



Information You've Requested is Enclosed

Thank you for your interest in our Medicare Advantage plan, Mass Advantage.

Mass Advantage is a local plan, created by local people for local people here in Central Massachusetts and exclusively offered to the residents of Worcester County. Mass Advantage is a plan that provides access to the largest health care system in Central Massachusetts, UMass Memorial Health, and other healthcare providers.

Love My Plan

Mass Advantage offers a choice of three plans, including PPO and HMO options with \$0 premium. All three plans provide benefits beyond the basic Medicare coverage. Mass Advantage's comprehensive coverage extends to include coverage for prescription drugs, dental services, telehealth, vision (including eyewear), hearing care (including hearing aids), over-the-counter ("OTC") allowance, a fitness benefit and more.

Love My Service

There are additional no-cost features as well. Such as our dedicated Member Navigation team to make it easy for you to receive the support you need when you need it. They will help answer questions about your benefits, cost, scheduling appointments & connect you to services offered with UMass Memorial Health and community resources too.

More Information and Support

Within you'll find more details and the information you need to decide on the right plan for you and get enrolled. If you'd like more, we're right here and pleased to be of further help. Please call us at 844-978-3921 (TTY:711). We are available October 1 - March 31, 8 a.m. - 8 p.m. 7 days a week and April 1 - September 30, 8 a.m. - 8 p.m. Monday - Friday.

Thank you again for interest in Mass Advantage!

Sincerely,

Maggie Mood,
Senior Director of Sales
Enclosures

Mass Advantage is a Medicare Advantage organization with a Medicare contract offering HMO and PPO plans. Enrollment in Mass Advantage depends on contract renewal. Other providers and physicians are available in our network.

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Mass Advantage Options Guide



MASS ADVANTAGE

Plan To Love Your Plan.™

You have CHOICES as a **MEDICARE BENEFICIARY**

If you have Medicare or will soon be eligible, you need to understand what it does and does not cover.

This brochure describes:

- basic options for how your Medicare benefits will be delivered
- your Medicare Advantage plan options with Mass Advantage

You can rely on Original Medicare (Parts A and B) alone to provide your coverage. However, it's important to know that **Original Medicare covers only about 80 percent of most people's medical expenses and does not include prescription drug coverage.** If you wanted prescription drug coverage, you'd have to buy a separate Medicare Part D drug plan.*

You can choose a Medicare Advantage plan (Medicare Part C)

to provide all of the benefits you are entitled to under Medicare—plus extra benefits, which often **INCLUDE** Medicare Part D prescription drug coverage. Medicare Advantage plans are provided by companies with a Medicare contract. When you have a Medicare Advantage plan, you will not need to use your Medicare card to obtain medical services.

*** IMPORTANT:** If you're new to Medicare and you do not enroll for Part D prescription coverage when you first become eligible, you may be subject to a late-enrollment penalty. The cost of the late enrollment penalty depends on how long you went without Part D or creditable prescription drug coverage. Visit [medicare.gov](https://www.medicare.gov) for more details.

Parts of **ORIGINAL MEDICARE**

Original Medicare consists of **Part A** and **Part B**.



Part A is hospital coverage.

Part A helps cover your inpatient care in hospitals, including critical access hospitals and long-term care hospitals. Most people automatically get Part A without having to pay a monthly premium.



Part B is medical coverage.

Part B helps cover medical services like doctors' services and outpatient care when they are medically necessary. Most Medicare beneficiaries pay a monthly premium for Part B coverage.

OPTIONAL PARTS OF MEDICARE

Medicare Part C and Part D are important options that can help you pay some of the out-of-pocket costs not covered by Original Medicare.



Part C is also known as Medicare Advantage.

Medicare Advantage plans (Part C) include all of your Part A and Part B coverage, as well as extra benefits. For some Medicare Advantage plans, you pay a monthly premium.



Part D is prescription drug coverage.

Part D coverage is designed to help lower your prescription drug costs. Part D coverage is available in standalone plans or may be included with a Medicare Advantage plan.

**Mass Advantage has a contract with Medicare to provide
Part C and Part D coverage in Worcester County.**

THE ADVANTAGE OF **MEDICARE ADVANTAGE**

Medicare Advantage organizations such as **Mass Advantage** have a contract with the federal government to provide all of your Medicare benefits in one simple plan.

When you enroll in **a Medicare Advantage plan**, you are still in Medicare, although you won't have to use your red, white and blue Medicare card to obtain services.

Your **Medicare Advantage** plan will provide all of your Part A (hospital) and Part B (medical) coverage and other medically necessary services.

Many **Medicare Advantage** plans include your Medicare Part D prescription drug coverage, as well as additional benefits.

Medicare Advantage plans are often an affordable option to help lower out-of-pocket costs.

THE ADVANTAGE OF **MASS ADVANTAGE**

Introducing Mass Advantage



MASS ADVANTAGE

Mass Advantage is a Medicare Advantage plan created by local people for local people. It's a plan that provides access to the largest health care system in Central Massachusetts - UMass Memorial Health.

We offer local coverage with HMO and PPO Medicare Advantage Prescription Drug plans for residents of Worcester County, Massachusetts.

- Access to more than 1,700 providers and physicians in the region
- Local hospitals
 - UMass Memorial Medical Center - (Worcester)
 - UMass Memorial Health - HealthAlliance - Clinton Hospital (Fitchburg, Clinton & Leominster)
 - UMass Memorial Health - Marlborough Hospital (Marlborough)
 - UMass Memorial Health - Harrington Hospital (Southbridge)
- Comprehensive coverage with a PPO and HMO Medicare Advantage options
- Committed to making healthcare better through innovation and by creating easier access to resources of UMass Memorial Health
- Mass Advantage is the only Medicare Advantage plan offering "Hospital at Home" care through UMass Memorial Health

PPO or HMO?

With Mass Advantage, you get the flexibility to choose a PPO or an HMO plan. With an HMO plan, you'll receive care from the Mass Advantage network locally. With the PPO plan, you can use the Mass Advantage network locally for in-network, plus you have the flexibility to use providers nationwide.

Whichever plan you choose, with a Mass Advantage plan, you'll get access to over 1,700 physicians and the resources and hospitals from UMass Memorial Health.

Other providers and physicians are available in our network.

MASS ADVANTAGE PLANS & BENEFITS

Benefit	Mass Advantage Basic (HMO) \$0 Premium	Mass Advantage Plus (HMO) \$102 Premium	Mass Advantage Premiere (PPO) \$0 Premium In-Network/Out-of-Network
Monthly Plan Premium	\$0	\$102	\$0
Annual Wellness Visit	\$0	\$0	\$0
Primary Care Physician (PCP) Visit	\$5 copay	\$10 copay	\$0/\$20 copay
Specialist Office Visit (in person or via Telehealth)	\$40 copay	\$20 copay	\$45/\$65 copay
Maximum Out of Pocket (MOOP)	\$7,550	\$3,450	\$7,550/\$11,300 combined
Inpatient Hospital, Acute Admission	\$335 copay each day for days 1 to 6 \$0 copay per day for days 7-beyond	\$200 copay each day for days 1 to 5 \$0 copay per day for days 6-beyond	\$335 copay each day for days 1 to 6 \$0 copay per day for days 7-beyond/40%
Outpatient Hospital Services	\$350 copay	\$150 copay	\$300 copay/40%
Emergency Care	\$90 copay (waived if admitted within 24 hours)	\$120 copay (waived if admitted within 24 hours)	\$90 copay (waived if admitted within 24 hours)
Urgent Care	\$45 copay	\$15 copay	\$40 copay
Ambulance	\$250 copay for each one-way Medicare-covered trip	\$200 copay for each one-way Medicare covered trip	\$250 copay for each one-way Medicare covered trip

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

MASS ADVANTAGE SUPPLEMENTAL BENEFITS

	Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
Dental Services	2 routine preventive dental exams and cleanings per year <ul style="list-style-type: none"> • Comprehensive dental at 50% coinsurance • Combined maximum preventive/comprehensive benefit level of \$1,000 	2 routine preventive dental exams and cleanings per year <ul style="list-style-type: none"> • Comprehensive dental at 20% coinsurance • Maximum comprehensive benefit level of \$1,000 	2 routine preventive dental exams and cleanings per year <ul style="list-style-type: none"> • Comprehensive dental at 20% coinsurance • Combined maximum preventive/comprehensive benefit level of \$2,000
Eyewear Allowance	Up to \$200 allowance annually	Up to \$200 allowance annually	Up to \$200 allowance annually
Hearing Aid Coverage	2 options available: <ul style="list-style-type: none"> • \$595 copay per hearing aid • \$895 copay per hearing aid Limit 2 per year	2 options available: <ul style="list-style-type: none"> • \$595 copay per hearing aid • \$895 copay per hearing aid Limit 2 per year	2 options available: <ul style="list-style-type: none"> • \$595 copay per hearing aid • \$895 copay per hearing aid Limit 2 per year
Health Rewards	Gym benefit offered at no additional cost to members	Gym benefit offered at no additional cost to members	Gym benefit offered at no additional cost to members
Over-the-Counter Allowance	Up to \$50 per quarter	Up to \$100 per quarter	Up to \$50 per quarter

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



MASS ADVANTAGE

Plan To Love Your Plan.

MASS ADVANTAGE PRESCRIPTION DRUG BENEFITS

Coverage Limit	Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
Annual Prescription Drug deductible	\$250 annual deductible for Tier 3, Tier 4, & Tier 5 Part D prescription drugs only	\$225 annual deductible for Tier 3, Tier 4, & Tier 5 Part D prescription drugs only	\$320 annual deductible for Tier 3, Tier 4, & Tier 5 Part D prescription drugs only
Initial Coverage After your yearly deductible, you pay the following until your total yearly drug costs paid by both you and Mass Advantage reach \$4,430 30/60/90 days			
Tier 1 (Preferred Generic)	\$0/\$0/\$0 copay	\$0/\$0/\$0 copay	\$2/\$4/\$6 copay
Tier 2 (Generic)	\$4/\$8/\$12 copay	\$4/\$8/\$12 copay	\$6/\$12/\$18 copay
Tier 3 (Preferred Brand)	\$47/\$94/\$141 copay	\$47/\$94/\$141 copay	\$42/\$84/\$126 copay
Tier 4 (Non-Preferred Drug)	\$100/\$200/\$300 copay	\$100/\$200/\$300 copay	\$95/\$190/\$285 copay
Tier 5 (Specialty)	28% coinsurance Retail & Mail Order	29% coinsurance Retail & Mail Order	27% coinsurance Retail & Mail Order
Coverage Gap		Most Medicare drug plans have a coverage gap, also known as the "donut hole." If you and your plan spend \$4,430, you're in the Coverage Gap. Not all people reach the Coverage Gap, but if you do, you'll generally be responsible for 25% of brand name drugs and 75% of generic drugs. You're in the Coverage Gap until you and your plan spend \$7,050 for covered Part D drugs.	
Catastrophic Coverage		If you and your plan spend \$7,050 in covered Part D drugs, you would be at Catastrophic Coverage. At this point, you'll be responsible to pay 5% or \$3.95 for generic drugs, whichever is greater. For all other drugs, your responsibility is 5% or \$9.85 copay, whichever is greater.	

This information is not a complete description of benefits. Please see the Summary of Benefits and the Evidence of Coverage for complete information. Different out of pocket cost may apply for people who have limited incomes, live in long term care facilities or have access to Indian/Tribal/Urban (Indian Health Services) providers.

And there is
MORE...

These innovations provided through
UMass Memorial Health will have you saying...

LOVE MY SERVICE

Member Navigators

- Appointment scheduling with primary care physicians and specialists, fast.
- Your Member Navigator will be able to schedule an appointment for you with most UMass Memorial Health primary care physicians and specialists within 72 hours, sometimes less.

UMass Memorial's Hospital at Home Program

- Access to UMass Memorial Health's "Hospital at Home" program--a unique option for qualified members to receive hospital-level care within the comfort of their own homes.

Exceptional care, close to home

- Access to the latest technology, clinical advances and our region's most respected healthcare resources.

When can I enroll in a **MASS ADVANTAGE PLAN?**

ANNUAL ENROLLMENT PERIOD

Except under special circumstances, Medicare beneficiaries may choose or change Part C or Part D plans each fall, from October 15 through December 7. This is the Annual Enrollment Period (AEP). The choices you make during the AEP take effect January 1 of the upcoming year.



**Enrollment Period
BEGINS**



**Enrollment Period
ENDS**

**There are some specific exceptions
we'll cover on the next page.**

You may join a Part C or Part D plan at other times of the year, under certain circumstances, including:




INITIAL ENROLLMENT PERIOD

You may enroll in a Medicare Advantage or a Part D prescription drug plan 3 months before the month you turn 65. Your Initial Enrollment Period lasts for 7 months:

starting 3 months before the month you turn 65 and ending 3 months after the month you turn 65.



OTHER SPECIAL ENROLLMENT PERIODS

-  If you qualify for **Extra Help** paying for Medicare prescription drug coverage
-  If your current plan is terminated
-  If you move to a community not serviced by your current plan

How do I enroll in a **MASS ADVANTAGE PLAN?**

- 1** Call toll free **(844) 978-3921** to enroll over the phone
October 1 – March 31, 8 a.m. – 8 p.m. 7 days a week
April 1 – September 30, 8 a.m. – 8 p.m. Monday – Friday
- 2** Visit massadvantage.com to enroll online
- 3** Complete an enrollment form today

AFTER YOU ENROLL

- 1** Your authorized sales representative will submit your enrollment request to Mass Advantage, who will submit to the Centers for Medicare and Medicaid Services (CMS).
- 2** Within 15 days, Mass Advantage will contact you to confirm the details of your plan selection.
- 3** In about 10 days, you will receive your enrollment confirmation letter from Mass Advantage in the mail.
- 4** In a separate mailing from Mass Advantage, you will receive a welcome kit with:
 - ✓ Plan benefit information
 - ✓ Your member ID card

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Mass Advantage Options Guide

Call toll free (844) 978-3921 (TTY: 711)

October 1 – March 31, 8 a.m. – 8 p.m. 7 days a week
April 1 – September 30, 8 a.m. – 8 p.m. Monday – Friday

Or visit massadvantage.com



MASS ADVANTAGE

Plan To Love Your Plan.

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INTRODUCING MASS ADVANTAGE AND ALL THE REASONS YOU'LL SAY, “LOVE MY SERVICE.”

Mass Advantage gives you in-network access to the doctors, hospitals, and other providers of UMass Memorial Health, the largest health care provider in Central Massachusetts. You'll enjoy benefits you can't get from any other plan. Plus, a dedicated Member Navigation team to make it easy for you to receive the support you need when you need it. They will help answer your questions about your benefits, cost, scheduling appointments & connect you to services offered by UMass Memorial Health and community resources too.

Need an appointment?

Help when you need it. Dedicated appointment navigators are available to help schedule appointments with UMass Memorial Health primary care physicians and specialists within 72 hours.

If you ever need it, you may be eligible for hospital-level care at home.

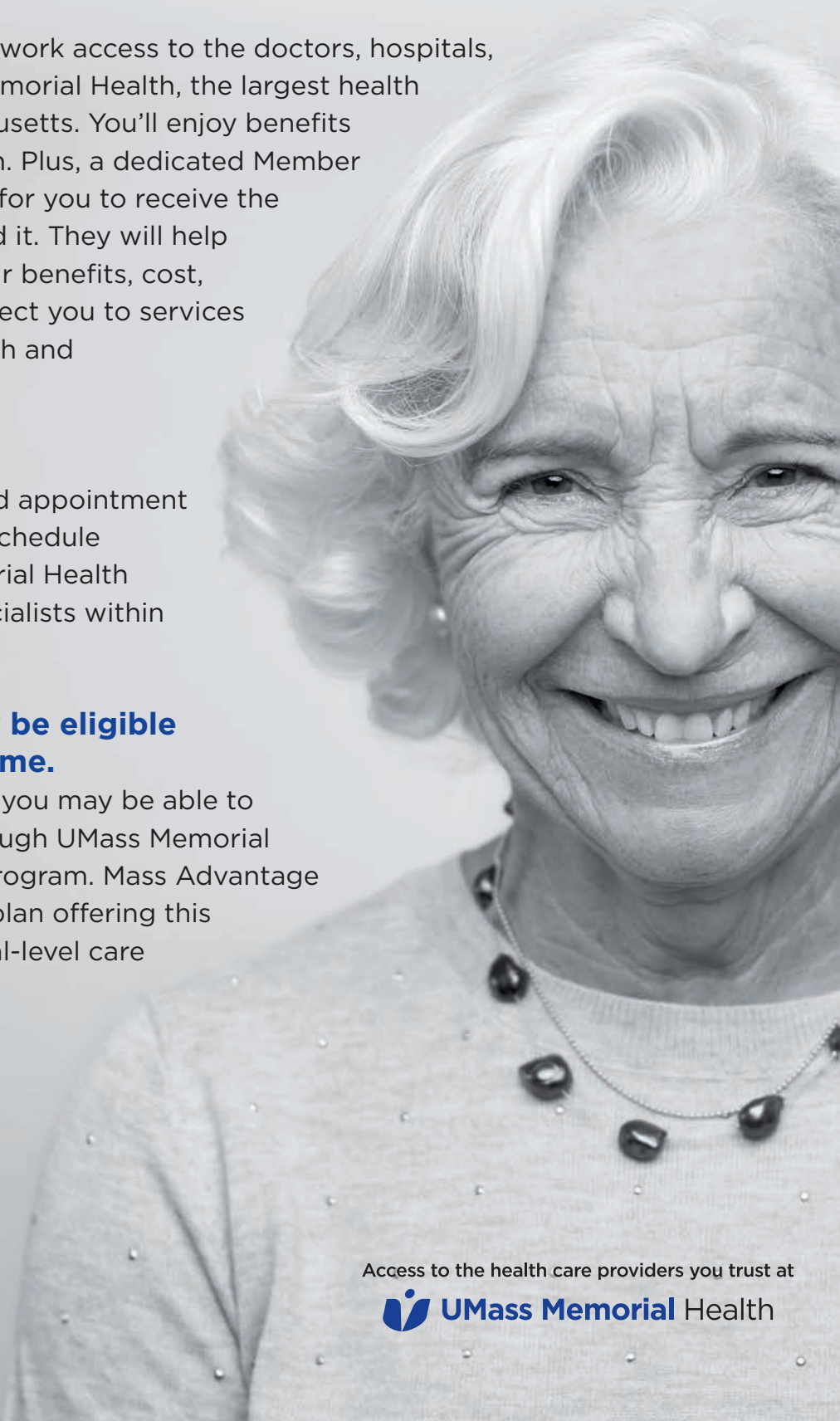
If you require hospital-level care, you may be able to receive it in your own home, through UMass Memorial Health's new *Hospital at Home* program. Mass Advantage is the only Medicare Advantage plan offering this innovative way to receive hospital-level care with UMass Memorial Health.



MASS ADVANTAGE

**For more information or to
enroll, call toll free
844-416-1048 (TTY: 711)**

Access to the health care providers you trust at



And many additional healthcare services are available through UMass Memorial Health.

- The latest technology, clinical advances and our region's most respected healthcare resources.
- UMass Memorial Medical Center, an academic medical center in Worcester, MA, as well as three community hospitals across the region, as well as, home health and hospice services, comprehensive behavioral health programs, and hundreds of community-based UMass Memorial doctors.
- High quality and state-of-the-art outpatient surgery services at The Surgery Center in Shrewsbury.
- Acclaimed specialists in heart and vascular care, orthopedics, cancer, diabetes, women's services, and more.
- Care recognized by US News & World Report as high performing in colon cancer surgery, aortic valve surgery, heart bypass surgery, and heart failure.
- Care recognized by Healthgrades with the following awards: Critical Care Excellence Award, Coronary Intervention Excellence Award, America's 100 Best Hospitals for Cardiac Care Award, and America's 50 Best Hospitals for Cardiac Surgery Award.

**To request more information
or to enroll today, call
844-416-1048 (TTY: 711)**

October 1 - March 31,
8 a.m. - 8 p.m. 7 days a week
April 1 - September 30,
8 a.m. - 8 p.m. Monday - Friday



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2022

OVER-THE-COUNTER BENEFIT

A Benefit at **NO COST TO YOU!**



ORDER OVER-THE-COUNTER (OTC) PRODUCTS TO BE HEALTHY AT HOME.

Your OTC Benefit allows you to order from hundreds of useful items that can be mailed directly to your home. There is a wide range of products available and ordering is quick and easy. You can order online by going to our website, through the OTC-Anywhere mobile app, by mailing in the order form provided in your catalog, or by just calling us at the OTC Fulfillment Center.

A BRIEF SAMPLE OF YOUR AVAILABLE OVER-THE-COUNTER PRODUCTS

ALLERGY (Allergy Tablets, Nasal Spray)	FIRST AID (Hydrogen Peroxide, Adhesive Bandages)
BATHROOM SAFETY & FALL PREVENTION (Non-Skid Bath Mat, Handheld Shower Head)	INCONTINENCE SUPPLIES (Disposable Underwear, Underpads)
DENTAL & DENTURE CARE (Pepsodent Toothpaste, Denture Brush)	PAIN RELIEVERS & FEVER REDUCERS (Acetaminophen, Ibuprofen)
DIABETES CARE (Diabetic Socks, Glucose Tablets)	SKIN & SUN CARE (Hand Sanitizer, Sunscreen Lotion)
DIAGNOSTICS (Thermometer, Blood Pressure Monitor)	SUPPORTS & BRACES (Back Support Elastic, Carpal Tunnel Brace)
EYE & EAR CARE (Artificial Tears Drops, Cotton Tipped Swabs)	VITAMINS & MINERALS (Multivitamin, Folic Acid)

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YOUR DENTAL BENEFIT

DentaQuest



MASS ADVANTAGE
Plan to love your plan.

Preventive cleanings and services help keep tabs on your dental health. They are also a great way to make the most of your dental benefit.

PRODUCT HIGHLIGHTS

- Visit the dentist for 2 oral exam visits each year
- 2 visits per year for cleanings and fluoride treatments with a \$0 copay
- No waiting periods



NETWORK

- Choose from over 200 dentists in Worcester County
- Specialists available including oral surgeons
- Dentists also available in surrounding counties
- Out-of-network coverage for Mass Advantage Premier PPO members



Benefit

How It Works

No Deductible

You won't need to pay a certain amount out of pocket before your dental benefits begin.

Comprehensive Benefits

Your plan covers 50-80% of major procedures like crowns, root canals, bridges and implants.

Tele-dentistry

This allows you to communicate with a dentist using technology.

Contact us at 844-918-0114 HMO or 844-915-0234 PPO or visit our member resources site at <https://secure.massadvantage.com/dental> to find a DentaQuest provider.



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. Mass Advantage is a Medicare Advantage organization with a Medicare contract offering HMO and PPO plans. Enrollment in Mass Advantage depends on contract renewal.

YOUR VISION BENEFIT

EyeQuest
A product of DentaQuest

Annual vision exams that cost you nothing. A \$200 allowance for eyeglasses. Standard contact lenses and specialty lens upgrades. Plus additional options for out-of-network services for Mass Advantage Premiere PPO plan members. Now your vision care is well-covered.



MASS ADVANTAGE
Plan to love your plan.

EYE CARE

- \$0 for annual routine In network vision exam
- Coverage begins on Day One
- Out-of-network coverage for Mass Advantage Premiere PPO plan members



EYEGLASSES

- \$200 allowance for routine eyeglasses or standard contact lenses
- Options for specialty lense upgrades



Benefit*

How It Works

Annual Eye Exam

Your no-cost annual eye exam can help identify many health conditions such as cataracts, glaucoma and more.

Allowance for Eyeglasses

If your frames and lenses cost more than the \$200 allowance, you will pay the difference.

Contact us at 844-918-0114 HMO or 844-915-0234 PPO or visit our member resources site at <https://secure.massadvantage.com/eyecare> to find a EyeQuest provider.



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**Benefits may vary based on plan selected*



Keep marching
to your own beat

Don't let hearing loss slow you down



Did you know?

1ST

Arthritis

2ND

Heart
Disease

3RD

Hearing
Loss

Hearing loss is the 3RD most common physical condition after arthritis and heart disease.¹

What causes hearing loss?

Hearing loss is caused by temporary obstructions in the outer or middle ear or permanent damage to the tiny hairs in the inner ear. Common causes of damage include exposure to noise, aging, other health conditions, and certain medications.

When should I get my hearing checked?

Hearing loss can come on so gradually that you may not even notice it's happening. In general, you should have your hearing screened every three to five years, and tested annually if you are over the age of 50 or experiencing any of the following:

- **Consistent exposure** to loud noises.
- **Difficulty understanding** in noisy environments or in groups.
- **Hearing mumbling** or feeling as though people are not speaking clearly.
- **ringing** in your ears.



MASS **ADVANTAGE**
Plan to love your plan.

amplifon Hearing
Health Care.

	Level 1	Level 2
	Over 200 hearing aid options with an average savings of 64% off retail pricing.*	
Average Manufacturer Suggested Retail Price (per ear)	\$2,145	\$2,842
Amplifon Price (per ear) includes hearing exam	\$595	\$895



Risk-Free Trial[†]

Find your right fit by trying your hearing aids for 60 days.

Complimentary Aftercare[‡]

Easy as 1-2-3

1-year follow-up care - ensures smooth transition to your new hearing aids

2-year battery support - battery supply or charging station to keep you powered

3-year warranty - coverage for loss, repairs, or damage

To learn more, call 888-706-2576/TTY: 763-268-4264 | Hours: Mon-Fri 8AM - 9PM EST or visit www.amplifonusa.com/lp/massadvantage

[†]www.cdc.gov/niosh/topics/ohl

[‡]You and your provider will determine the best device to meet your hearing loss, lifestyle, and technology needs.

[†]**Risk-free trial** - 100% money back guarantee if not completely satisfied, no return or restocking fees

[‡]**Follow-up care** - for one year following purchase. **Batteries** - two year supply of batteries (80 cells/ear/year) or one standard charger at no additional cost. **Warranty** - exclusions and limitations may apply. Contact Amplifon 888-706-2576/TTY: 763-268-4264 for details.

Hearing aids cannot restore natural hearing. Your experience will depend on the severity of your hearing loss, accuracy of evaluation, proper fit and ability to adapt to amplification.

Amplifon Hearing Health Care is solely responsible for the administration of hearing health care services, and its own financial and contractual obligations. Mass Advantage and Amplifon are independent, unaffiliated companies. The Amplifon Hearing Health Care discount program is not approved for use with any 3rd party payor program, including government and private third-party payor programs. Hearing services are administered by Amplifon Hearing Health Care, Corp. Mass Advantage is a Medicare Advantage organization with a Medicare contract offering HMO and PPO plans. Enrollment in Mass Advantage depends on contract renewal. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-659-7108 (TTY 763-268-4264). ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-659-7108 (TTY 736-268-4264). Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-659-7108 (TTY 763-268-4264).



Flexibility & Choice in Fitness

The no-cost Silver&Fit® program has Something for Everyone®. Eligible members can enjoy tools and features including:



8,000+ Digital Workout Videos

You can view yoga, strength, Pilates, walking, cardio, and many other workout videos at www.SilverandFit.com and through the Silver&Fit mobile app.



Home Fitness Kits

You can pick one kit per benefit year. Choose from Wearable Fitness Tracker, Pilates, Strength, Swim, and Yoga Kit options.*



Get Started Program

By answering a few online questions about your fitness level and goals, you can receive a personal exercise plan, including suggested workout videos.



Healthy Aging Coaching

You can work toward your fitness, nutrition, and lifestyle goals during scheduled phone sessions with a coach.



Standard Fitness Network Choices

You can work out at 16,500+ participating fitness centers or select YMCAs, many with exercise classes for older adults.



Member Resources

You can visit the online library of resources for exclusive articles and videos on healthy aging, healthy eating, staying active, and more.

You can also get Fit at Home™ with daily Facebook Live and YouTube workouts, available to the public at no cost. See the full class schedule at www.SilverandFit.com/Workouts.

For questions, call Mass Advantage at **(844) 918-0114 for HMO plans and (844) 915-0234 for PPO plans** (TTY/TDD: 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.

*Once selected, **Home Fitness Kits cannot be exchanged.**

The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Please talk to a doctor before starting or changing an exercise routine. All programs and services are not available in all areas. The people in this piece are not Silver&Fit members. Silver&Fit, Something for Everyone, Fit at Home, and the Silver&Fit logo are trademarks of ASH. Limitations and restrictions may apply. Other names and logos may be trademarks of their respective owners. Kits are subject to change. Participating facilities and fitness chains may vary by location and are subject to change.

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Summary of **BENEFITS**

MASS ADVANTAGE PREMIERE (PPO)



MASS **ADVANTAGE**

2022 Summary of Benefits

Mass Advantage Premiere (PPO)
H9904 001

January 1, 2022 – December 31, 2022

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 <https://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 <https://www.MassAdvantage.com>.

This Mass Advantage Medicare 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.

Mass Advantage Premiere (PPO)

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

Monthly Plan Premium	<p>\$0</p> <p>You must continue to pay your Medicare Part B premium.</p>
Deductible	<p>Medical Deductible: Not Applicable</p> <p>Prescription Drug Deductible: \$320 deductible for Tiers 3, 4, and 5</p>
Maximum Out-of-Pocket Responsibility	<p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$7,550 for services you receive from in-network providers • \$11,300 combined in and out-of-network annually <p>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.</p> <p>Not all services apply to the Maximum Out-of-Pocket. Please refer to the Evidence of Coverage for more information.</p>

COVERED MEDICAL AND HOSPITAL BENEFITS

Inpatient Hospital Coverage*	<p>In-network:</p> <p>Days 1 – 6: \$335 copay per day</p> <p>Days 7 – beyond: \$0 copay per day</p> <p>Out-of-network:</p> <p>40% coinsurance per stay</p>
Outpatient Hospital Coverage*	<p>In-network:</p> <p>Outpatient Hospital: \$300 copay per stay</p> <p>Observation Services: \$300 copay per stay</p> <p>Out-of-network:</p> <p>40% coinsurance per stay</p>
Doctor Visits	<p>In-network:</p> <p>Primary Care: \$0 copay per visit</p> <p>Specialist: \$45 copay per visit</p>

Mass Advantage Premiere (PPO)

	<p>Out-of-network:</p> <p>Primary Care: \$20 copay per visit</p> <p>Specialist: \$65 copay per visit</p>
Preventive Care	<p>In-network and Out-of-network:</p> <p>You pay nothing for all preventive services covered under Original Medicare at zero cost sharing.</p>
Emergency Care	<p>In-network and Out-of-network:</p> <p>\$90 copay per visit</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p> <p>Worldwide Emergency Coverage: \$90 copay per visit</p> <p>\$25,000 plan limit per occurrence for the combined unforeseen event outside of the United States.</p>
Urgently Needed Services	<p>In-network and Out-of-network:</p> <p>\$40 copay per visit</p>
Diagnostic Services/ Labs/Imaging*	<p>In-network:</p> <p>Lab services: \$5 copay</p> <p>Diagnostic tests and procedures: \$20 copay</p> <p>Outpatient X-ray services: \$15 copay</p> <p>Diagnostic Radiology services (such as, MRI, MRA, CT, PET): \$200 copay</p> <p>Out-of-network:</p> <p>Lab services: 40% coinsurance</p> <p>Diagnostic tests and procedures: 40% coinsurance</p> <p>Outpatient X-ray services: 40% coinsurance</p> <p>Diagnostic Radiology services (such as, MRI, MRA, CT, PET): 40% coinsurance</p>
Hearing Services	<p>In-network:</p> <p>Hearing exam (Medicare-covered): \$45 copay</p> <p>Routine hearing exam: \$0 copay (1 every calendar year)</p> <p>Standard Hearing aid: \$595 copay per hearing aid</p>

Mass Advantage Premiere (PPO)

	<p>Premium Hearing aid: \$895 copay per hearing aid</p> <p>Limit of 2 hearing aids per calendar year, 1 per ear. You must see an Amplifon Hearing Health Care provider to use this benefit. Call Member Services for additional information about the network or visit https://www.MassAdvantage.com</p> <p>Out-of-network:</p> <p>Hearing exam (Medicare-covered): \$65 copay</p> <p>Routine hearing exam: \$65 copay (1 every calendar year)</p>
<p>Dental Services</p>	<p>In-network:</p> <p>Dental services (Medicare-covered): \$45 copay per visit</p> <p>Preventive Dental Services from a DentaQuest provider: \$0 copay</p> <ul style="list-style-type: none"> • Oral exam (up to 2 visits every year) • Cleaning (up to 2 visits every year) • Fluoride treatment (up to 2 visits per year) • Dental X-rays (1 per year) <p>Comprehensive dental services: 20% coinsurance for diagnostic and restorative services, endodontics, periodontics, extractions, prosthodontics, and other oral/maxillofacial surgery.</p> <p>Out-of-network:</p> <p>Dental services (Medicare-covered): \$65 copay per visit</p> <p>Preventive Dental Services: \$0 copay</p> <ul style="list-style-type: none"> • Oral exam (up to 2 visits every year) • Cleaning (up to 2 visits every year) • Fluoride treatment (up to 2 visits per year) • Dental X-rays (1 per year) <p>Comprehensive dental services: 20% coinsurance for diagnostic and restorative services, endodontics, periodontics, extractions, prosthodontics, and other oral/maxillofacial surgery.</p> <p>There is an in-network and out-of-network combined plan benefit maximum of \$2,000 each calendar year for preventive and comprehensive dental services.</p>
<p>Vision Services</p>	<p>In-network:</p> <p>Vision exam (Medicare-covered): \$45 copay per visit</p>

Mass Advantage Premiere (PPO)

	<p>Routine eye exam: \$0 copay per visit (up to 1 every calendar year)</p> <p>Routine eyewear: up to \$200 allowance combined in and out-of-network allowance every calendar year</p> <p>You must see a EyeQuest (a product of DentaQuest) vision provider to use this benefit.</p> <p>Out-of-network:</p> <p>Vision exam (Medicare-covered): \$65 copay per visit</p> <p>Routine eye exam: \$65 copay per visit (up to 1 every calendar year)</p> <p>Routine eyewear: up to \$200 allowance combined in and out-of-network allowance every calendar year</p>
<p>Mental Health Services*</p>	<p>In-network:</p> <p>Outpatient group therapy: \$40 copay per visit</p> <p>Outpatient individual therapy: \$40 copay per visit</p> <p>Inpatient Mental Health Care:</p> <p>Days 1 – 6: \$310 per day</p> <p>Days 7 – 90: \$0 per day</p> <p>Out-of-network:</p> <p>Outpatient group therapy: \$65 copay per visit</p> <p>Outpatient individual therapy: \$65 copay per visit</p> <p>Inpatient Mental Health Care: 40% coinsurance per visit</p>
<p>Skilled Nursing Facility (SNF)*</p>	<p>In-network:</p> <p>Days 1-20: \$0 copay per day</p> <p>Day 21-44: \$160 copay per day</p> <p>Day 45-100: \$0 copay per day</p> <p>Out-of-network:</p> <p>20% coinsurance per day</p>
<p>Outpatient Rehabilitation*</p>	<p>In-network:</p> <p>Occupational therapy: \$40 copay per visit</p> <p>Speech and language therapy: \$40 copay per visit</p> <p>Physical therapy: \$10 copay per visit</p>

Mass Advantage Premiere (PPO)

	<p>Out-of-network:</p> <p>Occupational therapy: \$65 copay per visit</p> <p>Speech and language therapy: \$65 copay per visit</p> <p>Physical therapy: \$65 copay per visit</p>
Ambulance	<p>In-network and Out-of-network:</p> <p>Ground Ambulance: \$250 copay (per one-way trip)</p> <p>Air Ambulance: \$250 copay</p> <p>If you are admitted to the hospital, you do not have to pay your share of the cost for ambulance services.</p>
Transportation	Not covered
Medicare Part B Drugs*	<p>In-network and Out-of-network:</p> <p>Chemotherapy drugs: 20% coinsurance</p> <p>Other Part B drugs: 20% coinsurance</p>

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

Mass Advantage Premiere (PPO)

PART D PRESCRIPTION DRUGS

Deductible Stage Prescription Drug Deductible: \$320 deductible for Tiers 3, 4 and 5

Initial Coverage Stage You pay the following until your total yearly drug costs reach \$4,430. 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	\$6 copay
Tier 2 (Generic)	\$6 copay	\$18 copay
Tier 3 (Preferred Brand)	\$42 copay	\$126 copay
Tier 4 (Non-Preferred Drug)	\$95 copay	\$285 copay
Tier 5 (Specialty Tier)	27% coinsurance	27% coinsurance

Standard Mail Order

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$2 copay	\$6 copay
Tier 2 (Generic)	\$6 copay	\$18 copay
Tier 3 (Preferred Brand)	\$42 copay	\$126 copay
Tier 4 (Non-Preferred Drug)	\$95 copay	\$285 copay
Tier 5 (Specialty Tier)	27% coinsurance	27% coinsurance

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

Coverage Gap Stage The coverage gap begins after the yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,430.

Mass Advantage Premiere (PPO)

	After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$7,050, which is the end of the coverage gap.
Catastrophic Stage	After your yearly out-of-pocket drug costs reach \$7,050, you pay the greater of: <ul style="list-style-type: none"> • \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copay for all other drugs, or • 5% of the cost

ADDITIONAL BENEFITS

Over-the-Counter (OTC) Items	<p>In-network and Out-of-network:</p> <p>You have \$50 every quarter to spend on plan approved OTC items. OTC items must be ordered through Convey Health Solutions.</p> <p>You are allowed to order once per quarter. Any unused money will carry over to the next quarter but will not carry over to the next benefit year.</p> <p>Please visit https://www.MassAdvantage.com to see the list of covered over-the counter items.</p>
Chiropractic Care	<p>In-network:</p> <p>\$20 copay per visit</p> <p>Out-of-network:</p> <p>\$65 copay per visit</p>
Ambulatory Surgical Center*	<p>In-network:</p> <p>\$275 copay per visit</p> <p>Out-of-network:</p> <p>40% coinsurance per visit</p>
Telehealth Services	<p>In-network:</p> <p>Primary Care Physician Services: \$0 copay per visit</p> <p>Physician Specialist Services: \$0 copay per visit</p> <p>Out-of-network:</p> <p>Not covered</p>

Mass Advantage Premiere (PPO)

<p>Medical Equipment/ Supplies*</p>	<p>In-network:</p> <p>Durable Medical Equipment (e.g., wheelchairs, oxygen): 20% coinsurance</p> <p>Prosthetics (e.g., braces, artificial limbs): 20% coinsurance</p> <p>Diabetic supplies: 20% coinsurance from a preferred manufacturer -Preferred Manufacturers: Abbott and Lifescan</p> <p>Out-of-network:</p> <p>Durable Medical Equipment (e.g., wheelchairs, oxygen): 40% coinsurance</p> <p>Prosthetics (e.g., braces, artificial limbs): 40% coinsurance</p> <p>Diabetic supplies: 40% coinsurance</p>
<p>Wellness Programs</p>	<p>In-network and Out-of-network:</p> <p>Fitness program: \$0 copay</p> <p>The Silver&Fit® Healthy Aging and Exercise Program You pay nothing for this benefit.</p> <p>8,000+ on demand videos through the website and mobile app digital library, including the Silver&Fit Signature Series Classes®.</p> <p>Fitness Center Membership: You can visit participating fitness centers or YMCAs near you that takes part in the program. Many participating fitness centers may also offer low-impact classes focused on improving and increasing muscular strength and endurance, mobility, flexibility, range of motion, balance, agility, and coordination.</p> <p>One Home Fitness Kits per benefit year</p> <p>Healthy Aging Coaching sessions by telephone with a trained coach</p> <p>The Silver&Fit Connected™ tool for tracking your activity</p> <p>Online Healthy Aging classes.</p> <p>Online quarterly newsletter.</p> <p>***Non-standard services that call for an added fee are not part of the Silver&Fit program and will not be reimbursed.</p>

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

For more information, please contact:

Mass Advantage

PO Box 830059

Birmingham AL 35283

<https://www.MassAdvantage.com>

This document is available in other formats such as large print.

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: 1-844-614-0745 (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.

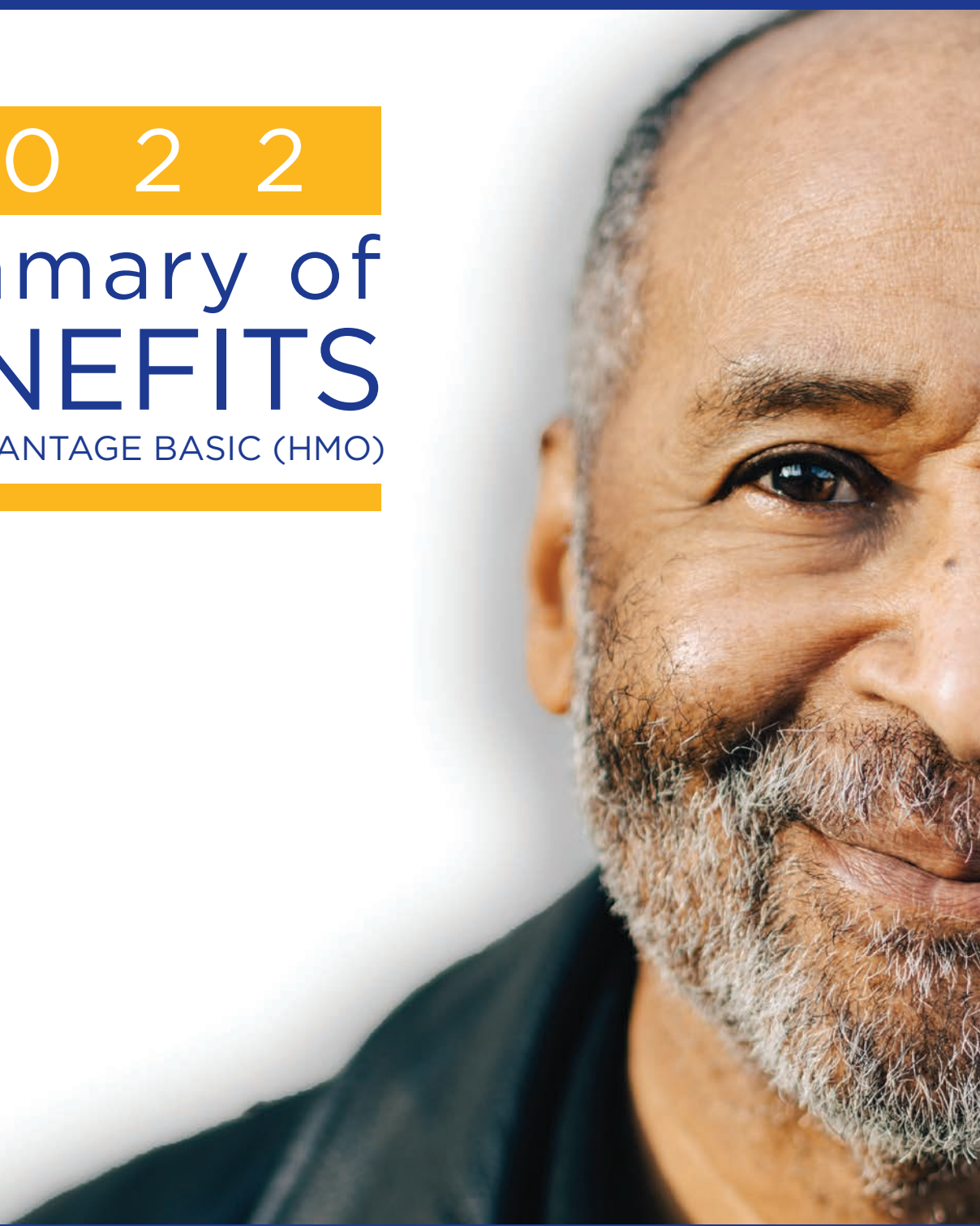
This information is not a complete description of benefits. Call 1-844-915-0234 (TTY: 711) for more information.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

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Summary of **BENEFITS**

MASS ADVANTAGE BASIC (HMO)



MASS **ADVANTAGE**



2022 Summary of Benefits

Mass Advantage Basic (HMO)
H7670 001

January 1, 2022 – December 31, 2022

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 <https://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

The Mass Advantage Medicare plan gives you access to our network of highly skilled medical providers in your area. You can look forward to choosing a primary care provider (PCP) to work with you and coordinate your care. You can ask for a current provider and pharmacy directory or, for an up-to-date list of network providers, visit <https://www.MassAdvantage.com>. (Please note that, except for emergency care, urgently needed care when you are out of the network, out-of-area dialysis services, and cases in which our plan authorizes use of out-of-network providers, if you obtain medical care from out-of-plan providers, neither Medicare nor Mass Advantage Medicare will be responsible for the costs.)

This Mass Advantage Medicare 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.

Mass Advantage Basic (HMO)

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	Medical Deductible: Not Applicable Prescription Drug Deductible: \$250 deductible for Tiers 3, 4, and 5
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) in this plan: <ul style="list-style-type: none"> \$7,550 for services you receive from in-network providers <p>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.</p> <p>Not all services apply to the Maximum Out-of-Pocket. Please refer to the Evidence of Coverage for more information.</p>

COVERED MEDICAL AND HOSPITAL BENEFITS

Inpatient Hospital Coverage*	Days 1 – 6: \$335 copay per day Days 7 – beyond: \$0 copay per day
Outpatient Hospital Coverage*	Outpatient Hospital: \$350 copay per stay Observation Services: \$350 copay per stay
Doctor Visits	Primary Care: \$5 copay per visit Specialist: \$40 copay per visit
Preventive Care	You pay nothing for all preventive services covered under Original Medicare at zero cost sharing.
Emergency Care	\$90 copay per visit If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. Worldwide Emergency Coverage: \$90 copay per visit \$25,000 plan limit per occurrence for the combined unforeseen event outside of the United States.
Urgently Needed Services	\$45 copay per visit

Mass Advantage Basic (HMO)

<p>Diagnostic Services/ Labs/Imaging*</p>	<p>Lab services: \$5 copay Diagnostic tests and procedures: \$30 copay Outpatient X-ray services: \$15 copay Diagnostic Radiology services (such as, MRI, MRA, CT, PET): \$250 copay</p>
<p>Hearing Services</p>	<p>Hearing exam (Medicare-covered): \$40 copay Routine hearing exam: \$0 copay (1 every calendar year) Standard Hearing aid: \$595 copay per hearing aid Premium Hearing aid: \$895 copay per hearing aid Limit of 2 hearing aids per calendar year, 1 per ear. You must see an Amplifon Hearing Health Care provider to use this benefit.</p>
<p>Dental Services</p>	<p>Dental services (Medicare-covered): \$40 copay per visit Preventive Dental Services from a DentaQuest provider: \$0 copay</p> <ul style="list-style-type: none"> • Oral exam (up to 2 visits every year) • Cleaning (up to 2 visits every year) • Fluoride treatment (up to 2 visits per year) • Dental X-rays (1 per year) <p>Comprehensive dental services: 50% coinsurance for diagnostic and restorative services, endodontics, periodontics, extractions, prosthodontics, and other oral/maxillofacial surgery.</p> <p>There is a maximum allowance of \$1,000 every calendar year; it applies to all preventive and comprehensive dental benefits.</p>
<p>Vision Services</p>	<p>Vision exam (Medicare-covered): \$40 copay per visit Routine eye exam: \$0 copay per visit (up to 1 every calendar year) Routine eyewear: up to \$200 allowance every calendar year You must see a EyeQuest (a product of DentaQuest) vision provider to use this benefit.</p>
<p>Mental Health Services*</p>	<p>Outpatient group therapy: \$40 copay per visit Outpatient individual therapy: \$40 copay per visit Inpatient Mental Health Care: Days 1 – 6: \$310 per day</p>

Mass Advantage Basic (HMO)

	Days 7 – 90: \$0 per day
Skilled Nursing Facility (SNF)*	Days 1-20: \$0 copay per day Day 21-44: \$160 copay per day Day 45-100: \$0 copay per day
Outpatient Rehabilitation*	Occupational therapy: \$40 copay per visit Speech and language therapy: \$40 copay per visit Physical therapy: \$10 copay per visit
Ambulance	Ground Ambulance: \$250 copay (per one-way trip) Air Ambulance: \$250 copay If you are admitted to the hospital, you do not have to pay your share of the cost for ambulance services.
Transportation	Not covered
Medicare Part B Drugs*	Chemotherapy drugs: 20% coinsurance Other Part B drugs: 20% coinsurance

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

Mass Advantage Basic (HMO)

PART D PRESCRIPTION DRUGS

Deductible Stage	Prescription Drug Deductible: \$250 deductible for Tiers 3, 4 and 5																																				
Initial Coverage Stage	<p>You pay the following until your total yearly drug costs reach \$4,430. Total yearly drug costs are the drug costs paid by both you and our Part D plan.</p> <p>Standard Retail Cost-Sharing</p> <table border="1" data-bbox="444 615 1510 989"> <thead> <tr> <th>Tier</th> <th>One-month supply</th> <th>Three-month supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred Generic)</td> <td>\$0 copay</td> <td>\$0 copay</td> </tr> <tr> <td>Tier 2 (Generic)</td> <td>\$4 copay</td> <td>\$12 copay</td> </tr> <tr> <td>Tier 3 (Preferred Brand)</td> <td>\$47 copay</td> <td>\$141 copay</td> </tr> <tr> <td>Tier 4 (Non-Preferred Drug)</td> <td>\$100 copay</td> <td>\$300 copay</td> </tr> <tr> <td>Tier 5 (Specialty Tier)</td> <td>28% coinsurance</td> <td>28% coinsurance</td> </tr> </tbody> </table> <p>Standard Mail Order</p> <table border="1" data-bbox="444 1104 1510 1478"> <thead> <tr> <th>Tier</th> <th>One-month supply</th> <th>Three-month supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred Generic)</td> <td>\$0 copay</td> <td>\$0 copay</td> </tr> <tr> <td>Tier 2 (Generic)</td> <td>\$4 copay</td> <td>\$12 copay</td> </tr> <tr> <td>Tier 3 (Preferred Brand)</td> <td>\$47 copay</td> <td>\$141 copay</td> </tr> <tr> <td>Tier 4 (Non-Preferred Drug)</td> <td>\$100 copay</td> <td>\$300 copay</td> </tr> <tr> <td>Tier 5 (Specialty Tier)</td> <td>28% coinsurance</td> <td>28% coinsurance</td> </tr> </tbody> </table> <p>Your cost-sharing may be different if you use a Long-Term Care pharmacy, or an out-of-network pharmacy.</p>	Tier	One-month supply	Three-month supply	Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	Tier 2 (Generic)	\$4 copay	\$12 copay	Tier 3 (Preferred Brand)	\$47 copay	\$141 copay	Tier 4 (Non-Preferred Drug)	\$100 copay	\$300 copay	Tier 5 (Specialty Tier)	28% coinsurance	28% coinsurance	Tier	One-month supply	Three-month supply	Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	Tier 2 (Generic)	\$4 copay	\$12 copay	Tier 3 (Preferred Brand)	\$47 copay	\$141 copay	Tier 4 (Non-Preferred Drug)	\$100 copay	\$300 copay	Tier 5 (Specialty Tier)	28% coinsurance	28% coinsurance
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Mass Advantage Basic (HMO)

	generic drugs until your costs total \$7,050, which is the end of the coverage gap.
Catastrophic Stage	<p>After your yearly out-of-pocket drug costs reach \$7,050, you pay the greater of:</p> <ul style="list-style-type: none"> • \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copay for all other drugs, or • 5% of the cost

ADDITIONAL BENEFITS

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Chiropractic Care	\$20 copay per visit
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Wellness Programs	<p>Fitness program: \$0 copay</p> <p>The Silver&Fit® Healthy Aging and Exercise Program</p> <p>You pay nothing for this benefit.</p> <p>8,000+ on demand videos through the website and mobile app digital library, including the Silver&Fit Signature Series Classes®.</p> <p>Fitness Center Membership: You can visit participating fitness centers or YMCAs near you that takes part in the program.*** Many participating fitness centers may also offer low-impact classes focused on improving</p>

Mass Advantage Basic (HMO)

and increasing muscular strength and endurance, mobility, flexibility, range of motion, balance, agility, and coordination.

One Home Fitness Kits per benefit year

Healthy Aging Coaching sessions by telephone with a trained coach

The Silver&Fit Connected™ tool for tracking your activity

Online Healthy Aging classes.

Online quarterly newsletter.

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For more information, please contact:

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Birmingham AL 35283
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You must continue to pay your Medicare Part B premium.

This information is not a complete description of benefits. Call 1-844-918-0114 (TTY: 711) for more information.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

2 0 2 2

Summary of **BENEFITS**

MASS ADVANTAGE PLUS (HMO)



MASS **ADVANTAGE**

2022 Summary of Benefits

Mass Advantage Plus (HMO)
H7670 002

January 1, 2022 – December 31, 2022

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 <https://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

The Mass Advantage Medicare plan gives you access to our network of highly skilled medical providers in your area. You can look forward to choosing a primary care provider (PCP) to work with you and coordinate your care. You can ask for a current provider and pharmacy directory or, for an up-to-date list of network providers, visit <https://www.MassAdvantage.com>. (Please note that, except for emergency care, urgently needed care when you are out of the network, out-of-area dialysis services, and cases in which our plan authorizes use of out-of-network providers, if you obtain medical care from out-of-plan providers, neither Medicare nor Mass Advantage Medicare will be responsible for the costs.)

This Mass Advantage Medicare 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.

Mass Advantage Plus (HMO)

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

Monthly Plan Premium	<p>\$102</p> <p>You must continue to pay your Medicare Part B premium.</p>
Deductible	<p>Medical Deductible: Not Applicable</p> <p>Prescription Drug Deductible: \$225 deductible for Tiers 3, 4, and 5</p>
Maximum Out-of-Pocket Responsibility	<p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> \$3,450 for services you receive from in-network providers <p>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.</p> <p>Not all services apply to the Maximum Out-of-Pocket. Please refer to the Evidence of Coverage for more information.</p>

COVERED MEDICAL AND HOSPITAL BENEFITS

Inpatient Hospital Coverage*	<p>Days 1 – 5: \$200 copay per day</p> <p>Days 6 – beyond: \$0 copay per day</p>
Outpatient Hospital Coverage*	<p>Outpatient Hospital: \$150 copay per stay</p> <p>Observation Services: \$150 copay per stay</p>
Doctor Visits	<p>Primary Care: \$10 copay per visit</p> <p>Specialist: \$20 copay per visit</p>
Preventive Care	<p>You pay nothing for all preventive services covered under Original Medicare at zero cost sharing.</p>
Emergency Care	<p>\$120 copay per visit</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p> <p>Worldwide Emergency Coverage: \$120 copay per visit</p> <p>\$25,000 plan limit per occurrence for the combined unforeseen event outside of the United States.</p>

Mass Advantage Plus (HMO)

Urgently Needed Services	\$15 copay per visit
Diagnostic Services/ Labs/Imaging*	<p>Lab services: \$0 copay</p> <p>Diagnostic tests and procedures: \$5 copay</p> <p>Outpatient X-ray services: \$15 copay</p> <p>Diagnostic Radiology services (such as, MRI, MRA, CT, PET): \$250 copay</p>
Hearing Services	<p>Hearing exam (Medicare-covered): \$20 copay</p> <p>Routine hearing exam: \$0 copay (1 every calendar year)</p> <p>Standard Hearing aid: \$595 copay per hearing aid</p> <p>Premium Hearing aid: \$895 copay per hearing aid</p> <p>Limit of 2 hearing aids per calendar year, 1 per ear. You must see an Amplifon Hearing Health Care provider to use this benefit. Call Member Services for additional information about the network or visit https://www.MassAdvantage.com</p>
Dental Services	<p>Dental services (Medicare-covered): \$20 copay per visit</p> <p>Preventive Dental Services from a DentaQuest provider: \$0 copay</p> <ul style="list-style-type: none"> • Oral exam (up to 2 visits every year) • Cleaning (up to 2 visits every year) • Fluoride treatment (up to 2 visits per year) • Dental X-rays (1 per year) <p>Comprehensive dental services: 20% coinsurance for diagnostic and restorative services, endodontics, periodontics, extractions, prosthodontics, and other oral/maxillofacial surgery.</p> <p>There is a maximum allowance of \$1,000 every calendar year; it applies to all comprehensive dental benefits.</p>
Vision Services	<p>Vision exam (Medicare-covered): \$20 copay per visit</p> <p>Routine eye exam: \$0 copay per visit (up to 1 every calendar year)</p> <p>Routine eyewear: up to \$200 allowance every calendar year</p> <p>You must see a EyeQuest (a product of DentaQuest) vision provider to use this benefit.</p>
Mental Health Services*	Outpatient group therapy: \$20 copay per visit

Mass Advantage Plus (HMO)

	<p>Outpatient individual therapy: \$20 copay per visit</p> <p>Inpatient Mental Health Care:</p> <p>Days 1 – 5: \$200 per day</p> <p>Days 6 – 90: \$0 per day</p>
Skilled Nursing Facility (SNF)*	<p>Days 1-20: \$15 copay per day</p> <p>Day 21-44: \$75 copay per day</p> <p>Day 45-100: \$0 copay per day</p>
Outpatient Rehabilitation*	<p>Occupational therapy: \$35 copay per visit</p> <p>Speech and language therapy: \$20 copay per visit</p> <p>Physical therapy: \$10 copay per visit</p>
Ambulance	<p>Ground Ambulance: \$200 copay (per one-way trip)</p> <p>Air Ambulance: \$200 copay</p> <p>If you are admitted to the hospital, you do not have to pay your share of the cost for ambulance services.</p>
Transportation	Not covered
Medicare Part B Drugs*	<p>Chemotherapy drugs: 20% coinsurance</p> <p>Other Part B drugs: 20% coinsurance</p>

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

Mass Advantage Plus (HMO)

PART D PRESCRIPTION DRUGS

Deductible Stage	Prescription Drug Deductible: \$225 deductible for Tiers 3, 4 and 5																																				
Initial Coverage Stage	<p>You pay the following until your total yearly drug costs reach \$4,430. Total yearly drug costs are the drug costs paid by both you and our Part D plan.</p> <p>Standard Retail Cost-Sharing</p> <table border="1" data-bbox="446 615 1507 989"> <thead> <tr> <th>Tier</th> <th>One-month supply</th> <th>Three-month supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred Generic)</td> <td>\$0 copay</td> <td>\$0 copay</td> </tr> <tr> <td>Tier 2 (Generic)</td> <td>\$4 copay</td> <td>\$12 copay</td> </tr> <tr> <td>Tier 3 (Preferred Brand)</td> <td>\$47 copay</td> <td>\$141 copay</td> </tr> <tr> <td>Tier 4 (Non-Preferred Drug)</td> <td>\$100 copay</td> <td>\$300 copay</td> </tr> <tr> <td>Tier 5 (Specialty Tier)</td> <td>29% coinsurance</td> <td>29% coinsurance</td> </tr> </tbody> </table> <p>Standard Mail Order</p> <table border="1" data-bbox="446 1104 1507 1478"> <thead> <tr> <th>Tier</th> <th>One-month supply</th> <th>Three-month supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred Generic)</td> <td>\$0 copay</td> <td>\$0 copay</td> </tr> <tr> <td>Tier 2 (Generic)</td> <td>\$4 copay</td> <td>\$12 copay</td> </tr> <tr> <td>Tier 3 (Preferred Brand)</td> <td>\$47 copay</td> <td>\$141 copay</td> </tr> <tr> <td>Tier 4 (Non-Preferred Drug)</td> <td>\$100 copay</td> <td>\$300 copay</td> </tr> <tr> <td>Tier 5 (Specialty Tier)</td> <td>29% coinsurance</td> <td>29% coinsurance</td> </tr> </tbody> </table> <p>Your cost-sharing may be different if you use a Long-Term Care pharmacy, or an out-of-network pharmacy.</p>	Tier	One-month supply	Three-month supply	Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	Tier 2 (Generic)	\$4 copay	\$12 copay	Tier 3 (Preferred Brand)	\$47 copay	\$141 copay	Tier 4 (Non-Preferred Drug)	\$100 copay	\$300 copay	Tier 5 (Specialty Tier)	29% coinsurance	29% coinsurance	Tier	One-month supply	Three-month supply	Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	Tier 2 (Generic)	\$4 copay	\$12 copay	Tier 3 (Preferred Brand)	\$47 copay	\$141 copay	Tier 4 (Non-Preferred Drug)	\$100 copay	\$300 copay	Tier 5 (Specialty Tier)	29% coinsurance	29% coinsurance
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Coverage Gap Stage	<p>The coverage gap begins after the yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,430.</p> <p>After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered</p>																																				

Mass Advantage Plus (HMO)

	generic drugs until your costs total \$7,050, which is the end of the coverage gap.
Catastrophic Stage	<p>After your yearly out-of-pocket drug costs reach \$7,050, you pay the greater of:</p> <ul style="list-style-type: none"> • \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copay for all other drugs, or • 5% of the cost

ADDITIONAL BENEFITS

Over-the-Counter (OTC) Items	<p>You have \$100 every quarter to spend on plan approved OTC items. OTC items must be ordered through Convey Health Solutions.</p> <p>You are allowed to order once per quarter. Any unused money will carry over to the next quarter but will not carry over to the next benefit year.</p> <p>Please visit https://www.MassAdvantage.com to see the list of covered over-the counter items.</p>
Chiropractic Care	\$20 copay per visit
Ambulatory Surgical Center*	\$150 copay per visit
Telehealth Services	<p>Primary Care Physician Services: \$0 copay per visit</p> <p>Physician Specialist Services: \$0 copay per visit</p>
Medical Equipment/Supplies*	<p>Durable Medical Equipment (e.g., wheelchairs, oxygen): 20% coinsurance</p> <p>Prosthetics (e.g., braces, artificial limbs): 20% coinsurance</p> <p>Diabetic supplies: 20% coinsurance from a preferred manufacturer</p> <p>-Preferred Manufacturers: Abbott and Lifescan</p>
Wellness Programs	<p>Fitness program: \$0 copay</p> <p>The Silver&Fit® Healthy Aging and Exercise Program</p> <p>You pay nothing for this benefit.</p> <p>8,000+ on demand videos through the website and mobile app digital library, including the Silver&Fit Signature Series Classes®.</p> <p>Fitness Center Membership: You can visit participating fitness centers or YMCAs near you that takes part in the program. Many participating fitness centers may also offer low-impact classes focused on improving</p>

Mass Advantage Plus (HMO)

and increasing muscular strength and endurance, mobility, flexibility, range of motion, balance, agility, and coordination.

One Home Fitness Kits per benefit year

Healthy Aging Coaching sessions by telephone with a trained coach

The Silver&Fit Connected™ tool for tracking your activity

Online Healthy Aging classes.

Online quarterly newsletter.

***Non-standard services that call for an added fee are not part of the Silver&Fit program and will not be reimbursed.

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

NOTES

NOTES

For more information, please contact:

Mass Advantage
PO Box 830059
Birmingham AL 35283
<https://www.MassAdvantage.com>

This document is available in other formats such as large print.

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: 1-844-918-0114 (TTY: 711)

Prospective members should call: 1-844-614-0745 (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. Call 1-844-918-0114 (TTY: 711) for more information.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.



Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to Member Services at 1-844-918-0114 for HMO or 1-844-915-0234 for PPO (TTY:711).

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit <https://www.MassAdvantage.com> or call 1-844-918-0114 for HMO or 1-844-915-0234 for PPO (TTY:711) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2023.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

Mass Advantage is a Medicare Advantage organization with a Medicare contract offering HMO and PPO plans. Enrollment in Mass Advantage depends on contract renewal.



Exhibit 1: MODEL INDIVIDUAL ENROLLMENT REQUEST FORM TO ENROLL IN A MEDICARE ADVANTAGE PLAN (PART C)

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit [Medicare.gov](https://www.Medicare.gov) to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional — you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

Mass Advantage
PO Box 830059
Birmingham, AL 35283

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call Mass Advantage at:

Mass Advantage Basic (HMO) &
Mass Advantage Plus (HMO) 844-918-0114
Mass Advantage Premiere (PPO) 844-915-0234
TTY users can call 711.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a

Mass Advantage Basic (HMO) &
Mass Advantage Plus (HMO) 844-918-0114
Mass Advantage Premiere (PPO) 844-915-0234

TTY 711 a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

Section 1 – All fields on this page are required (unless marked optional)

Select the plan you want to join:

- Mass Advantage Basic (HMO) – \$0 per month
- Mass Advantage Plus (HMO) – \$102 per month
- Mass Advantage Premiere (PPO) – \$0 per month

FIRST name: _____ LAST name: _____ [Optional: Middle Initial]: _____

Birth date: (MM/DD/YYYY) _____ Sex: Male Female Phone number: _____
(____/____/____) (____)

Permanent Residence street address (Don't enter a PO Box): _____

City: _____ [Optional: County]: _____ State: _____ ZIP Code: _____

Mailing address, if different from your permanent address (PO Box allowed):

Street address: _____ City: _____ State: _____ ZIP Code: _____

Your Medicare information:

Medicare Number: _____ - _____ - _____

Answer these important questions:

Will you have other prescription drug coverage (like VA, TRICARE) in addition to Mass Advantage?

- Yes No

Name of other coverage: _____ Member number for this coverage: _____ Group number for this coverage: _____

IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Mass Advantage.
- By joining this Medicare Advantage Plan, I acknowledge that Mass Advantage will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my Mass Advantage coverage begins, I must get all of my medical and prescription drug benefits from Mass Advantage. Benefits and services provided by Mass Advantage and contained in my Mass Advantage "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Mass Advantage will pay for benefits or services that are not covered.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 - 1) This person is authorized under State law to complete this enrollment, and

2) Documentation of this authority is available upon request by Medicare.

Signature:

Today's date:

If you're the authorized representative, sign above and fill out these fields:

Name:

Address:

Phone number:

Relationship to enrollee:

Section 2 – All fields on this page are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Select one if you want us to send you information in a language other than English.

Spanish

Select one if you want us to send you information in an accessible format.

Braille Large print Audio CD

Please contact Mass Advantage Basic (HMO) & Mass Advantage Plus (HMO) at 844-918-0114 or Mass Advantage Premiere (PPO) at 844-915-0234 if you need information in an accessible format other than what's listed above. Our office hours are Sunday through Saturday, 8 AM to 8 PM EST for October 1 through March 31 and Monday through Friday, 8 AM to 8 PM EST for April 1 through September 30. TTY users can call 711.

Do you work? Yes No

Does your spouse work? Yes No

List your Primary Care Physician (PCP), clinic, or health center:

I want to get the following materials via email. Select one or more.

- Summary of Benefits Evidence of Coverage Formulary Utilization Management Forms
 Annual Notice of Change Provider Directory Pharmacy Directory

E-mail address:

Paying your plan premiums

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail: "Electronic Funds Transfer (EFT)", "check" or "money order" each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). DON'T pay Mass Advantage the Part D-IRMAA.

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.