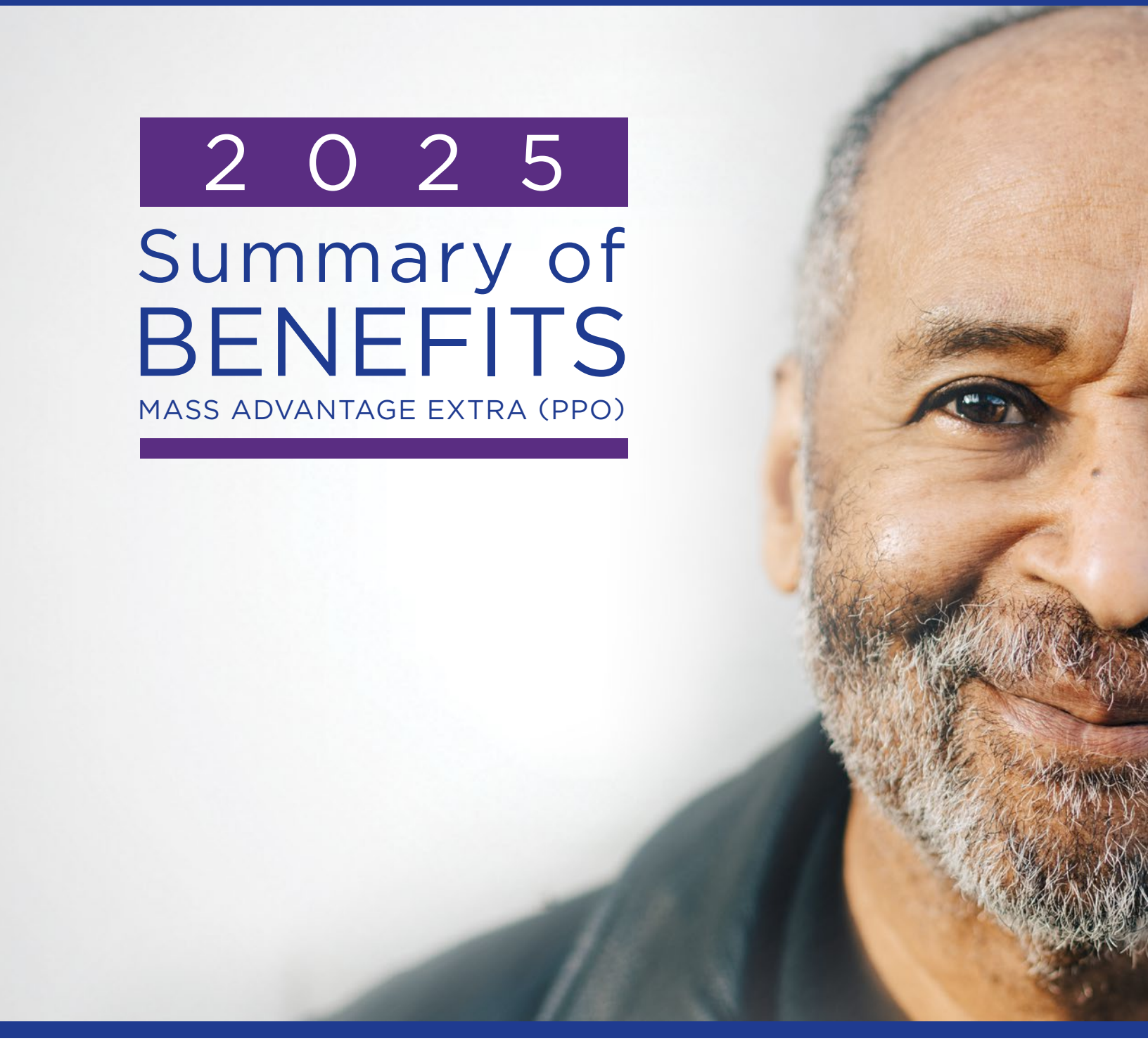

2025 Summary of BENEFITS

MASS ADVANTAGE EXTRA (PPO)

MASS ADVANTAGE

A Medicare Advantage Plan

H9904_250013_M Accepted

MASS ADVANTAGE

2025 Summary of Benefits

Mass Advantage Extra (PPO)
H9904 002

January 1, 2025 – December 31, 2025

H9904_250013_M Accepted

INTRODUCTION TO SUMMARY OF BENEFITS

This booklet provides you with a summary of what we cover and your cost-sharing responsibilities. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call us at the number listed on the last page and ask for the "Evidence of Coverage" (EOC), or you may access the EOC on our website at www.massadvantage.com.

You are eligible to enroll in Mass Advantage if:

- You are entitled to Medicare Part A and enrolled in Medicare Part B. Members must continue to pay their Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.
- You must be a United States citizen or are lawfully present in the United States and permanently reside in the service area of the plan (in other words, your permanent residence is within the Mass Advantage service area county). Our service area includes the following county in Massachusetts: Worcester

With Mass Advantage Extra (PPO) plan, you'll enjoy the freedom and flexibility to access your health care where you want it and when you want it. You may seek care from any Medicare provider in the country who agrees to see you as a Medicare member, but you'll generally pay less when you use contracted providers in our network. Either way, doctor visits, hospital stays, and many other services have a simple copayment, which helps make health care costs more predictable. You can see our plan's provider and pharmacy directory on our website at www.massadvantage.com.

This Mass Advantage Extra (PPO) plan also includes Part D coverage, which provides you with the ease of having both your medical and prescription drug needs coordinated through a single convenient source. You can access information about how the coverage works, including covered drugs and coverage limitations on our website at www.massadvantage.com.

Mass Advantage Extra (PPO) **(Services with an * may require prior authorization)**	
Part C	
Monthly Plan Premium	$0 You must continue to pay your Medicare Part B premium.
Medical Deductible	Not Applicable
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) in this plan: • $5,000 for services you receive from in-network providers • $9,500 combined in and out-of-network annually This is the most you will pay in copays and coinsurance for covered medical services for the year. Please note that you will still need to pay your monthly premiums and cost-sharing for Part D prescription drugs. Not all services apply to the Maximum Out-of-Pocket. Please refer to the Evidence of Coverage for more information.
Inpatient Hospital Coverage*	**In-network:** Days 1 – 5: $370 copay per day Days 6 – 90: $0 copay per day **Out-of-network:** Days 1 – 90: 35% coinsurance per day
Outpatient Hospital Coverage*	**In-network:** Outpatient Hospital: $300 copay per visit Observation Services: $300 copay per stay **Out-of-network:** Outpatient Hospital: 40% coinsurance per visit Observation Service: 40% coinsurance per stay
Ambulatory Surgical Center*	**In-network:** $275 copay per visit **Out-of-network:** 40% coinsurance per visit

Mass Advantage Extra (PPO) **(Services with an * may require prior authorization)**	
Doctor Visits	**In-network:** Primary Care: $0 copay per visit Specialist: $45 copay per visit **Out-of-network:** Primary Care: $20 copay per visit Specialist: $65 copay per visit
Preventive Care	**In-network and Out-of-network:** There is no coinsurance, copayment, or deductible for Medicare-covered preventive services.
Emergency Care	**In-network and Out-of-network:** $100 copay per visit If you are admitted to the hospital within 24 hours, your emergency care copay is waived Worldwide Emergency Coverage: $90 copay per visit
Urgently Needed Services	**In-network and Out-of-network:** $40 copay per visit
Diagnostic Services/ **Labs & Imaging***	**In-network:** Lab services: $0 copay Diagnostic tests and procedures: $20 copay Outpatient X-ray services: $0 copay Diagnostic Radiology services: $150 copay **Out-of-network:** Lab services: 40% coinsurance Diagnostic tests and procedures: 40% coinsurance Outpatient X-ray services: 40% coinsurance Diagnostic Radiology services: 40% coinsurance
Hearing Services	**In-network:** Hearing exam (Medicare-covered): $45 copay per visit

Mass Advantage Extra (PPO) (Services with an * may require prior authorization)	
	Routine hearing exam (non-Medicare): $0 copay (1 every calendar year) **Out-of-network:** Hearing exam (Medicare-covered): $65 copay per visit Routine hearing exam (non-Medicare): $65 copay (1 every calendar year) **In-network and Out-of-network:** Hearing Aids: • Entry Hearing Aids: $600 per hearing aid • Basic Hearing Aids: $775 per hearing aid • Prime Hearing Aids: $1,075 per hearing aid • Preferred Hearing Aids: $1,375 per hearing aid • Advanced Hearing Aids: $1,675 per hearing aid • Premium Hearing Aids: $2,075 per hearing aid Limit of 2 hearing aids per calendar year. Routine exams and Hearing Aids services must be received from a NationsBenefits Hearing Health Care provider. The Prepaid Benefit card can be used for hearing aid costs.
Dental Services	**In-network:** Dental services (Medicare-covered): $45 copay per visit **Out-of-network:** Dental services (Medicare-covered): $65 copay per visit **In-network and Out-of-network:** Preventive and Comprehensive (non-Medicare): The plan pays up to the calendar year maximum of $2,500 for all covered comprehensive dental services: Diagnostic & Preventive Services: • Prophylaxis (cleanings) – limited to 2 per calendar year • Evaluations • X-rays • Fluoride treatment Comprehensive Services: • Restorative services (fillings, inlays, onlays and crowns)

	• Endodontic services • Periodontic services • Prosthodontics, removable dentures and fixed bridges • Oral and Maxillofacial Surgery (extractions) • Adjunctive General Services (palliative treatment, deep sedation/general anesthesia) • Teledentistry (synchronous and asynchronous, must be accompanied by a covered procedure) This is a brief summary of covered services only. Dental services are administered by Dominion Dental Services, Inc. You can access the dental provider directory at www.massadvantage.com, or contact Member Services.
Vision Services	**In-network:** Vision exam (Medicare-covered): $45 copay per visit Routine eye exam (non-Medicare): $0 copay per visit (1 every calendar year) **Out-of-network:** Vision exam (Medicare-covered): $65 copay per visit Routine eye exam (non-Medicare): $65 copay per visit (1 every calendar year) **In-network and Out-of-network:** $200 allowance every calendar year to use towards the purchase of one of the following: contact lenses, eyeglass lenses, eyeglass frames, or eyeglasses (lenses and frames). Routine exams and Eyewear allowances outlined above must be received from an EyeMed provider. The Prepaid Benefit card can be used for additional eyewear costs.
Mental Health Services*	**In-network:** Mental Health and Psychiatric Services: • Outpatient group therapy: $30 copay per session • Outpatient individual therapy: $30 copay per session Inpatient Psychiatric Care: • Days 1 – 5: $350 per day

Mass Advantage Extra (PPO) (Services with an * may require prior authorization)	
	• Days 6 – 90: $0 per day **Out-of-network:** Mental Health and Psychiatric Services: • Outpatient group therapy: $65 copay per session • Outpatient individual therapy: $65 copay per session Inpatient Psychiatric Care: Days 1 – 90: 40% coinsurance per day
Skilled Nursing Facility (SNF)*	**In-network:** Days 1 – 20: $0 copay per day Day 21 – 51: $190 copay per day Day 52 – 100: $0 copay per day **Out-of-network:** 20% coinsurance per day
Physical Therapy	**In-network:** Physical therapy: $30 copay per visit **Out-of-network:** Physical therapy: $65 copay per visit
Ambulance*	**In-network and Out-of-network:** Ground Ambulance: $275 copay per ride Air Ambulance: $275 copay per ride If you are admitted to the hospital, your copay is waived
Transportation*	**In-network and Out-of-network:** $0 copay for 6 one-way rides per year for non-emergency, plan approved health-related locations. Rides are only covered when medically necessary, when using the Plan's contracted transportation providers.
Medicare Part B Drugs*	**In-network and Out-of-network:** Chemotherapy drugs: Up to 20% coinsurance Other Part B drugs: Up to 20% coinsurance

Mass Advantage Extra (PPO) (Services with an * may require prior authorization)	
	Insulin covered under Part B regardless of Tier (including insulin delivered through a DME-covered insulin pump): $35 copay for a one-month supply
Prepaid Benefit Card	**In-network and Out-of-network:** The Prepaid Benefit Card consists of 3 separate benefit allowances: Wellness Allowance $775 – Fees required at fitness facilities, fees required at online fitness vendors, fitness-related items purchased through NationsBenefits, weight management support, mental health and mindfulness applications such as Calm and Headspace, eyewear, and hearing aids purchased through NationsBenefits hearing providers Healthy Grocery Allowance* $75/quarter – Healthy groceries for members with certain chronic health conditions (SSBCI). The prepaid benefit card can be used for plan approved items at plan approved locations Parking Allowance* $50 – Parking for members with certain chronic health conditions (SSBCI) The prepaid benefit card is preloaded with the full benefit amount by allowance and members can choose where to use it. The prepaid benefit card is not eligible for cost sharing for covered benefits. *The parking and groceries benefits are part of a supplemental program designed for individuals with chronic illnesses. 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 review your Evidence of Coverage or contact Member Services.
Over-the-Counter (OTC) Items	**In-network and Out-of-network:** You have $145 every quarter to spend on OTC items. OTC items must be ordered through NationsBenefits.

Mass Advantage Extra (PPO) (Services with an * may require prior authorization)	
	Any unused money will carry over to the next quarter but will not carry over to the next benefit year. Please visit www.massadvantage.com to see the list of covered over-the-counter items.
Personal Emergency Response System (PERS)	**In-network and Out-of-network:** $0 copay for one Personal Emergency Response System and monthly monitoring. PERS devices must be ordered through NationsBenefits. Multiple device options are available.
Meals	**In-network and Out-of-network:** $0 copay for up to 2 meals per day for 14 calendar days post-discharge from an inpatient stay at a hospital or following surgery provided by Heart to Home. After eligible discharge or surgery, a Mass Advantage team member may contact you to arrange your meal benefit.

Mass Advantage Extra (PPO)

PART D PRESCRIPTION DRUGS

<table>
<tr><td>Deductible Stage</td><td>No deductible</td></tr>
<tr><td>Initial Coverage Stage</td><td>You pay the following until your total out-of-pocket drug costs reach $2,000

Standard Retail & Mail Order Cost-Sharing
<table>
<tr><th>Tier</th><th>30 Day Supply</th><th>100 Day Supply</th></tr>
<tr><td>Tier 1 (Preferred Generic)</td><td>$2 copay</td><td>$4 copay</td></tr>
<tr><td>Tier 2 (Generic)</td><td>$6 copay</td><td>$12 copay</td></tr>
<tr><td>Tier 3 (Preferred Brand)</td><td>$42 copay</td><td>$84 copay</td></tr>
<tr><td>Tier 4 (Non-Preferred Drug)</td><td>50% coinsurance</td><td>50% coinsurance</td></tr>
<tr><td>Tier 5 (Specialty Tier)</td><td>33% coinsurance</td><td>33% coinsurance</td></tr>
</table>
Long-term care pharmacy is limited to a 31-day supply at the same cost as retail in the chart above. Your cost share may be different for out-of-network pharmacies and limited to a 30-day supply.</td></tr>
<tr><td>Catastrophic Stage</td><td>You pay $0 for all covered Part D drugs for the remainder of the calendar year</td></tr>
<tr><td>Additional Part D Benefit Information</td><td>Insulin: Although all of the insulins covered by our plan are on Tier 3, you will pay no more than $35 for a one-month supply of insulin. You pay this amount until your out-of-pocket costs reach $2,000 and you enter the Catastrophic Coverage stage.
Vaccines: You pay $0 for your vaccines that are covered under Part B (e.g. flu vaccine, COVID vaccine) and Part D (e.g. Shingrix) all year long. Please see the Evidence of Coverage for more information on Part B and Part D vaccines.</td></tr>
<tr><td>“Extra Help” Program</td><td>Your cost share may differ depending on when you enter another phase of the drug benefit and if you qualify for “Extra Help.” To find out if you qualify for “Extra Help,” please contact the Social Security Office at 1-800-772-1213 Monday through Friday, 7 a.m. – 7 p.m. TTY users should call 1-800-325-0778.</td></tr>
</table>

For more information, please contact:

Mass Advantage
PO Box 219975
Kansas City, MO 64121-9975
www.massadvantage.com

This document is available in Spanish and in other formats such as large print, braille, audio, or other alternate formats.

Mass Advantage is an HMO and PPO plan with a Medicare contract. Enrollment in Mass Advantage depends on contract renewal.

Current members should call: 1-844-915-0234 (TTY: 711)

Prospective members should call: 1-844-514-0674 (TTY: 711)

Calls to these numbers are free. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. EST. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. EST. A messaging system is used after hours, weekends and on federal holidays.

If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

You must continue to pay your Medicare Part B premium.

This information is not a complete description of benefits. For more information, call 1-844-915-0234 (TTY: 711).

Notes

Notes

Notes

MASS ADVANTAGE

A Medicare Advantage Plan

For more information, call toll free (844) 978-3921 (TTY: 711)
October 1 – March 31, 8:00 a.m. – 8:00 p.m. 7 days a week,
April 1 – September 30, 8:00 a.m. – 8:00 p.m. Monday – Friday,
or visit MassAdvantage.com.
Calls are answered by licensed sales agents.

Mass Advantage is an HMO and PPO plan with a Medicare contract.
Enrollment in Mass Advantage depends on contract renewal.
Other providers are available in our network.

Access to the health care providers you trust at

UMass Memorial Health