

<b>Plans</b>	<b>Mass Advantage Premiere (PPO)</b>		<b>Mass Advantage Basic (HMO)</b>	<b>Medicare Advantage Plus (HMO)</b>
<b>Monthly Plan Premium</b>	<b>\$0 Monthly Premium</b>		<b>\$0 Monthly Premium</b>	<b>\$102 Monthly Premium</b>
<b>Benefits</b>	<b>In Network</b>	<b>Out of Network</b>	<b>In Network only</b>	<b>In Network only</b>
<b>Annual Wellness Visit</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Primary Care Physician (PCP) visit</b>	\$0 copay	\$20 copay	\$5 copay	\$10 copay
<b>Specialist Office Visit</b>	\$45 copay	\$65 copay	\$40 copay	\$20 copay
<b>Maximum Out of Pocket (MOOP)</b>	\$7,550	\$11,300 combined	\$7,550	\$3,450
<b>Inpatient Hospital Acute Admission</b>	\$335 copay each day for days 1-6 \$0 copay for days 7 and beyond	40% of the cost	\$335 copay each day for days 1-6 \$0 copay for days 7 and beyond	\$200 copay each day for days 1-5 \$0 copay for days 6 and beyond
<b>Outpatient Hospitals Service</b>	\$300 copay	40% of the cost	\$350 copay	\$150 copay
<b>Emergency Care</b>	\$90 copay (waived if admitted within 24 hours)	\$90 copay (waived if admitted within 24 hours)	\$90 copay (waived if admitted within 24 hours)	\$120 copay (waived if admitted within 24 hours)
<b>Urgent Care</b>	\$40 copay	\$40 copay	\$45 copay	\$15 copay
<b>Ambulance</b>	\$250 copay for each one-way Medicare covered trip	\$250 copay for each one-way Medicare covered trip	\$250 copay for each one-way Medicare covered trip	\$200 copay for each one-way Medicare covered trip
<b>Routine Eye Exam</b>	\$0 copay	\$65 copay	\$0 copay	\$0 copay
<b>Routine Hearing Exam</b>	\$0 copay	\$65 copay	\$0 copay	\$0 copay
<b>Dental Services</b>	2 routine preventive dental exams and cleanings per year \$0 copay Comprehensive dental at 20% co-insurance Combined maximum preventive/comprehensive benefit level of \$2,000	2 routine preventive dental exams and cleanings per year \$0 copay Comprehensive dental at 20% co-insurance Combined maximum preventive/comprehensive benefit level of \$2,000	2 routine preventive dental exams and cleanings per year \$0 copay Comprehensive dental at 50% co-insurance Combined maximum preventive/comprehensive benefit level of \$1,000	2 routine preventive dental exams and cleanings per year \$0 copay Comprehensive dental at 20% co-insurance Combined maximum preventive/comprehensive benefit level of \$1,000
<b>Eyewear Allowance</b>	Up to \$200 allowance annually in the EyeQuest network	Up to \$200 allowance annually	Up to \$200 allowance annually in the EyeQuest network	Up to \$200 allowance annually in the EyeQuest network
<b>Hearing Aid Coverage</b>	2 options available: \$595 copay per Standard aid \$895 copay per Premium aid	2 options available: \$595 copay per Standard aid \$895 copay per Premium aid	2 options available: \$595 copay per Standard aid \$895 copay per Premium aid	2 options available: \$595 copay per Standard aid \$895 copay per Premium aid
<b>Health Rewards</b>	Gym benefit offered at no cost to members	Gym benefit offered at no cost to members	Gym benefit offered at no cost to members	Gym benefit offered at no cost to members
<b>Over-the-Counter Allowance</b>	\$50 per quarter, 1 order per quarter shipped to your home	\$50 per quarter, 1 order per quarter shipped to your home	\$50 per quarter, 1 order per quarter shipped to your home	\$100 per quarter, 1 order per quarter shipped to your home

### Prescription Drug Benefit

<b>Annual Prescription Drug Deductible</b>	\$320 Tier 3, Tier 4 & Tier 5 Part D prescription drugs only	\$320 Tier 3, Tier 4 & Tier 5 Part D prescription drugs only	\$250 Tier 3, Tier 4 & Tier 5 Part D prescription drugs only	\$225 Tier 3, Tier 4 & Tier 5 Part D prescription drugs only
<b>Tier 1 Preferred Generic (30/60/90 retail/mail order) \$2/\$4/\$6</b>	\$2/\$4/\$6	\$2/\$4/\$6	\$0/\$0/\$0	\$0/\$0/\$0
<b>Tier 2 Generic (30/60/90 retail)</b>	\$6/\$12/\$18	\$6/\$12/\$18	\$4/\$8/\$12	\$4/\$8/\$12
<b>Tier 3 Preferred Brand (30/60/90 retail)</b>	\$42/\$84/\$126	\$42/\$84/\$126	\$47/\$94/\$141	\$47/\$94/\$141
<b>Tier 4 Non-Preferred Drug (30/60/90 retail)</b>	\$95,\$190/\$285	\$95,\$190/\$285	\$100, \$200, \$300	\$100, \$200, \$300
<b>Tier 5 Specialty (30/60/90 retail)</b>	27% coinsurance	27% coinsurance	28% coinsurance	29% coinsurance

*This information is not a complete description of benefits. Please see the Summary of Benefits and the Evidence of Coverage for complete information.*