



MASS ADVANTAGE
Plan to love your plan.

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.

Introducing...

Mass Advantage, a Medicare Advantage Plan that gives you access to over 1,700 physicians, hospitals, and other resources from UMass Memorial Health.

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



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PLANS & BENEFITS



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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_WT22035_M Accepted
H9904_WT22036_M Accepted



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Member Navigators

- If you need a Primary Care Physician, a real person will help you find one within 48 hours and schedule your first appointment within 72 hours.
- Urgent appointments with most UMass Memorial Health specialists can be scheduled within 48 hours.

Hospital at Home

- If you need hospitalization, you may be able to receive hospital-level care in your home through UMass Memorial Health's Hospital at Home program.

Exceptional care, close to home

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



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PLANS	Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO) In-network/Out-of-network
	You pay	You pay	You pay
Monthly Plan Premium	\$0	\$102	\$0
Annual Wellness Visit	\$0 copay	\$0 copay	\$0 copay
Primary Care Physician (PCP) Visit	\$5 copay per visit	\$10 copay per visit	\$0/\$20 copay per visit
Specialist Office Visit (in person or via Telehealth)	\$40 copay per visit	\$20 copay per visit	\$45/\$65 copay per visit
Maximum Out of Pocket (MOOP)	\$7,550 yearly out of pocket limit	\$3,450 yearly out of pocket limit	\$7,550/\$11,300 combined yearly out of pocket limit
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 per visit (waived if admitted within 24 hours)	\$120 copay per visit (waived if admitted within 24 hours)	\$90 copay per visit (waived if admitted within 24 hours)
Urgent Care	\$45 copay per visit	\$15 copay per visit	\$40 copay per visit
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
Diagnostic Tests, X-rays and Lab Services	Diagnostic tests and procedures: \$30 copay Outpatient X-ray services: \$15 copay Lab services: \$5 copay	Diagnostic tests and procedures: \$5 copay Outpatient X-ray services: \$15 copay Lab services: \$0 copay	Diagnostic tests and procedures: \$20 copay/40% coinsurance Outpatient X-ray services: \$15 copay/40% coinsurance Lab services: \$5 copay/40% coinsurance
Skilled Nursing Facility (in a Medicare Certified Skilled Nursing Facility)	Days 1-20: \$0 copay per day Day 21-44: \$160 copay per day Day 45-100: \$0 copay per day	Days 1-20: \$15 copay per day Day 21-44: \$75 copay per day Day 45-100: \$0 copay per day	In-network: Days 1-20: \$0 copay per day Day 21-44: \$160 copay per day Day 45-100: \$0 copay per day Out-of-network: 20% coinsurance per day
Home Health Care	\$0 copay	\$0 copay	\$0 copay
Dental Services	2 routine preventive dental exams and cleanings per year Comprehensive dental at 50% coinsurance Combined maximum preventive/comprehensive benefit level of \$1,000	2 routine preventive dental exams and cleanings per year Comprehensive dental at 20% coinsurance Maximum comprehensive benefit level of \$1,000	2 routine preventive dental exams and cleanings per year Comprehensive dental at 20% coinsurance Combined maximum preventive/comprehensive benefit level of \$2,000
Routine Eye Exam, Vision benefit	\$0 copay, 1 per year Up to \$200 allowance annually	\$0 copay Up to \$200 allowance annually	\$0/\$50 copay Up to \$200 allowance annually
Routine Hearing Exam, Hearing Aid Benefit	\$0 copay 2 options available: \$595 copay per hearing aid \$895 copay per hearing aid Limit 2 per year	\$0 copay, 1 per year 2 options available: \$595 copay per hearing aid \$895 copay per hearing aid Limit 2 per year	\$0/\$65 copay, 1 per year 2 options available: \$595 copay per hearing aid \$895 copay per hearing aid Limit 2 per year
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 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.	

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 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.