



**For more information or to enroll in Mass Advantage:**

**Call toll-free  
(844) 450-0530 (TTY: 711)**

October 1 – March 31  
8 a.m. – 8 p.m. 7 days a week

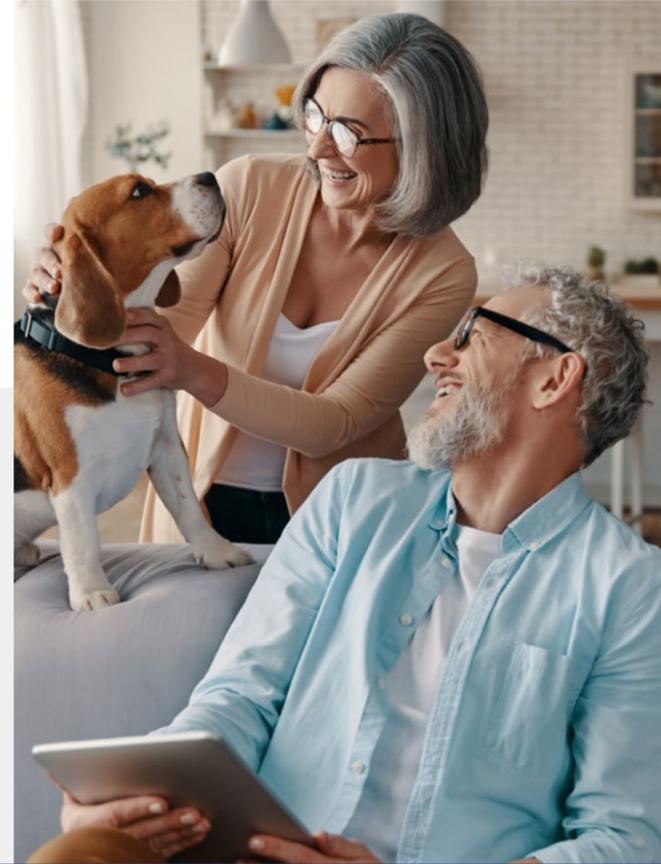
April 1 – September 30  
8 a.m. – 8 p.m. Monday – Friday

Or visit  
**MassAdvantage.com**

See inside for a brief overview of plans and benefits.

Mass Advantage was designed with the help of UMass Memorial Health providers to provide enhanced coordinated care and streamlined access to the resources of UMass Memorial Health – the largest health care system in Central Massachusetts.

Access to the health care providers you trust at  
**UMass Memorial Health**



**2 0 2 3**  
**PLANS & BENEFITS**



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.

H7670\_23620\_M Accepted  
H9904\_23621\_M Accepted

## Prescription Drug Benefits

Coverage Limit	Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
<b>Annual Prescription Drug Deductible</b>	\$195 annual deductible for Tier 3, Tier 4, & Tier 5 Part D prescription drugs only	\$0 annual deductible	\$250 annual deductible for Tier 3, Tier 4, & Tier 5 Part D prescription drugs only
	<b>Initial Coverage</b> After your yearly deductible, you pay the following until your total yearly drug costs paid by both you and Mass Advantage reach \$4,660 30/90 days		
<b>Tier 1</b> (Preferred Generic)	\$0/\$0 copay	\$0/\$0 copay	\$2/\$4 copay
<b>Tier 2</b> (Generic)	\$4/\$8 copay	\$4/\$8 copay	\$6/\$12 copay
<b>Tier 3</b> (Preferred Brand)	\$47/\$94 copay	\$47/\$94 copay	\$42/\$84 copay
<b>Tier 4</b> (Non-Preferred Brand)	\$100/\$200 copay	\$100/\$200 copay	\$95/\$190 copay
<b>Tier 5</b> (Specialty)	30% coinsurance Retail & Mail Order	33% coinsurance Retail & Mail Order	29% coinsurance Retail & Mail Order
	<b>Coverage Gap</b> You pay the following until you and your plan have paid a total of \$7,400 for covered Part D drugs.		
<b>Tier 1</b> (Preferred Generic)	\$0/\$0 copay	\$0/\$0 copay	\$2/\$4 copay
<b>Tier 2</b> (Generic)	\$4/\$8 copay	\$4/\$8 copay	\$6/\$12 copay
<b>Tier 3</b> (Preferred Brand)	While you are in the coverage gap:		
<b>Tier 4</b> (Non-Preferred Brand)	• You pay 25% of the retail cost of the medications in Tier 3, Tier 4 & Tier 5 (plus a portion of the dispensing fee) for brand name drugs		
<b>Tier 5</b> (Specialty)	• The pharmacy discount program will pay 75% of the medication cost. You will stay in the coverage gap until the pharmacy discount program reaches a combined total of \$7,400.		
	<b>Catastrophic Coverage</b> You pay the following for the remainder of the calendar year.		
<b>Generic Drugs</b> including Brand Name Drugs treated as Generic Drugs	Greater of 5% coinsurance or \$4.15 copayment		
<b>All Other Drugs</b>	Greater of 5% coinsurance or \$10.35 copayment		

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.

# Plans & Benefits

	Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO) In-network/Out-of-network
<b>Monthly Plan Premium</b>	\$0	\$100	\$0
<b>Annual Wellness Physical &amp; Wellness Exams</b>	\$0 copay	\$0 copay	\$0 copay
<b>Primary Care Physician (PCP) Visit</b>	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit
<b>Specialist Office Visit (in person or via Telehealth)</b>	\$40 copay per visit	\$20 copay per visit	\$45 / \$65 copay per visit Telehealth not covered out of network
<b>Maximum Out of Pocket (MOOP)</b>	\$6,500 yearly out of pocket limit	\$3,450 yearly out of pocket limit	\$6,550 / \$11,300 combined yearly out of pocket limit
<b>Inpatient Hospital, Acute Admission</b>	<ul style="list-style-type: none"> <li>\$370 copay each day for days 1 to 5</li> <li>\$0 copay per day for days 6 - beyond</li> </ul>	<ul style="list-style-type: none"> <li>\$150 copay each day for days 1 to 5</li> <li>\$0 copay per day for days 6 - beyond</li> </ul>	<ul style="list-style-type: none"> <li>\$350 copay each day for days 1 to 5 / 35%</li> <li>\$0 copay per day for days 6 - beyond</li> </ul>
<b>Outpatient Hospital Services - Ambulatory</b>	\$300 copay	\$150 copay	\$300 copay / 40%
<b>Emergency Care</b>	\$90 copay per visit (waived if admitted within 24 hours)	\$90 copay per visit (waived if admitted within 24 hours)	\$90 copay per visit (waived if admitted within 24 hours)
<b>Urgent Care</b>	\$10 copay per visit	\$0 copay per visit	\$40 copay per visit
<b>Ambulance</b>	\$300 copay for each one-way Medicare-covered trip	\$200 copay for each one-way Medicare-covered trip	\$275 copay for each one-way Medicare-covered trip
<b>Diagnostic Tests, X-rays and Lab Services</b>	<ul style="list-style-type: none"> <li>Diagnostic tests and procedures: \$20 copay</li> <li>Outpatient X-ray services: \$0 copay</li> <li>Lab services: \$0 copay</li> </ul>	<ul style="list-style-type: none"> <li>Diagnostic tests and procedures: \$0 copay</li> <li>Outpatient X-ray services: \$0 copay</li> <li>Lab services: \$0 copay</li> </ul>	<ul style="list-style-type: none"> <li>Diagnostic tests and procedures: \$20 copay / 40% coinsurance</li> <li>Outpatient X-ray services: \$0 copay/40% coinsurance</li> <li>Lab services: \$0 copay / 40% coinsurance</li> </ul>
<b>Dental Services</b>	<ul style="list-style-type: none"> <li>2 routine preventive dental exams and cleanings per year</li> <li>Comprehensive dental at 50% coinsurance</li> <li>\$1,000 annual comprehensive allowance</li> </ul>	<ul style="list-style-type: none"> <li>2 routine preventive dental exams and cleanings per year</li> <li>Comprehensive dental at 20% coinsurance</li> <li>\$1,500 annual comprehensive allowance</li> </ul>	<ul style="list-style-type: none"> <li>2 routine preventive dental exams and cleanings per year</li> <li>Comprehensive dental at 20% coinsurance</li> <li>\$2,000 annual comprehensive allowance</li> </ul>
<b>Routine Eye Exam, Vision Benefit</b>	<ul style="list-style-type: none"> <li>\$0 copay, 1 per year</li> <li>Up to \$200 allowance annually</li> </ul>	<ul style="list-style-type: none"> <li>\$0 copay, 1 per year</li> <li>Up to \$200 allowance annually</li> </ul>	<ul style="list-style-type: none"> <li>\$0/\$65 copay, 1 per year</li> <li>Up to \$200 allowance annually</li> </ul>
<b>Routine Hearing Exam, Hearing Aid Benefit</b>	<ul style="list-style-type: none"> <li>\$0 copay, 1 per year</li> <li>6 options available: ranging from \$500 - \$1,975 copay per hearing aid</li> <li>Limit 2 per year / 1 per ear</li> </ul>	<ul style="list-style-type: none"> <li>\$0 copay, 1 per year</li> <li>6 options available: ranging from \$500 - \$1,975 copay per hearing aid</li> <li>Limit 2 per year / 1 per ear</li> </ul>	<ul style="list-style-type: none"> <li>\$0/\$65 copay, 1 per year</li> <li>6 options available: ranging from \$500 - \$1,975 copay per hearing aid</li> <li>Limit 2 per year / 1 per ear</li> </ul>
<b>Over-the-Counter Allowance</b>	Up to \$50 per quarter	Up to \$100 per quarter	Up to \$50 per quarter
<b>Flex Card</b>	\$300 annual allowance for: <ul style="list-style-type: none"> <li>Fitness (gyms, wearables, online memberships)</li> <li>Weight management</li> <li>Nutritional / Dietary</li> <li>Vision upgrades</li> </ul>	\$500 annual allowance for: <ul style="list-style-type: none"> <li>Fitness (gyms, wearables, online memberships)</li> <li>Weight management</li> <li>Nutritional / Dietary</li> <li>Vision upgrades</li> </ul>	\$150 annual allowance for: <ul style="list-style-type: none"> <li>Fitness (gyms, wearables, online memberships)</li> <li>Weight management</li> <li>Nutritional / Dietary</li> <li>Vision upgrades</li> </ul>
<b>Parking*</b>	\$50 additional allowance with the Flex Card for qualifying members	\$50 additional allowance with the Flex Card for qualifying members	No coverage
<b>Personal Emergency Response System</b>	\$0 copay for device & monitoring	\$0 copay for device & monitoring	\$0 copay for device & monitoring
<b>In-Home Support</b>	12 hours annually	36 hours annually	No Coverage
<b>Post Discharge Meal Services</b>	14 days post discharge (28 meals)	14 days post discharge (28 meals)	No Coverage
<b>Transportation Services</b>	\$0 copay / 12 one-way rides	\$0 copay / 12 one-way rides	\$0 copay / 6 one-way rides

\*The parking benefit mentioned is part of special supplemental program for the chronically ill. Not all members qualify.