
<b>Part D Drug Coverage Deductible</b> (Go to Section 1 for details.)	\$0	<b>\$200 (Tiers 3-5 only) except for covered insulin products and most adult Part D vaccines</b>
<b>Part D Drug Coverage</b> (Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	<p>Copayment and Coinsurance during the Initial Coverage Stage:</p> <p>Drug Tier 1: \$2</p> <p>Drug Tier 2: \$6</p> <p>Drug Tier 3: \$42</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 4: 50%</p> <p>Drug Tier 5: 33%</p> <p>Catastrophic Coverage Stage:</p> <p>During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.</p>	<p><b>Copayment and Coinsurance during the Initial Coverage Stage:</b></p> <p><b>Drug Tier 1: \$0</b></p> <p><b>Drug Tier 2: \$0</b></p> <p><b>Drug Tier 3: \$37</b></p> <p><b>You pay \$35 per month supply of each covered insulin product on this tier.</b></p> <p><b>Drug Tier 4: 30%</b></p> <p><b>Drug Tier 5: 30%</b></p> <p><b>Catastrophic Coverage Stage:</b></p> <p><b>During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.</b></p>

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
<b>Monthly Plan Premium</b> (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be more if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
<b>In-Network Maximum Out-of-Pocket Amount</b>  Your costs for covered medical services (such as copayments) <b>count</b> toward your maximum out-of-pocket amount.  Your costs for prescription drugs <b>don't count</b> toward your maximum out-of-pocket amount.	\$5,000	<b>\$6,750</b>  <b>Once you've paid \$6,750 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network providers</b>

	2025 (this year)	2026 (next year)
<b>Combined Maximum Out-of-Pocket Amount</b> Your costs for covered medical services (such as copayments) from in-network and out-of-network providers <b>count</b> toward your combined maximum out-of-pocket amount. Your costs for outpatient prescription drugs <b>don't count</b> toward your maximum out-of-pocket amount for medical services.	\$9,500	<b>\$10,000</b> <b>Once you've paid \$10,000 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.</b>

### Section 1.3 Changes to the Provider Network

There are no changes to our network of providers for next year.

Review the 2026 *Provider Directory* at [www.massadvantage.com](http://www.massadvantage.com) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated Provider Directory:

- Visit our website at [www.massadvantage.com](http://www.massadvantage.com).
- Call Member Services at (844) 915-0234 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at (844) 915-0234 (TTY users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your Evidence of Coverage.

### Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* at [www.massadvantage.com](http://www.massadvantage.com) to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at [www.massadvantage.com](http://www.massadvantage.com).
- Call Member Services at (844) 915-0234 (TTY users call 711) to get current pharmacy information or to ask us to mail you a Pharmacy Directory.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at (844) 915-0234 (TTY users call 711) for help.

## Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
<b>Inpatient Hospital Services</b>	<u>In-Network:</u> \$370 copay per day for days 1-5 \$0 copay per day for days 6-90  <u>Out-of-Network:</u> 35% of the total cost per day for days 6-90	<u>In-Network:</u> <b>\$380 copay per day for days 1-6</b> <b>\$0 copay per day for days 7-180</b>  <u>Out-of-Network:</u> <b>35% of the total cost per day for days 1-90</b> <b>\$0 copay per day for days 91-180</b>
<b>Inpatient Hospital Services in a Psychiatric Hospital</b>	<u>In-Network:</u> \$350 copay per day for days 1-5 \$0 copay per day for days 6-90  <u>Out-of-Network:</u> 40% of the total cost per day for days 1-90	<u>In-Network:</u> <b>\$375 copay per day for days 1-6</b> <b>\$0 copay per day for days 7-90</b>  <u>Out-of-Network:</u> <b>40% of the total cost per day for days 1-90</b>

	2025 (this year)	2026 (next year)
<b>Ambulatory Surgical Center</b>	<u>In-Network:</u> \$275 copay per service  <u>Out-of-Network:</u> 40% of the total cost per service	<b><u>In-Network:</u></b> <b>\$300 copay per service</b>  <b><u>Out-of-Network:</u></b> <b>40% of the total cost per service</b>
<b>Emergency Care</b>	<u>In-Network &amp; Out-of-Network:</u> \$100 copay per visit	<b><u>In-Network &amp; Out-of-Network:</u></b> <b>\$130 copay per visit</b>
<b>Worldwide Emergency Coverage</b>	<u>In-Network &amp; Out-of-Network:</u> \$90 copay per visit	<b><u>In-Network &amp; Out-of-Network:</u></b> <b>\$130 copay per visit</b>
<b>Physical Therapy</b>	<u>In-Network:</u> \$30 copay per visit  <u>Out-of-Network:</u> \$65 copay per visit	<b><u>In-Network:</u></b> <b>\$40 copay per visit</b>  <b><u>Out-of-Network:</u></b> <b>45% of the total cost per visit</b>
<b>Speech Therapy</b>	<u>In-Network:</u> \$30 copay per visit  <u>Out-of-Network:</u> \$65 copay per visit	<b><u>In-Network:</u></b> <b>\$40 copay per visit</b>  <b><u>Out-of-Network:</u></b> <b>45% of the total cost per visit</b>
<b>Occupational Therapy</b>	<u>In-Network:</u> \$30 copay per visit  <u>Out-of-Network:</u> \$65 copay per visit	<b><u>In-Network:</u></b> <b>\$40 copay per visit</b>  <b><u>Out-of-Network:</u></b> <b>45% of the total cost per visit</b>



	2025 (this year)	2026 (next year)
<b>Outpatient Diagnostic Tests and Procedures</b>	<u>In-Network:</u> \$20 copay per service  <u>Out-of-Network:</u> 40% of the total cost per service	<u>In-Network:</u> \$30 copay per service  <u>Out-of-Network:</u> 40% of the total cost per service
<b>Therapeutic Radiology Services</b>	<u>In-Network:</u> \$60 copay per service  <u>Out-of-Network:</u> 40% of the total cost per service	<u>In-Network:</u> \$60 copay per service  <u>Out-of-Network:</u> 45% of the total cost per service
<b>X-ray Services</b>	<u>In-Network:</u> \$0 copay per service  <u>Out-of-Network:</u> 40% of the total cost per service	<u>In-Network:</u> \$15 copay per service  <u>Out-of-Network:</u> 40% of the total cost per service
<b>Over-the-Counter (OTC) Items</b>	\$145 allowance quarterly The quarterly allowance can be used to purchase OTC items and must be ordered through NationsBenefits	\$120 allowance quarterly The quarterly allowance can be used to purchase OTC items through plan approved retail locations as well as through mail order using NationsBenefits

	2025 (this year)	2026 (next year)
<b>Prepaid Benefits Card</b>	<p>Wellness Allowance: \$775 annually to be used for fees required at fitness facilities for memberships, fitness-related items purchased through NationsBenefits, weight management support programs, mental health and mindfulness applications such as Calm and Headspace, eyewear costs, and hearing aid costs for hearing aids purchased through NationsBenefits Hearing providers.</p> <p>*Parking Allowance: \$50 annually to be used on parking, available to members with certain chronic health conditions.</p> <p>*Food and Produce Allowance: \$75 quarterly to be used on food and produce through plan approved retail locations as well as through mail order using NationsBenefits, available to members with certain chronic health conditions.</p>	<p><b>Wellness Allowance: \$750 annually to be used for fees required at fitness facilities for memberships, fitness-related items purchased through NationsBenefits, weight management support programs, mental health and mindfulness applications such as Calm and Headspace, eyewear costs, and hearing aid costs for hearing aids purchased through NationsBenefits Hearing providers</b></p> <p><b>Parking Allowance: Not covered</b></p> <p><b>Food and Produce Allowance: Not covered</b></p>

	2025 (this year)	2026 (next year)
<b>Prepaid Benefits Card</b>	*The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify. A few eligible conditions include Cardiovascular disorders, Diabetes, Cancer, Chronic lung disorders and Chronic Heart Failure. Please note that eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For detailed information about additional eligible conditions or benefit information, please contact us.	
<b>Online Fitness and Wellness Program</b>	Not covered	<b>\$0 copay for access to online fitness and wellness services through membership with Age Bold. Age Bold provides individuals personalized programs designed to support healthy aging.</b>
<b>Dental Services</b>	\$0 copay for diagnostic and preventive dental \$0 copay up to the calendar year maximum of \$2,500 for comprehensive dental	<b>\$0 copay for diagnostic and preventive dental \$0 copay up to the calendar year maximum of \$1,500 for comprehensive dental</b>

## Section 1.6 Changes to Part D Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your Evidence of Coverage and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at (844) 915-0234 (TTY users call 711) for more information.

## Section 1.7 Changes to Prescription Drug Benefits & Costs

### Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30th, call Member Services at (844) 915-0234 (TTY users call 711) and ask for the *LIS Rider*.

### Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 3, 4, and 5 drugs until you've reached the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date total drug costs reach \$2,100.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don’t count toward out-of-pocket costs.

**Drug Costs in Stage 1: Yearly Deductible**

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
<b>Yearly Deductible</b>	\$0 Because we have no deductible, this payment stage doesn’t apply to you.	<b>\$200 except for covered insulin products and most adult Part D vaccines</b> <b>During this stage, you pay \$0 cost sharing for drugs on Tiers 1 and 2 and the full cost of drugs on Tiers 3, 4 and 5 until you’ve reached the yearly deductible.</b>

**Drug Costs in Stage 2: Initial Coverage**

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs, go to Chapter 6 of your Evidence of Coverage.

Once you've paid \$2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
<b>Tier 1 – Preferred Generic:</b> We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	\$2	\$0
<b>Tier 2 – Generic:</b> We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	\$6	\$0
<b>Tier 3 – Preferred Brand:</b> We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	\$42 You pay \$35 per month supply of each covered insulin product on this tier.	<b>\$37</b> <b>You pay \$35 per month supply of each covered insulin product on this tier.</b>
<b>Tier 4 – Non-Preferred Drug:</b> We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	50% of the total cost	<b>30% of the total cost</b>

	2025 (this year)	2026 (next year)
<b>Tier 5 – Specialty:</b> We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	33% of the total cost	<b>30% of the total cost</b>

### Changes to the Catastrophic Coverage Stage

**If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.**

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6 in your Evidence of Coverage.

## SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
<b>Medicare Prescription Payment Plan</b>	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	<b>If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026.</b>  <b>To learn more about this payment option, call us at (833) 696-2087 (TTY users call 711) or visit <a href="http://www.Medicare.gov">www.Medicare.gov</a>.</b>

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## SECTION 3 How to Change Plans

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**To stay in Mass Advantage Extra (PPO), you don't need to do anything.** Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Mass Advantage Extra (PPO).

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from Mass Advantage Extra (PPO).
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from Mass Advantage Extra (PPO).
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at (844) 915-0234 (TTY users call 711) for more information on how to do this. Or call Medicare at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit [www.Medicare.gov](http://www.Medicare.gov), check the Medicare & You 2026 handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Mass Advantage offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

### Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

### Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area



If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

## SECTION 4 Get Help Paying for Prescription Drugs

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You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
  - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** Massachusetts has a program called Prescription Advantage that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit [shiphelp.org](http://shiphelp.org), or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Massachusetts HIV Drug Assistance Program (HDAP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 1-800-228-2714. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). 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. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan payment option. To learn more about this payment option, call us at (844) 915-0234 (TTY users call 711) or visit [www.Medicare.gov](http://www.Medicare.gov).

## SECTION 5 Questions?

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### Get Help from Mass Advantage Extra (PPO)

- **Call Member Services at (844) 915-0234. (TTY users call 711.)**

We're available for phone calls 8 am to 8 pm EST, 7 days a week between October 1st and March 31st, and 8 am to 8 pm EST, Monday through Friday between April 1st and September 30th. Calls to these numbers are free.

- **Read your 2026 Evidence of Coverage**

This Annual Notice of Change gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 Evidence of Coverage for Mass Advantage Extra (PPO). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at [www.massadvantage.com](http://www.massadvantage.com) or call Member Services at (844) 915-0234 (TTY users call 711) to ask us to mail you a copy.

- **Visit [www.massadvantage.com](http://www.massadvantage.com)**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs (formulary/Drug List)*.

### Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Massachusetts, the SHIP is called Serving the Health Insurance Needs of Everyone (SHINE).

Call SHINE to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call SHINE at 1-800-243-4636. Learn more about SHINE by visiting [www.mass.gov/health-insurance-counseling](http://www.mass.gov/health-insurance-counseling).

### Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with [www.Medicare.gov](http://www.Medicare.gov)**

You can chat live at [www.Medicare.gov/talk-to-someone](http://www.Medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit [www.Medicare.gov](http://www.Medicare.gov)**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read Medicare & You 2026**

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [www.Medicare.gov](http://www.Medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.