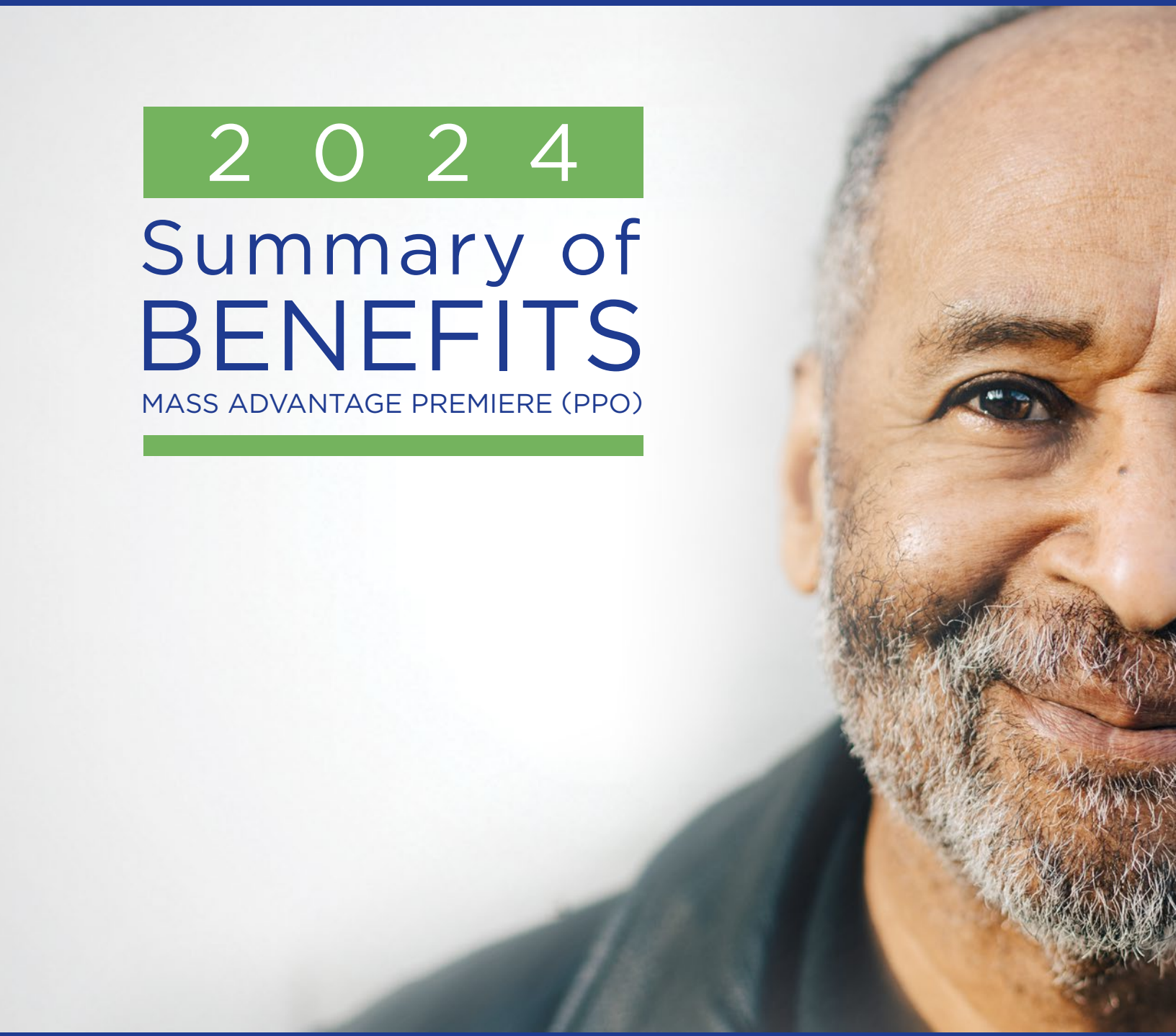

2024 Summary of BENEFITS

MASS ADVANTAGE PREMIERE (PPO)

MASS ADVANTAGE

H9904_241139_M Accepted

MASS ADVANTAGE

2024 Summary of Benefits

Mass Advantage Premiere (PPO)
H9904 001

January 1, 2024 – December 31, 2024

H9904_241139_M Accepted

INTRODUCTION TO SUMMARY OF BENEFITS

This booklet provides you with a summary of what we cover and the 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 counties). Our service area includes the following counties in Massachusetts: Worcester

With Mass Advantage Premiere (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 contracting 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 at our website at www.MassAdvantage.com.

This Mass Advantage Premiere (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 as well as coverage limitations on our website at www.MassAdvantage.com.

Mass Advantage Premiere (PPO)

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

Monthly Plan Premium	$0 You must continue to pay your Medicare Part B premium.
Deductible	Not Applicable
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) in this plan: • $6,550 for services you receive from in-network providers • $11,300 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.

COVERED MEDICAL AND HOSPITAL BENEFITS

Inpatient Hospital Coverage*	**In-network:** Days 1 – 5: $370 copay per day Days 6 – beyond: $0 copay per day **Out-of-network:** 35% coinsurance per stay
Outpatient Hospital Coverage*	**In-network:** Outpatient Hospital: $300 copay per stay Observation Services: $300 copay per stay **Out-of-network:** 40% coinsurance per stay
Ambulatory Surgical Center*	**In-network:** $275 copay per visit **Out-of-network:** 40% coinsurance per visit

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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
Preventive Care	**In-network and Out-of-network:** There is no coinsurance, copayment, or deductible for Medicare-covered preventive services.
Doctor Visits	**In-network:** Primary Care: $0 copay per visit Specialist: $45 copay per visit **Out-of-network:** Primary Care: $0 copay per visit Specialist: $65 copay per visit
Telehealth Services	**In-network:** Primary Care Physician Services: $0 copay per visit Physician Specialist Services: $45 copay per visit Individual Sessions for Mental Health Specialty Services: $0 Individual Sessions for Outpatient Substance Abuse: $0 **Out-of-network:** Not covered
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 (such as, MRI, MRA, CT, PET): $150 copay **Out-of-network:**

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	Lab services: 40% coinsurance Diagnostic tests and procedures: 40% coinsurance Outpatient X-ray services: 40% coinsurance Diagnostic Radiology services (such as, MRI, MRA, CT, PET): 40% coinsurance
Chiropractic Care	**In-network:** Chiropractic Care (Medicare-covered): $15 copay per visit **Out-of-network:** Chiropractic Care (Medicare-covered): $65 copay per visit
Outpatient Rehabilitation*	**In-network:** Occupational therapy: $30 copay per visit Speech and language therapy: $30 copay per visit Physical therapy: $30 copay per visit **Out-of-network:** Occupational therapy: $65 copay per visit Speech and language therapy: $65 copay per visit Physical therapy: $65 copay per visit
Mental Health Services*	**In-network:** Outpatient group therapy: $30 copay per visit Outpatient individual therapy: $30 copay per visit Inpatient Psychiatric Care: • Days 1 – 5: $350 per day • Days 6 – 90: $0 per day **Out-of-network:** Outpatient group therapy: 40% copay per visit Outpatient individual therapy: 40% copay per visit Inpatient Psychiatric Care: 40% coinsurance per visit
Emergency Care	**In-network and Out-of-network:** $90 copay per visit If you are admitted to the hospital within 24 hours, you do not have to pay your emergency care copay.

Mass Advantage Premiere (PPO)	
	Worldwide Emergency Coverage: $90 copay per visit
Urgently Needed Services	**In-network and Out-of-network:** $40 copay per visit
Ambulance*	**In-network and Out-of-network:** Ground Ambulance: $275 copay (per one-way trip) Air Ambulance: $275 copay (per one-way trip) If you are admitted to the hospital, you do not have to pay your ambulance services copay.
Medicare Part B Drugs*	**In-network and Out-of-network:** Chemotherapy drugs: Up to 20% coinsurance Other Part B drugs: Up to 20% coinsurance
Medical Equipment/ Supplies*	**In-network:** Durable Medical Equipment (e.g., wheelchairs, oxygen): 20% coinsurance Prosthetics (e.g., braces, artificial limbs): 20% coinsurance Diabetic supplies: • 0% coinsurance for Medicare-covered diabetic monitoring supplies from a preferred manufacturer • 0% coinsurance for Medicare-covered therapeutic shoes or inserts for people with diabetes who have severe diabetic foot disease. **Out-of-network:** Durable Medical Equipment (e.g., wheelchairs, oxygen): 40% coinsurance Prosthetics (e.g., braces, artificial limbs): 40% coinsurance Diabetic supplies: 40% coinsurance

Services with an * (asterisk) may require a prior authorization from your provider.

Mass Advantage Premiere (PPO)	
ADDITIONAL BENEFITS	

Dental Services	**In-network:**
	Dental services (Medicare-covered): $45 copay per visit
	Preventive and Comprehensive dental services outlined below must be received from a DentaQuest provider.
	Preventive Dental Services include the following: $0 copay
	• Oral exam (2 per calendar year)
	• Cleaning (2 per calendar year)
	• Fluoride treatment (2 per calendar year)
	• Dental X-rays (1 set per calendar year)
	  ○ One vertical bitewing imaging, and one panoramic imaging is covered once every 36 months
	  ○ Intraoral occlusal imaging is covered twice every 24 months
	  ○ Intraoral-complete series is covered once every 36 months
	• Comprehensive oral exam is covered once every 36 months
	Comprehensive dental services including restorative services, periodontics, and extractions*: 20% coinsurance for each service
	
	Out-of-network:
	Dental services (Medicare-covered): $65 copay per visit
	Preventive Dental Services include the following: 20% coinsurance for each service outlined below
	• Oral exam (2 per calendar year)
	• Cleaning (2 per calendar year)
	• Fluoride treatment (2 per calendar year)
	• Dental X-rays (1 set per calendar year)
	  ○ One vertical bitewing imaging, and one panoramic imaging is covered once every 36 months
	  ○ Intraoral occlusal imaging is covered twice every 24 months

Mass Advantage Premiere (PPO)	
	○ Intraoral-complete series is covered once every 36 months • Comprehensive oral exam is covered once every 36 months Comprehensive dental services including restorative services, periodontics, and extractions*: 20% coinsurance for each service *You should review your Evidence of Coverage (EOC) for additional details and coverage limits. There is an in-network and out-of-network combined plan benefit maximum of $2,000 each calendar year for comprehensive dental services.
Hearing Services	**In-network:** Hearing exam (Medicare-covered): $45 copay Routine and Hearing Aids services outlined below must be received from a NationsBenefits Hearing Health Care provider. Routine hearing exam: $0 copay (1 every calendar year) Entry Hearing Aids: $500 per hearing aid Basic Hearing Aids: $675 per hearing aid Prime Hearing Aids: $975 per hearing aid Preferred Hearing Aids: $1,275 per hearing aid Advanced Hearing Aids: $1,575 per hearing aid Premium Hearing Aids: $1,975 per hearing aid Limit of 2 hearing aids per calendar year, (one per ear). **Out-of-network:** Hearing exam (Medicare-covered): $65 copay Routine and Hearing Aids services must be received from a NationsBenefits Hearing Health Care provider. Routine hearing exam: $65 copay (1 every calendar year) Hearing Aids: The same as in-network copays for the different types of hearing aids (as indicated above).
Vision Services	**In-network:** Vision exam (Medicare-covered): $45 copay per visit

Mass Advantage Premiere (PPO)	
	Routine and vision services outlined below must be received by an EyeQuest provider. Routine eye exam: $0 copay per visit (up to 1 every calendar year) **Out-of-network:** Vision exam (Medicare-covered): $65 copay per visit Routine eye exam: $65 copay per visit (up to 1 every calendar year) $200 combined in and out-of-network allowance every calendar year to use towards the purchase of contact lenses, eyeglass lenses, and eyeglass frames.
Flex Card	**In-network and Out-of-network:** Wallet: $400 – Fitness, weight management, nutritional/dietary, eyewear, mindfulness programs The flex card is preloaded with the full benefit amount and members choose where to use it. Members may pay a portion or the full cost of an item or buy a combination of items up to the allotted limit. Flex card is not eligible for cost sharing for covered benefits.
Transportation*	**In-network and Out-of-network:** $0 copay for 6 one-way rides per year for plan approved health-related locations. Members can use taxi, ridesharing, and medical transportation services under this benefit.
Over-the-Counter (OTC) Items	**In-network and Out-of-network:** You have $90 every quarter to spend on plan approved OTC items. OTC items must be ordered through NationsBenefits. 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.

Services with an * (asterisk) may require a prior authorization from your provider.

Mass Advantage Premiere (PPO)

PART D PRESCRIPTION DRUGS

Deductible Stage

$250 deductible for drugs on Tiers 3, 4 and 5

Initial Coverage Stage

You pay the following until your total yearly drug costs reach $5,030. Total yearly drug costs are the drug costs paid by both you and our Part D plan.

Standard Retail Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	$2 copay	$4 copay
Tier 2 (Generic)	$6 copay	$12 copay
Tier 3 (Preferred Brand)	$42 copay	$84 copay
Tier 4 (Non-Preferred Drug)	$95 copay	$190 copay
Tier 5 (Specialty Tier)	29% coinsurance	29% coinsurance

Standard Mail Order Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	$2 copay	$4 copay
Tier 2 (Generic)	$6 copay	$12 copay
Tier 3 (Preferred Brand)	$42 copay	$84 copay
Tier 4 (Non-Preferred Drug)	$95 copay	$190 copay
Tier 5 (Specialty Tier)	29% coinsurance	29% coinsurance

Your cost-sharing may be different if you use a Long-Term Care pharmacy, or an out-of-network pharmacy.

Insulin: Although all of the insulins covered by our plan are on Tier 3, what you pay is lower than our plan's Tier 3 copay. You pay $35 for a one-month supply of insulin. You pay this amount all year long until the Catastrophic Coverage stage.

Vaccines: You pay $0 for your vaccines that are covered under Part B (e.g. flu vaccines, COVID vaccine) and Part D (e.g. Shingrix) all year long.

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Coverage Gap Stage	Tiers 1 and 2 drugs: You continue to pay the copay amounts that apply during the Initial Coverage Stage. Tiers 3, 4, and 5 drugs: After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs (plus a portion of the dispensing fee) and 25% of the plan's cost for covered generic drugs until your costs total $8,000 which is the end of the coverage gap.
Catastrophic Stage	After your yearly out-of-pocket drug costs reach $8,000, you pay $0 for all covered Part D drugs for the remainder of the calendar year.

For more information, please contact:

Mass Advantage
PO Box 830059
Birmingham AL 35283
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 a Medicare Advantage organization with a Medicare contract offering HMO and PPO plans. 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 this number 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

MASS ADVANTAGE