

Plans	Mass Advantage Premiere (PPO)		Mass Advantage Basic (HMO)	Medicare Advantage Plus (HMO)
Monthly Plan Premium	\$0 Monthly Premium		\$0 Monthly Premium	\$102 Monthly Premium
Benefits	In Network	Out of Network	In Network only	In Network only
Annual Wellness Visit	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Primary Care Physician (PCP) visit	\$0 copay	\$20 copay	\$5 copay	\$10 copay
Specialist Office Visit	\$45 copay	\$65 copay	\$40 copay	\$20 copay
Maximum Out of Pocket (MOOP)	\$7,550	\$11,300 combined	\$7,550	\$3,450
Inpatient Hospital Acute Admission	\$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
Outpatient Hospitals Service	\$300 copay	40% of the cost	\$350 copay	\$150 copay
Emergency Care	\$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)
Urgent Care	\$40 copay	\$40 copay	\$45 copay	\$15 copay
Ambulance	\$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
Routine Eye Exam	\$0 copay	\$65 copay	\$0 copay	\$0 copay
Routine Hearing Exam	\$0 copay	\$65 copay	\$0 copay	\$0 copay
Dental Services	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
Eyewear Allowance	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
Hearing Aid Coverage	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
Health Rewards	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
Over-the-Counter Allowance	\$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				
Annual Prescription Drug Deductible	\$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
Tier 1 Preferred Generic (30/60/90 retail/mail order) \$2/\$4/\$6	\$2/\$4/\$6	\$2/\$4/\$6	\$0/\$0/\$0	\$0/\$0/\$0
Tier 2 Generic (30/60/90 retail)	\$6/\$12/\$18	\$6/\$12/\$18	\$4/\$8/\$12	\$4/\$8/\$12
Tier 3 Preferred Brand (30/60/90 retail)	\$42/\$84/\$126	\$42/\$84/\$126	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4 Non-Preferred Drug (30/60/90 retail)	\$95,\$190/\$285	\$95,\$190/\$285	\$100, \$200, \$300	\$100, \$200, \$300
Tier 5 Specialty (30/60/90 retail)	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.