



MASS ADVANTAGE

Plan to love your plan.



MEDICARE ADVANTAGE PLAN OPTIONS

Access to the health care providers you trust at



We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact [Medicare.gov](https://www.medicare.gov) or 1-800-MEDICARE, 24 hours a day/7 days a week to get information on all of your options.



Information You've Requested is Enclosed

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

Mass Advantage is a local Medicare Advantage plan, created for the residents of Worcester County. UMass Memorial Health providers helped design Mass Advantage to provide enhanced care coordination and streamlined access to the resources of UMass Memorial Health — the largest health care system in Central Massachusetts.



LOVE MY PLAN

Mass Advantage offers a choice of three plans, including HMO and PPO options with \$0 premium. All three plans provide benefits beyond the basic Medicare coverage. Mass Advantage's comprehensive coverage includes:

- Annual Physical Exam
- Annual Wellness Visit
- Prescription Drug Coverage
- Dental Services
- In Network Telehealth Visits
- Vision (including eyewear)
- Hearing Care (including hearing aids)
- Over-the-Counter ("OTC") Allowance
- Flex Card allowance to spend on any pre-approved categories
- and more



LOVE MY SERVICE

The **LOVE MY SERVICE** program is a dedicated team of Member Navigators — health plan specialists ready to assist you with all your Mass Advantage plan and care services.

- **Appointment Scheduling:** Member Navigators can book most primary care and specialty appointments so that you're in the office within 10 days or less from the day you call.

- **Getting the Most Out of Your Plan:** Member Navigators will answer your questions and fully explain your benefits, coverage and costs — all in just one call...with a real person!
- **Quick Access to Additional Services:** Health goes well beyond the doctor's office. Member Navigators will help connect you to helpful resources like city-based programs, arrange fully covered transportation for non-urgent care, and so much more.

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, 8:00 a.m. – 8:00 p.m. 7 days a week and April 1 – September 30, 8:00 a.m. – 8:00 p.m. Monday – Friday.

Thank you again for interest in Mass Advantage!

Sincerely,



Heather A. Trafton, MBA, PA-C
President

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 Plan Options Guide



MASS ADVANTAGE

Plan to love your plan.

A Medicare Advantage Plan

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Introducing Mass Advantage

The local Medicare Advantage plan in the heart of Worcester County.

What makes us different?

- Mass Advantage was designed with the help of UMass Memorial Health providers who understand their patients' needs.
- Comprehensive and competitive medical benefits and prescription drug coverage including medications typically not covered by other Part D plans such as:
 - Cough & Cold Products: Benzonatate 100mg, 150mg, 200mg capsule
 - Enhanced alternative drugs like those used for erectile dysfunction
 - Vitamins: Folic Acid 1mg tablet, Vitamin B12 1mg/mL injection

Mass Advantage also includes additional benefits typically not covered by Original Medicare.

For instance, the Flex Card Benefit provides separate annual allowances for a variety of services including:

- Preventive and comprehensive dental services not covered by DentaQuest providers
- Fitness (programs, memberships, wearables)
- Weight management programs and services
- Nutritional/Dietary membership and programs
- Eyewear upgrades
- And more

Innovative programs and services provided through UMass Memorial Health

- **Love My Service Program Member Navigators:** Our members receive assistance from a special team of Member Navigators who go above and beyond for you and provide enhanced support to get the most from your plan.
- **UMass Memorial Health's Hospital at Home Program:** If you ever need it, you may be eligible for hospital-level care at home with this innovative program.

HMO or PPO?

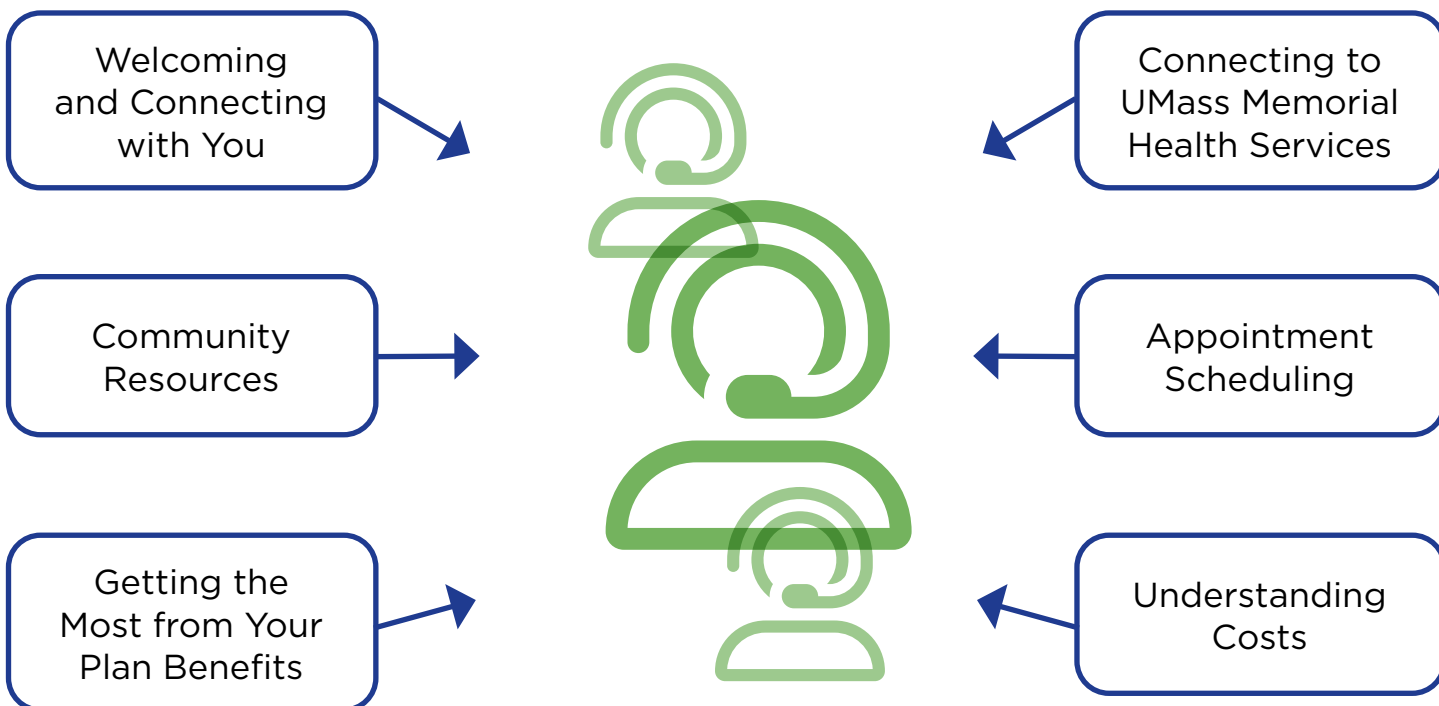
With Mass Advantage, you get the flexibility to choose an HMO or a PPO plan.

- **With an HMO Plan:** You'll receive care from the Mass Advantage provider network.
- **With the PPO Plan:** You'll have the flexibility to use providers nationwide, in addition to our providers within the Mass Advantage provider network.
- Additionally, there is an extensive network of in-network providers in Florida & Arizona for members spending time away from Massachusetts.



Love My Service

The **LOVE MY SERVICE** program has a team of Member Navigators that will go above and beyond for you and provide you with enhanced support.



Need an appointment with a UMass Memorial Health provider?

- Dedicated Member Navigators can book most primary care and specialty appointments
- They can get you in the office within 10 days or less from the day you call, allowing you to access care quickly and give you the support you need

Need additional services?

- Health goes well beyond the provider's. Member Navigators will help connect you to helpful resources like city-based programs, and arrange fully-covered transportation for non-urgent care if needed
- Member Navigators also work together with healthcare provider offices to ensure care stays coordinated and focused on you

Providers and Hospitals

Medicare Advantage offers access to a robust network of over 1,700 providers, physicians and hospitals in the region.

- UMass Memorial Medical Center
 - Hahnemann Campus
 - Memorial Campus
 - University Campus
- UMass Memorial Health – HealthAlliance–Clinton Hospital
 - Clinton Campus
 - Fitchburg Campus
 - Leominster Campus
- UMass Memorial Health – Marlborough Hospital
- UMass Memorial Health – Harrington Hospital
- Milford Regional Medical Center
- Athol Hospital
- Heywood Hospital
- Beth Israel Lahey
- Saint Vincent Hospital
- MetroWest Medical Center

Other providers and physicians are available in our network. For a complete listing of network providers, please visit us at [MassAdvantage.com](https://www.massadvantage.com)

With the PPO plan, in addition to our providers within the Mass Advantage provider network, you have the flexibility to use providers nationwide.



Additionally, there is an extensive network of in-network providers in FL & AZ for members spending time away from Massachusetts.



Plans & Benefits

Benefit	Mass Advantage Basic (HMO) \$0 Premium	Mass Advantage Plus (HMO) \$100 Premium	Mass Advantage Premiere (PPO) \$0 Premium
Network	You obtain care from our providers within the Mass Advantage provider network including in-network providers in FL & AZ for members spending time away from MA.	You obtain care from our providers within the Mass Advantage provider network including in-network providers in FL & AZ for members spending time away from MA.	In addition to our providers within the Mass Advantage provider network, you have the flexibility to use providers nationwide
Maximum Out-of-Pocket (MOOP)	\$6,500	\$3,450	<ul style="list-style-type: none">• \$6,550 In-network• \$11,300 Combined in- and out-of-network
Annual Physical & Wellness Exam	\$0 copay	\$0 copay	\$0 copay
Primary Care Physician (PCP) Visit	\$0 copay	\$0 copay	\$0 copay
Specialist Office Visit (in person or via Telehealth)	\$40 copay	\$20 copay	\$45 copay/\$65 copay out-of-network Telehealth is not covered for out-of-network
Inpatient Hospital, Acute Admission	<ul style="list-style-type: none">• \$390 copay each day for days 1 to 5• \$0 copay per day for days 6-beyond	<ul style="list-style-type: none">• \$200 copay each day for days 1 to 5• \$0 copay per day for days 6-beyond	<ul style="list-style-type: none">• \$370 copay each day for days 1 to 5• \$0 copay per day for days 6-beyond• 35% coinsurance out-of-network
Home Health Services	\$0 copay	\$0 copay	\$0 copay/50% coinsurance out-of-network
Skilled Nursing Facility (SNF)	<ul style="list-style-type: none">• \$0 copay/Day 1-20• \$188 copay/Day 21-51• \$0 copay/Day 52-100	<ul style="list-style-type: none">• \$0 copay/Day 1-20• \$75 copay/Day 21-51• \$0 copay/Day 52-100	<ul style="list-style-type: none">• \$0 copay/Day 1-20• \$190 copay/Day 21-51• \$0 copay/Day 52-100• 20% coinsurance out-of-network
Outpatient Ambulatory Surgical Center (ASC)	\$295 copay	\$150 copay	<ul style="list-style-type: none">• \$275 copay in-network• 40% coinsurance out-of-network
Emergency Services	\$90 copay (waived if admitted within 24 hours)	\$90 copay (waived if admitted within 24 hours)	\$90 copay (waived if admitted within 24 hours)
Urgent Care	\$10 copay	\$0 copay	\$40 copay
Occupational Therapy	\$10 copay	\$0 copay	<ul style="list-style-type: none">• \$30 copay in-network• \$65 copay out-of-network
Speech, Language & Physical Therapy	\$10 copay	\$0 copay	\$30 copay/\$65 copay

Plans & Benefits (Continued)

	Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
Chiropractic Care - Medicare Covered Visits	\$15 copay	\$15 copay	<ul style="list-style-type: none">• \$15 copay in-network• \$65 copay out-of-network
Diabetic Services & Supplies	<ul style="list-style-type: none">• 0% coinsurance - Monitoring Supplies• 0% coinsurance - Therapeutic Shoes/ Inserts• \$0 copay Self-Management Training	<ul style="list-style-type: none">• 0% coinsurance - Monitoring Supplies• 0% coinsurance - Therapeutic Shoes/ Inserts• \$0 copay Self-Management Training	<ul style="list-style-type: none">• 0% coinsurance in-network/ 40% coinsurance out-of-network - Monitoring Supplies, Therapeutic Shoes/ Inserts• \$0 copay Self-Management Training
Durable Medical Equipment, Prosthetics & Supplies	<ul style="list-style-type: none">• 20% coinsurance Durable Medical Equipment• \$0 copay - Non-Routine Eyewear	<ul style="list-style-type: none">• 20% coinsurance Durable Medical Equipment• \$0 copay - Non-Routine Eyewear	<ul style="list-style-type: none">• 20% coinsurance Durable Medical Equipment• \$0 copay - Non-Routine Eyewear
Diagnostic Tests, X-rays and Lab Services	<ul style="list-style-type: none">• Diagnostic tests and procedures: \$20 copay• Outpatient X-ray services: \$0 copay• Lab services: \$0 copay	<ul style="list-style-type: none">• Diagnostic tests and procedures: \$0 copay• Outpatient X-ray services: \$0 copay• Lab services: \$0 copay	<ul style="list-style-type: none">• Diagnostic tests and procedures:<ul style="list-style-type: none">- \$20 copay in-network- 40% coinsurance out-of-network• Outpatient X-ray services:<ul style="list-style-type: none">- \$0 copay in-network- 40% coinsurance out-of-network• Lab services:<ul style="list-style-type: none">- \$0 copay in-network- 40% coinsurance out-of-network
Routine Eye Exam	\$0 copay, 1 per year	\$0 copay, 1 per year	<ul style="list-style-type: none">• \$0 in-network• \$65 copay out-of-network, 1 per year
Routine Hearing Exam	\$0 copay, 1 per year	\$0 copay, 1 per year	<ul style="list-style-type: none">• \$0 in-network• \$65 copay out-of-network, 1 per year
Inpatient Mental Health Hospital Services	\$370 copay/Day 1-5	\$200 copay/Day 1-5	<ul style="list-style-type: none">• \$350 copay/Day 1-5 in-network• 40% coinsurance out-of-network
Outpatient Mental Health	\$25 copay	\$15 copay	<ul style="list-style-type: none">• \$30 copay in-network• 40% coinsurance out-of-network
Outpatient Substance Abuse	\$30 copay	\$10 copay	<ul style="list-style-type: none">• \$40 copay in-network• \$40 out-of-network

Additional Benefits – Not covered by Original Medicare

	Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
Over-the-Counter Allowance	Up to \$90 allowance per quarter available online, over the phone or mail order	Up to \$120 allowance per quarter available online, over the phone or mail order	Up to \$90 allowance per quarter available online, over the phone or mail order
3 Flex Card Wallets Wallet #1	<div>\$650 annual allowance for:<ul style="list-style-type: none">Preventive and comprehensive dental services not covered by DentaQuest providersFitness (programs, memberships, wearables)Weight management programs and servicesNutritional/Dietary membership and programsEyewear upgrades</div>	<div>\$775 annual allowance for:<ul style="list-style-type: none">Preventive and comprehensive dental services not covered by DentaQuest providersFitness (programs, memberships, wearables)Weight management programs and servicesNutritional/Dietary membership and programsEyewear upgrades</div>	<div>\$400 annual allowance for:<ul style="list-style-type: none">Fitness (programs, memberships, wearables)Weight management programs and servicesNutritional/Dietary membership and programsEyewear upgrades</div>
In-Home Support* Wallet #2	Additional \$500 allowance with the Flex Card	Additional \$1,000 allowance with the Flex Card	N/A
Parking** Wallet #3 ▲ Mass Advantage Differentiator	\$50 allowance with the Flex Card for qualifying members	\$50 allowance with the Flex Card for qualifying members	N/A

*Mass Advantage Basic HMO and Plus HMO plan members have access to in-home support for services like light homemaking services based on the member’s need and determined by the plan. **The parking benefit mentioned is part of special supplemental program for the chronically ill. Not all members qualify.

Additional Benefits – Not covered by Original Medicare

	Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
Routine Dental Services	<ul style="list-style-type: none">• \$0 copay for in-network preventive services including routine dental exams, cleanings, and X-Rays• \$0 copay for limited in-network comprehensive services including restorative services, periodontics, and extractions with an annual allowance of \$1,500• Flex card can be used for Preventive and comprehensive dental services not covered by DentaQuest providers	<ul style="list-style-type: none">• \$0 copay for in-network preventive services including routine dental exams, cleanings, and X-Rays• \$0 copay for limited in-network comprehensive services including restorative services, periodontics, and extractions with an annual allowance of \$2,000• Flex card can be used for Preventive and comprehensive dental services not covered by DentaQuest providers	<ul style="list-style-type: none">• \$0 copay for in-network preventive services including routine dental exams, cleanings, and X-Rays• \$2,000 annual comprehensive allowance• 20% coinsurance for in-network comprehensive service• 20% coinsurance for any out-of-network preventive and comprehensive dental services
Eyewear Allowance for In-Network Providers	Up to \$200 allowance annually	Up to \$200 allowance annually	Up to \$200 allowance annually
Hearing Aid Coverage (limit 2 aids per year-1 per ear)	<div><div><ul style="list-style-type: none">• Fitting/Evaluation: \$0 copay• Entry: \$500• Basic: \$675</div><div><ul style="list-style-type: none">• Prime: \$975• Preferred: \$1,275• Advanced: \$1,575• Premium: \$1,975</div></div>	<div><div><ul style="list-style-type: none">• Fitting/Evaluation: \$0 copay• Entry: \$500• Basic: \$675</div><div><ul style="list-style-type: none">• Prime: \$975• Preferred: \$1,275• Advanced: \$1,575• Premium: \$1,975</div></div>	<div><div><ul style="list-style-type: none">• Fitting/Evaluation: \$0 copay• Entry: \$500• Basic: \$675</div><div><ul style="list-style-type: none">• Prime: \$975• Preferred: \$1,275• Advanced: \$1,575• Premium: \$1,975</div></div>
Personal Medical Alert System	\$0 copay for device and monitoring	\$0 copay for device and monitoring	\$0 copay for device and monitoring
Ambulance	\$295 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
Post Discharge Meal Services	14 days post discharge (28 meals)	14 days post discharge (28 meals)	N/A
Transportation Services	\$0 copay/12 one-way rides	\$0 copay/12 one-way rides	\$0 copay/6 one-way rides

Prescription Drug Benefits

Coverage Limit	Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
Annual Prescription Drug Deductible	\$200 annual deductible for Tier 3, Tier 4, & Tier 5 Part D prescription drugs only	\$0 annual deductible for Part D prescription drugs only	\$250 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 \$5,030 30/90 days		
Tier 1 (Preferred Generic)	\$0/\$0 copay	\$0/\$0 copay	\$2/\$4 copay
Tier 2 (Generic)	\$4/\$8 copay	\$4/\$8 copay	\$6/\$12 copay
Tier 3 (Preferred Brand)	\$47/\$94 copay	\$47/\$94 copay	\$42/\$84 copay
Tier 4 (Non-Preferred Drug)	\$100/\$200 copay	\$100/\$200 copay	\$95/\$190 copay
Tier 5 (Specialty)	30% coinsurance Retail & Mail Order	33% coinsurance Retail & Mail Order	29% coinsurance Retail & Mail Order
Coverage Gap	You pay the following until you (and others on your behalf, including the drug manufacturers through the Coverage Gap Discount Program) have paid a total of \$8,000* for your Part D drugs.		
Tier 1 (Preferred Generic)	\$0/\$0 copay	\$0/\$0 copay	\$2/\$4 copay
Tier 2 (Generic)	\$4/\$8 copay	\$4/\$8 copay	\$6/\$12 copay
Tier 3 (Preferred Brand)	While you are in the coverage gap: <ul style="list-style-type: none">You pay 25% of the retail cost of both brand and generic medications in Tiers 3, Tier 4 & Tier 5 (plus a portion of the dispensing fee)Drug manufacturers pay 70% of the cost of brand name drugs through the Coverage Gap Discount Program. This amount counts toward the \$8,000 out-of-pocket limit, after which you move to the last coverage stage		
Tier 4 (Non-Preferred Drug)			
Tier 5 (Specialty)			
Catastrophic Coverage New for 2024!	You pay \$0 for all covered Part D drugs for the remainder of the calendar year		

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.

When Can I Enroll in Mass Advantage?

The Annual Enrollment Period (AEP) happens each fall, from October 15 through December 7. Individuals with Medicare can join or switch all types of Medicare plans.

Except under special circumstances, Medicare beneficiaries may choose or change Part C or Part D plans each fall, from October 15 through December 7.

The choices you make during the AEP take effect January 1 of the upcoming year.

HOW TO JOIN

1. Call toll free **(844) 978-3921**
TTY:711 to enroll over the phone:
 - October 1 – March 31,
8:00 a.m. – 8:00 p.m.,
7 days a week
 - April 1 – September 30,
8:00 a.m. – 8:00 p.m.,
Monday – Friday
2. Visit MassAdvantage.com to enroll online
3. Complete an enrollment form today



**Enrollment Period
BEGINS**



**Enrollment Period
ENDS**



You may join a Mass Advantage plan at other times of the year, under certain circumstances.

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 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
- If you are leaving employer or union coverage



YOUR 65TH BIRTHDAY MONTH



After You Enroll in a Mass Advantage Plan



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. In about 10 days, you will receive your enrollment confirmation letter from Mass Advantage in the mail.



3. You will receive three separate mailings from Mass Advantage:



- A. A welcome kit with plan information and information about how to sign on to our member portal
- B. Your member ID card (separate mailing)
- C. Your Flex Visa Card (separate mailing)



5. Receive a Welcome Call from a Member Navigator



6. Attend a Member Meeting

Notes

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Mass Advantage Plan Options Guide

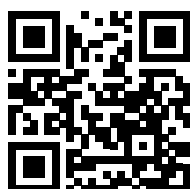


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A Medicare Advantage Plan

For more information, call toll free 844-978-3921 (TTY: 711)
October 1 – March 31, 8:00 a.m. – 8:00 p.m. 7 days a week
April 1 – September 30, 8:00 a.m. – 8:00 p.m. Monday – Friday
or visit MassAdvantage.com.



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.

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

Access to the health care providers you trust at





MASS ADVANTAGE

Plan to love your plan.

Innovative Programs

Provided through UMass Memorial Health

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. Plus, a dedicated **Member Navigation team** to make it easy for you to receive the support you need when you need it.

- Member Navigators can book most UMass Memorial Health primary care and specialty appointments so that you're in the office **within 10 days or less** from the day you call.
- And more...

Over



All the Reasons

Why you'll say "Love My Service".



MASS ADVANTAGE

Plan to love your plan.

Need an appointment?

Get help when you need it. Dedicated **Member Navigators** can book most primary care and specialty appointments so that you're in the office within **10 days or less** from the day you call.

Need Additional Services?

Health goes well beyond the doctor's office. Member Navigators will help connect you to helpful resources like city-based programs, and arrange fully covered transportation for non-urgent care.

Member Navigators also work together with healthcare provider offices to ensure care stays coordinated and focused on you, the member.

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 Hospital at Home program.

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

- High quality and state-of-the-art outpatient surgery services at The Surgery Center in Shrewsbury.
- Home health and hospice services, comprehensive behavioral health programs, and hundreds of community-based UMass Memorial doctors.
- 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, stroke and lung cancer surgery, aortic valve surgery, heart bypass surgery, and heart failure.
- Care recognized by Healthgrades with the Cardiac Surgery Excellence Award™ (2022).

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

October 1 – March 31, 8:00 a.m. – 8:00 p.m. 7 days a week

April 1 – September 30, 8:00 a.m. – 8:00 p.m. Monday – Friday

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YOUR VISION BENEFIT

EyeQuest[®]

A product of DentaQuest

Whether you wear eyeglasses or contacts now or you have no current vision problems, regular eye exams are as important as a regular physical exam. Changes in your eyes and vision can occur, and the sooner you know about any changes and receive treatment, the better you will be able to deal with the situation.

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

Over



YOUR VISION BENEFIT



Annual eye care is essential to your health and well-being.

All Mass Advantage plans offer coverage for routine eye exams and an annual allowance towards eyeglasses or contact lenses starting day 1.

Upgrading options or specialty lenses are available, if they cost more than the allowance, you will pay the difference.

Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO) In-Network/ Out-of-Network
<ul style="list-style-type: none">• \$0 copay, 1 per year• Up to \$200 allowance annually	<ul style="list-style-type: none">• \$0 copay, 1 per year• Up to \$200 allowance annually	<ul style="list-style-type: none">• \$0/\$65 copay, 1 per year• Up to \$200 allowance annually

Contact us at (844) 918-0114 HMO or (844) 915-0234 PPO

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April 1 – September 30, 8:00 a.m. – 8:00 p.m. Monday – Friday
or visit [MassAdvantage.com](https://www.massadvantage.com).

Click [here](#) to find a EyeQuest provider. This link will take you to an external website provided by another organization.

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YOUR DENTAL BENEFIT

DentaQuest 

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.

Our network includes:

- 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

Over



YOUR DENTAL BENEFIT



MASS ADVANTAGE

Plan to love your plan.

Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
<ul style="list-style-type: none">• \$0 copay for in-network preventive services including routine dental exams, cleanings, and X-Rays• \$0 copay for limited in-network comprehensive services including restorative services, periodontics, and extractions with an allowance of \$1,500• Flex card can be used for preventive and comprehensive dental services not covered by DentaQuest providers	<ul style="list-style-type: none">• \$0 copay for in-network preventive services including routine dental exams, cleanings, and X-Rays• \$0 copay for limited in-network comprehensive services including restorative services, periodontics, and extractions with an allowance of \$2,000• Flex card can be used for preventive and comprehensive dental services not covered by DentaQuest providers	<ul style="list-style-type: none">• \$0 copay for in-network preventive services including routine dental exams, cleanings, and X-Rays• \$2,000 annual comprehensive allowance• 20% coinsurance for comprehensive service in-network• 20% coinsurance for any out-of-network preventive and comprehensive dental services

Contact us at (844) 918-0114 HMO or (844) 915-0234 PPO / TTY:711

October 1 – March 31, 8:00 a.m. – 8:00 p.m. 7 days a week,

April 1 – September 30, 8:00 a.m. – 8:00 p.m. Monday – Friday

or visit [MassAdvantage.com](https://www.massadvantage.com). Click [here](#) to find a DentaQuest Provider.

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MASS ADVANTAGE
Plan to love your plan.

FLEX CARD BENEFIT


Mass Advantage has services to keep our members healthy. We offer a pre-loaded Flex Card with up to 3 benefit wallets to be used for a variety of services:

Wallets	Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
Flex Card Wallet #1	<p>\$650 allowance for:</p> <ul style="list-style-type: none">• Preventive and comprehensive dental services not covered by DentaQuest providers• Fitness (programs, memberships, wearables)• Weight management programs and services• Nutritional/Dietary membership and programs• Eyewear upgrades	<p>\$775 allowance for:</p> <ul style="list-style-type: none">• Preventive and comprehensive dental services not covered by DentaQuest providers• Fitness (programs, memberships, wearables)• Weight management programs and services• Nutritional/Dietary membership and programs• Eyewear upgrades	<p>\$400 annual allowance for:</p> <ul style="list-style-type: none">• Fitness (programs, memberships, wearables)• Weight management programs and services• Nutritional/Dietary membership and programs• Eyewear upgrades

FLEX CARD BENEFIT



All Mass Advantage plans offer Flex Card benefits. HMO members receive all 3 wallet benefits, each wallet is preloaded with an annual allowance to keep you healthy.

Wallets	Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
In-Home Support* Wallet #2	Additional \$500 allowance	Additional \$1,000 allowance	N/A
 Parking** Wallet #3	Additional \$50 allowance with the Flex Card for qualifying members	Additional \$50 allowance with the Flex Card for qualifying members	N/A

 Mass Advantage Differentiator

Contact us at (844) 918-0114 HMO or (844) 915-0234 PPO / TTY:711

October 1 – March 31, 8:00 a.m. – 8:00 p.m. 7 days a week,
April 1 – September 30, 8:00 a.m. – 8:00 p.m. Monday – Friday
or visit [MassAdvantage.com](https://www.MassAdvantage.com).

*Mass Advantage Basic HMO and Plus HMO plan members have access to in-home support for services like light homemaking services based on the member's need and determined by the plan.

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

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



MASS ADVANTAGE

Plan to love your plan.

OVER-THE-COUNTER BENEFIT

A Benefit at NO COST TO YOU!

As a member of Mass Advantage, you have an Over-the-Counter (OTC) benefit every quarter. This benefit allows you to get OTC products you may need.

Over 

OVER-THE-COUNTER BENEFIT



Mass Advantage members receive a quarterly allowance to purchase health and wellness items. Members simply make purchases by phone, online or by mail order. All purchases include free 2-day shipping. A brief sample of your available over-the-counter products includes:

- **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** – Covid Test, 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

Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
Up to \$90 per quarter	Up to \$120 per quarter	Up to \$90 per quarter

Contact us at (844) 918-0114 HMO or (844) 915-0234 PPO / TTY:711

October 1 – March 31, 8:00 a.m. – 8:00 p.m. 7 days a week

April 1 – September 30, 8:00 a.m. – 8:00 p.m. Monday – Friday

or visit [MassAdvantage.com](https://www.massadvantage.com).

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

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MASS ADVANTAGE

Plan to love your plan.



POST DISCHARGE MEAL BENEFIT

Mass Advantage Basic (HMO) and Plus (HMO) plans provide post discharge meal services to eligible members.

Over



POST DISCHARGE MEAL BENEFIT



Healthy food is very important to help heal after a hospital stay.

Members of Mass Advantage HMO plans have a post discharge home delivery meal benefit to assist in recovery and independence.

To be eligible, members must:

- Be enrolled in the Mass Advantage Basic (HMO) plan
- Be enrolled in the Mass Advantage Plus (HMO) plan
- Have been discharged after an inpatient stay of 3 days or greater

Prior Authorization of services is required. The Mass Advantage team will outreach to coordinate each member's meal benefit, if eligible.

	Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
Post Discharge Meal Services	14 days post discharge (28 meals)	14 days post discharge (28 meals)	N/A

Contact us at (844) 918-0114 HMO or (844) 915-0234 PPO / TTY:711

October 1 – March 31, 8:00 a.m. – 8:00 p.m. 7 days a week,
April 1 – September 30, 8:00 a.m. – 8:00 p.m. Monday – Friday
or visit [MassAdvantage.com](https://www.massadvantage.com).

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MASS ADVANTAGE

Plan to love your plan.

YOUR CHARIOT AWAITS

roundtrip

Every day, 10,000 patients miss or delay care due to transportation issues. Mass Advantage has partnered with Roundtrip to provide members with non-emergency medical transportation such as rideshare, medical sedans, wheelchair vans, and stretcher vans.

Over



TRANSPORTATION BENEFIT



Mass Advantage is partnering with Roundtrip to offer all members non-emergency transportation to and from medical appointments. This will help avoid missed appointments and preventable healthcare emergencies. Members can:

- Call a Mass Advantage Member Navigator to book a ride
- Receive text or call reminders about their transportation for upcoming appointments

Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
\$0 copay 12 individual* rides	\$0 copay 12 individual* rides	\$0 copay 6 individual* rides

Contact us at (844) 918-0114 HMO or (844) 915-0234 PPO

October 1 – March 31, 8:00 a.m. – 8:00 p.m. 7 days a week,
April 1 – September 30, 8:00 a.m. – 8:00 p.m. Monday – Friday
or visit [MassAdvantage.com](https://www.massadvantage.com).

*A roundtrip to and from an appointment counts as two individual rides. Trips over 50 miles will require prior authorization.

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



MASS ADVANTAGE

Plan to love your plan.

HEARING BENEFIT

nations benefits

Hearing impairment can impact almost every aspect of a person's life. Studies have linked untreated hearing loss to conditions like diabetes, dizziness, falls, strained relationships, and compromised safety.¹ That's why providers in our network work with members to select hearing aids that meet their lifestyle needs.

Over



HEARING BENEFIT



Hearing technology has improved over the years. Today's hearing aids have features designed for comfort and convenience. Mass Advantage gives our members the tools they need to manage their hearing health including:

- An annual hearing test
- Our promise to members to work with the latest technology from all major manufacturers.
- Quality care from a local hearing aid provider
- Convenient ways to take a hearing test
- 60-day, 100% money-back guarantee
- Three-year manufacturers' warranty
- Three follow-up visits to ensure complete satisfaction²
- Three years of batteries included³

Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO) In-network/Out-of-network
<ul style="list-style-type: none">• \$0 copay, 1 hearing test per year• 6 hearing aid options available: ranging from \$500 - \$1,975 copay per hearing aid• Limit 2 aids per year – 1 per ear	<ul style="list-style-type: none">• \$0 copay, 1 hearing test per year• 6 hearing aid options available: ranging from \$500 - \$1,975 copay per hearing aid• Limit 2 aids per year – 1 per ear	<ul style="list-style-type: none">• \$0/\$65 copay, 1 hearing test per year• 6 hearing aid options available: ranging from \$500 - \$1,975 copay per hearing aid• Limit 2 aids per year – 1 per ear

Contact us at (844) 918-0114 HMO or (844) 915-0234 PPO

October 1 – March 31, 8:00 a.m. – 8:00 p.m. 7 days a week,
April 1 – September 30, 8:00 a.m. – 8:00 p.m. Monday – Friday
or visit [MassAdvantage.com](https://www.massadvantage.com).

¹"Hearing Loss: A Common Problem for Older Adults." National Institute on Aging, U.S. Department of Health and Human Services, www.nia.nih.gov/health/hearing-loss-common-problem-older-adults. ²Within the first year of fitting date. ³Not applicable to the purchase of rechargeable hearing aid models.

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

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MASS ADVANTAGE

Plan to love your plan.

OUR BENEFITS FOR MEMBERS WITH DIABETES

Mass Advantage offers:

- Low cost insulin* – **\$35 copay** for 1 month supply
- Full coverage for diabetic supplies** including \$0 copays for continuous glucose monitors and blood glucose test strips, as well as therapeutic shoes and inserts

Over



OUR BENEFITS FOR MEMBERS WITH DIABETES



Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible. In addition to low cost insulin coverage, Mass Advantage offers free coverage for diabetic testing supplies** and equipment including \$0 copays for continuous glucose monitors.

Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO) In-network/Out-of-network
<ul style="list-style-type: none"> \$35 copay - one month supply of insulin \$0 copay for testing and monitoring supplies \$0 copay therapeutic shoes/inserts \$0 self-management training 	<ul style="list-style-type: none"> \$35 copay - one month supply of insulin \$0 copay for testing and monitoring supplies \$0 copay therapeutic shoes/inserts \$0 self-management training 	<ul style="list-style-type: none"> \$35 copay - one month supply of insulin \$0 copay for testing and monitoring supplies \$0 copay therapeutic shoes/inserts \$0 self-management training
		Out-of-network <ul style="list-style-type: none"> 40% copay for testing and monitoring supplies 40% copay therapeutic shoes/inserts \$0 self-management training

Contact us at (844) 918-0114 HMO or (844) 915-0234 PPO

October 1 – March 31, 8:00 a.m. – 8:00 p.m. 7 days a week,
April 1 – September 30, 8:00 a.m. – 8:00 p.m. Monday – Friday
or visit [MassAdvantage.com](https://www.massadvantage.com).

*Low cost Insulin coverage as defined in the 2022 Inflation Reduction Act. **Free coverage for diabetic testing supplies and equipment are from preferred in-network vendors.

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



MASS ADVANTAGE

Plan to love your plan.

THE HELP MEMBERS DESERVE

Personal Medical Alert System

nations benefits

Mass Advantage members have access to a personal medical alert system, in partnership with Nations Benefits. Members will receive around-the-clock monitoring for greater peace of mind, independence, and safety. Medical alert systems provide members with help at the push of a button. Nations Benefits offers no cost medical alert systems for every lifestyle and plan option.

Over



THE HELP MEMBERS DESERVE



Nations Benefits offers exceptional service which includes:

- Landline medical alert systems that do not require 4G service.
- Trained monitoring professionals who are trained to care for members' needs and health-related concerns.
- The ability for an alert to be sent to an ADT monitoring agent who can arrange for help and contact loved ones on their behalf.
- A person's normal speaking voice can alert the monitoring center in case of an emergency within 75 feet of a medical alert system.
- 24/7/365 monitoring services.

Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
\$0 copay for device & monitoring	\$0 copay for device & monitoring	\$0 copay for device & monitoring

Contact us at (844) 918-0114 HMO or (844) 915-0234 PPO

October 1 – March 31, 8:00 a.m. – 8:00 p.m. 7 days a week,
April 1 – September 30, 8:00 a.m. – 8:00 p.m. Monday – Friday
or visit [MassAdvantage.com](https://www.massadvantage.com).

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

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) October 1 – March 31, 8:00 a.m. – 8:00 p.m. 7 days a week and April 1 – September 30, 8:00 a.m. – 8:00 p.m. Monday – Friday.

1 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.
 - ☐ Review the formulary to make sure your prescription drugs are covered.
-

2 Understanding Important Rules

- ☐ In addition to your monthly plan premium, 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, 2025.
 - ☐ Except in emergency or urgent situations, Mass Advantage Basic HMO and Plus HMO do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
 - ☐ Effect on Current Coverage. Your current healthcare coverage will end once your new Medicare coverage starts. For example, if you are in Tricare or a Medicare plan, you will no longer receive benefits from that plan once your new coverage starts.
-

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

Mass Advantage Enrollment Form

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 (if applicable). 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 we process your request to join, they'll contact you.

How do I get help with this form?

Call Mass Advantage at 844-513-0531 to enroll over the phone. 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: Lláme a Mass Advantage 844-513-0531. TTY 711 o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness.

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

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) - \$100 per month
- ☐ Mass Advantage Premiere (PPO) - \$0 per month
-

Please enter your information as it appears on your Medicare card

First Name	Last Name	Middle Initial (Optional)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Birth Date (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number	Alternate Phone Number (Optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Permanent Residence street address (Don't enter a PO Box)			
<input type="text"/>			
City	County (Optional)	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing address, if different from your permanent address (PO Box allowed)			
<input type="text"/>			
City	County (Optional)	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your Medicare information

Medicare Number /

Part A Effective Date

Part B Effective Date

List your Primary Care Physician (PCP), Clinic, or Health Center: (Optional)

Paying Your Plan Premium

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail or Electronic Funds Transfer (EFT) each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or the RRB. DO NOT pay the Part-D IRMAA to Mass Advantage.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at 800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at www.ssa.gov/medicare/part-d-extra-help.

If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover.

If you don't select a payment option, you will get a bill each month.

Please select a premium payment option:

- ☐ Get a bill
- ☐ Electronic Funds Transfer (EFT) from your bank account each month.

Account Holder Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Account Type: ☐ Checking ☐ Savings

- ☐ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check

I get monthly benefits from: ☐ Social Security ☐ RRB

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

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

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes, you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- ☐ I am new to Medicare.
- ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- ☐ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on *(insert date)*: _____
- ☐ I recently was released from incarceration. I was released on *(insert date)*: _____
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on *(insert date)*: _____
- ☐ I recently obtained lawful presence status in the United States. I got this status on *(insert date)*: _____
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on *(insert date)*: _____
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on *(insert date)*: _____

- ☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- ☐ I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on *(insert date)*: _____
- ☐ I recently left a PACE program on *(insert date)*: _____
- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on *(insert date)*: _____
- ☐ I am leaving employer or union coverage on *(insert date)*: _____
- ☐ I belong to a pharmacy assistance program provided by my state.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on *(insert date)*: _____
- ☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on *(insert date)*: _____
- ☐ I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the natural disaster.

If none of these statements applies to you or you're not sure, please contact Mass Advantage at 844-513-0531 (TTY users 711) to see if you are eligible to enroll. Our office hours are Sunday through Saturday, 8:00 a.m. to 8:00 p.m. EST for October 1 through March 31 and Monday through Friday, 8:00 a.m. to 8:00 p.m. EST for April 1 through September 30. TTY users can call 711.

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.

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- | | |
|---|--|
| <input type="checkbox"/> No, not of Hispanic, Latino/a, or Spanish origin | <input type="checkbox"/> Yes, Mexican, Mexican-American, Chicano/a |
| <input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> Yes, Cuban |
| <input type="checkbox"/> Yes, another Hispanic, Latino/a, or Spanish origin | <input type="checkbox"/> I choose not to answer |

What's your race? Select all that apply.

- | | | |
|---------------------------------------|---|---|
| Asian: | Native Hawaiian and Pacific Islander: | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> White |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Samoan | <input type="checkbox"/> I choose not to answer |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Pacific Islander | |
| <input type="checkbox"/> Korean | | |
| <input type="checkbox"/> Vietnamese | | |
| <input type="checkbox"/> Other Asian | | |

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) at 844-918-0114, 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, 8:00 a.m. to 8:00 p.m. EST for October 1 through March 31 and Monday through Friday, 8:00 a.m. to 8:00 p.m. EST for April 1 through September 30. TTY users can call 711.

Do you work? ☐ Yes ☐ No

Does your spouse work? ☐ Yes ☐ No

Email Address

Phone Number

By listing my email address and mobile phone number I agree to receive communications via email and/or text messaging. Message & Data rates may apply.

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 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.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. **IMPORTANT** Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on page 1 to send your completed form to the plan.

Agent Use Only

Agency *(if applicable)*

Agent Received Date

NPN

Agent First Name

Agent Last Name

Requested Plan Effective Date
mm/dd/yyyy (Optional)

Agent Signature

___ / ___ / ___

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 on page 7).
- I understand that I can be enrolled in only one Medicare Advantage plan at a time - and that enrollment in this plan will automatically end my enrollment in another Medicare Advantage plan.
- 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.

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

Signature	Today's Date
<input type="text"/>	<input type="text"/>
Name	Address
<input type="text"/>	<input type="text"/>
Phone Number	Relationship to Enrollee
<input type="text"/>	<input type="text"/>

2 0 2 4

Summary of BENEFITS

MASS ADVANTAGE BASIC (HMO)
MASS ADVANTAGE PLUS (HMO)
MASS ADVANTAGE PREMIERE (PPO)



MASS **ADVANTAGE**

2024 Summary of Benefits

Mass Advantage Basic (HMO)
H7670 001

January 1, 2024 – December 31, 2024

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 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 Basic (HMO) 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 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-network providers, neither Medicare nor Mass Advantage Basic (HMO) plan will be responsible for the costs).

This Mass Advantage Basic (HMO) 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. You can access information about how the coverage works, including covered drugs as well as coverage limitations on our website at www.MassAdvantage.com.

Mass Advantage Basic (HMO)

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	Not Applicable
Maximum Out-of-Pocket Responsibility	<p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> \$6,500 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: \$390 copay per day</p> <p>Days 6 – beyond: \$0 copay per day</p>
Outpatient Hospital Coverage*	<p>Outpatient Hospital: \$300 copay per stay</p> <p>Observation Services: \$325 copay per stay</p>
Ambulatory Surgical Center*	\$295 copay per visit
Skilled Nursing Facility (SNF)*	<p>Days 1 – 20: \$0 copay per day</p> <p>Days 21 – 51: \$188 copay per day</p> <p>Days 52 – 100: \$0 copay per day</p>
Preventive Care	There is no coinsurance, copayment, or deductible for Medicare-covered preventive services.
Doctor Visits*	<p>Primary Care: \$0 copay per visit</p> <p>Specialist: \$40 copay per visit</p>
Telehealth Services	<p>Primary Care Physician Services: \$0 copay per visit</p> <p>Physician Specialist Services: \$40 copay per visit</p>

Mass Advantage Basic (HMO)

	<p>Individual Sessions for Mental Health Specialty Services: \$0</p> <p>Individual Sessions for Outpatient Substance Abuse: \$0</p>
Diagnostic Services/ Labs/Imaging*	<p>Lab services: \$0 copay</p> <p>Diagnostic tests and procedures: \$20 copay</p> <p>Outpatient X-ray services: \$0 copay</p> <p>Diagnostic Radiology services (such as, MRI, MRA, CT, PET): \$250 copay</p>
Chiropractic Care	Chiropractic Care (Medicare-covered): \$15 copay per visit
Outpatient Rehabilitation*	<p>Occupational therapy: \$10 copay per visit</p> <p>Speech and language therapy: \$10 copay per visit</p> <p>Physical therapy: \$10 copay per visit</p>
Mental Health Services*	<p>Outpatient group therapy: \$25 copay per visit</p> <p>Outpatient individual therapy: \$25 copay per visit</p> <p>Inpatient Psychiatric care:</p> <ul style="list-style-type: none"> Days 1 – 5: \$370 per day <p>Days 6 – 90: \$0 per day</p>
Emergency Care	<p>\$90 copay per visit</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your emergency care copay.</p> <p>Worldwide Emergency Coverage: \$90 copay per visit</p>
Urgently Needed Services	\$10 copay per visit
Ambulance*	<p>Ground Ambulance: \$295 copay (per one-way trip)</p> <p>Air Ambulance: \$295 copay (per one-way trip)</p> <p>If you are admitted to the hospital, you do not have to pay your ambulance services copay.</p>
Medicare Part B Drugs*	<p>Chemotherapy drugs: Up to 20% coinsurance</p> <p>Other Part B drugs: Up to 20% coinsurance</p>

Mass Advantage Basic (HMO)

Medical Equipment/ Supplies*

Durable Medical Equipment (e.g., wheelchairs, oxygen): 20% coinsurance

Prosthetics (e.g., braces, artificial limbs): 20% coinsurance

Diabetic supplies:

- 0% coinsurance for Medicare-covered diabetic glucometer and supplies from a preferred manufacturer

0% coinsurance for Medicare-covered therapeutic shoes or inserts for people with diabetes who have severe diabetic foot disease.

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

Mass Advantage Basic (HMO)

ADDITIONAL BENEFITS

Dental Services*	<p>Dental services (Medicare-covered): \$40 copay per visit</p> <p>Preventive and comprehensive dental services outlined below must be received from a DentaQuest provider.</p> <p>Preventive dental services include the following: \$0 copay</p> <ul style="list-style-type: none"> • Oral exam (2 per calendar year) • Cleaning (2 per calendar year) • Fluoride treatment (2 per calendar year) • Dental X-rays (1 set per calendar year) <ul style="list-style-type: none"> ○ One vertical bitewing imaging, and one panoramic imaging is covered once every 36 months ○ Intraoral occlusal imaging is covered twice every 24 months ○ Intraoral-complete series is covered once every 36 months • Comprehensive Oral exam is covered once every 36 months <p>Comprehensive dental services including restorative services, periodontics, and extractions*: \$0 copay</p> <p>There is a maximum allowance of \$1,500 each calendar year for comprehensive dental services. You are responsible for amounts beyond the benefit limit.</p> <p>The Flex Card can be used for preventive and comprehensive services not covered by DentaQuest</p> <p>*You should review your EOC for additional details and coverage limits.</p>
Hearing Services	<p>Hearing exam (Medicare-covered): \$40 copay</p> <p>Routine and Hearing Aids services outlined below must be received from a NationsBenefits Hearing Health Care provider.</p> <p>Routine hearing exam: \$0 copay (1 every calendar year)</p> <p>Entry Hearing Aids: \$500 per hearing aid</p> <p>Basic Hearing Aids: \$675 per hearing aid</p>

Mass Advantage Basic (HMO)

	<p>Prime Hearing Aids: \$975 per hearing aid</p> <p>Preferred Hearing Aids: \$1,275 per hearing aid</p> <p>Advanced Hearing Aids: \$1,575 per hearing aid</p> <p>Premium Hearing Aids: \$1,975 per hearing aid</p> <p>Limit of two hearing aids per calendar year (one per ear).</p>
Vision Services	<p>You pay a \$40 copay for each Medicare-covered eye exam related to the diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine and vision services outlined below must be received by an in-network provider.</p> <p>Routine eye exam: \$0 copay per visit (1 every calendar year)</p> <p>\$200 allowance every calendar year to use towards the purchase of contact lenses, eyeglass lenses, and eyeglass frames.</p>
Flex Card	<p>The Flex Card consists of 3 separate benefit wallets:</p> <p>Wallet 1: \$650– Dental**, fitness, weight management, nutritional/dietary, eyewear, mindfulness programs</p> <p>Wallet 2: \$500 – In-home support and companion care for assistance with independent daily living activities, such as helping with light chores, errands, and tech-support</p> <p>Wallet 3: \$50 – Parking for qualified members with certain Chronic Conditions (SSBCI)</p> <p>The flex card is preloaded with the full benefit amount and members choose where to use it. Members may pay a portion or the full cost of an item or buy a combination of items up to the allotted limit.</p> <p>Flex card is not eligible for cost sharing for covered benefits.</p> <p>**Dental services not covered through DentaQuest</p>
Transportation*	<p>\$0 copay for 12 one-way rides per year for plan approved health-related locations.</p> <p>Members can use taxi, ridesharing, and medical transportation services under this benefit.</p>

Mass Advantage Basic (HMO)

Over-the-Counter (OTC) Items

You have \$90 every quarter to spend on plan approved OTC items. OTC items must be ordered through NationsBenefits.

Any unused money will carry over to the next quarter but will not carry over to the next benefit year.

Please visit www.MassAdvantage.com to see the list of covered over-the-counter items.

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

Mass Advantage Basic (HMO)

PART D PRESCRIPTION DRUGS

Deductible Stage	\$200 deductible for drugs on Tiers 3, 4 and 5																																				
Initial Coverage Stage	<p>You pay the following until your total yearly drug costs reach \$5,030. 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><tr><th>Tier</th><th>One-month supply</th><th>Three-month supply</th></tr><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>\$8 copay</td></tr><tr><td>Tier 3 (Preferred Brand)</td><td>\$47 copay</td><td>\$94 copay</td></tr><tr><td>Tier 4 (Non-Preferred Drug)</td><td>\$100 copay</td><td>\$200 copay</td></tr><tr><td>Tier 5 (Specialty Tier)</td><td>30% coinsurance</td><td>30% coinsurance</td></tr></table> <p>Standard Mail Order Cost-Sharing</p> <table><tr><th>Tier</th><th>One-month supply</th><th>Three-month supply</th></tr><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>\$8 copay</td></tr><tr><td>Tier 3 (Preferred Brand)</td><td>\$47 copay</td><td>\$94 copay</td></tr><tr><td>Tier 4 (Non-Preferred Drug)</td><td>\$100 copay</td><td>\$200 copay</td></tr><tr><td>Tier 5 (Specialty Tier)</td><td>30% coinsurance</td><td>30% coinsurance</td></tr></table> <p>Your cost-sharing may be different if you use a Long-Term Care pharmacy, or an out-of-network pharmacy.</p> <p>Insulin: Although all of the insulins covered by our plan are on Tier 3, what you pay is lower than our plan's Tier 3 copay. You pay \$35 for a one-month supply of insulin. You pay this amount all year long until the Catastrophic Coverage stage.:</p> <p>Vaccines: You pay \$0 for your vaccines that are covered under Part B (e.g. flu vaccine, COVID vaccine) and Part D (e.g. Shingrix) all year long.</p>	Tier	One-month supply	Three-month supply	Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	Tier 2 (Generic)	\$4 copay	\$8 copay	Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	Tier 4 (Non-Preferred Drug)	\$100 copay	\$200 copay	Tier 5 (Specialty Tier)	30% coinsurance	30% coinsurance	Tier	One-month supply	Three-month supply	Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	Tier 2 (Generic)	\$4 copay	\$8 copay	Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	Tier 4 (Non-Preferred Drug)	\$100 copay	\$200 copay	Tier 5 (Specialty Tier)	30% coinsurance	30% coinsurance
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Mass Advantage Basic (HMO)

Coverage Gap Stage	<p>Tiers 1 and 2 drugs: You continue to pay the copay amounts that apply during the Initial Coverage Stage.</p> <p>Tiers 3, 4, and 5 drugs: After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs (plus a portion of the dispensing fee) and 25% of the plan's cost for covered generic drugs until your costs total \$8,000 which is the end of the coverage gap.</p>
Catastrophic Stage	<p>After your yearly out-of-pocket drug costs reach \$8,000, you pay \$0 for all covered Part D drugs for the remainder of the calendar year.</p>

For more information, please contact:

Mass Advantage
PO Box 830059
Birmingham AL 35283
www.MassAdvantage.com

This document is available in Spanish and in other formats such as large print, braille, audio, or other alternate formats.

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: 1-844-514-0674 (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. For more information, call 1-844-918-0114 (TTY: 711).

2024 Summary of Benefits

Mass Advantage Plus (HMO)
H7670 002

January 1, 2024 – December 31, 2024

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 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 Plus (HMO) 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 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-network providers, neither Medicare nor Mass Advantage Plus (HMO) plan will be responsible for the costs.)

This Mass Advantage Plus (HMO) 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. You can access information about how the coverage works, including covered drugs as well as coverage limitations on our website at www.MassAdvantage.com.

Mass Advantage Plus (HMO)

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

Monthly Plan Premium	<p>\$100</p> <p>You must continue to pay your Medicare Part B premium.</p>
Deductible	Not Applicable
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>
Ambulatory Surgical Center*	\$150 copay per visit
Skilled Nursing Facility (SNF)*	<p>Days 1 – 20: \$0 copay per day</p> <p>Days 21 – 51: \$75 copay per day</p> <p>Days 52 – 100: \$0 copay per day</p>
Preventive Care	There is no coinsurance, copayment, or deductible for Medicare-covered preventive services.
Doctor Visits*	<p>Primary Care: \$0 copay per visit</p> <p>Specialist: \$20 copay per visit</p>

Mass Advantage Plus (HMO)

Telehealth Services	<p>Primary Care Physician Services: \$0 copay per visit</p> <p>Physician Specialist Services: \$20 copay per visit</p> <p>Individual Sessions for Mental Health Specialty Services: \$0</p> <p>Individual Sessions for Outpatient Substance Abuse: \$0</p>
Diagnostic Services/ Labs/Imaging*	<p>Lab services: \$0 copay</p> <p>Diagnostic tests and procedures: \$0 copay</p> <p>Outpatient X-ray services: \$0 copay</p> <p>Diagnostic Radiology services (such as MRI, MRA, CT, PET): \$225 copay</p>
Chiropractic Care	Chiropractic Care (Medicare-covered): \$15 copay per visit
Outpatient Rehabilitation*	<p>Occupational therapy: \$0 copay per visit</p> <p>Speech and language therapy: \$0 copay per visit</p> <p>Physical therapy: \$0 copay per visit</p>
Mental Health Services*	<p>Outpatient group therapy: \$15 copay per visit</p> <p>Outpatient individual therapy: \$15 copay per visit</p> <p>Inpatient Psychiatric Care:</p> <ul style="list-style-type: none"> Days 1 – 5: \$200 per day <p>Days 6 – 90: \$0 per day</p>
Emergency Care	<p>\$90 copay per visit</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your emergency care copay.</p> <p>Worldwide Emergency Coverage: \$90 copay per visit</p>
Urgently Needed Services	\$0 copay per visit
Ambulance*	<p>Ground Ambulance: \$200 copay (per one-way trip)</p> <p>Air Ambulance: \$200 copay (per one-way trip)</p> <p>If you are admitted to the hospital, you do not have to pay your ambulance services copay.</p>

Mass Advantage Plus (HMO)

Medicare Part B Drugs*	<p>Chemotherapy drugs: Up to 15% coinsurance</p> <p>Other Part B drugs: Up to 15% coinsurance</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:</p> <ul style="list-style-type: none"> • 0% coinsurance for Medicare-covered diabetic glucometer and supplies from a preferred manufacturer <p>0% coinsurance for Medicare-covered therapeutic shoes or inserts for people with diabetes who have severe diabetic foot disease.</p>

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

Mass Advantage Plus (HMO)

ADDITIONAL BENEFITS

Dental Services*	<p>Dental services (Medicare-covered): \$20 copay per visit</p> <p>Preventive and Comprehensive dental services outlined below must be received from a DentaQuest provider.</p> <p>Preventive dental services include the following: \$0 copay</p> <ul style="list-style-type: none">• Oral exam (2 per calendar year)• Cleaning (2 per calendar year)• Fluoride treatment (2 per calendar year)• Dental X-rays (1 set per calendar year)<ul style="list-style-type: none">○ One vertical bitewing imaging, and one panoramic imaging is covered once every 36 months○ Intraoral occlusal imaging is covered twice every 24 months○ Intraoral-complete series is covered once every 36 months.• Comprehensive Oral exam is covered once every 36 months <p>Comprehensive dental services including restorative services, periodontics, and extractions*: \$0 copay</p> <p>There is a maximum allowance of \$2,000 each calendar year for comprehensive dental services. You are responsible for amounts beyond the benefit limit.</p> <p>The Flex Card can be used for preventive and comprehensive services not covered by DentaQuest</p> <p>*You should review your Evidence of Coverage (EOC) for additional details and coverage limits.</p>
Hearing Services	<p>Hearing exam (Medicare-covered): \$20 copay</p> <p>Routine and Hearing Aids services outlined below must be received from a NationsBenefits Hearing Health Care provider.</p> <p>Routine hearing exam: \$0 copay (1 every calendar year)</p> <p>Entry Hearing Aids: \$500 per hearing aid</p>

Mass Advantage Plus (HMO)

	<p>Basic Hearing Aids: \$675 per hearing aid</p> <p>Prime Hearing Aids: \$975 per hearing aid</p> <p>Preferred Hearing Aids: \$1,275 per hearing aid</p> <p>Advanced Hearing Aids: \$1,575 per hearing aid</p> <p>Premium Hearing Aids: \$1,975 per hearing aid</p> <p>Limit of two hearing aids per calendar year, (one per ear).</p>
Vision Services	<p>You pay a \$20 copay for each Medicare-covered eye exam related to the diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine and vision services outlined below must be received by an in-network provider.</p> <p>Routine eye exam: \$0 copay per visit (1 every calendar year)</p> <p>\$200 allowance every calendar year to use towards the purchase of contact lenses, eyeglass lenses, and eyeglass frames.</p>
Flex Card	<p>The Flex Card consists of 3 separate benefit wallets:</p> <p>Wallet 1: \$775 – Dental**, fitness, weight management, nutritional/dietary, eyewear, mindfulness programs</p> <p>Wallet 2: \$1,000 – In-home support and companion care for assistance with independent daily living activities, such as helping with light chores, errands, and tech-support</p> <p>Wallet 3: \$50 – Parking for qualified members with certain Chronic Conditions (SSBCI)</p> <p>The flex card is preloaded with the full benefit amount and members choose where to use it. Members may pay a portion or the full cost of an item or buy a combination of items up to the allotted limit.</p> <p>Flex card is not eligible for cost sharing for covered benefits.</p> <p>**Dental services not covered through DentaQuest</p>
Transportation*	<p>\$0 copay for 12 one-way rides per year for plan approved health-related locations.</p> <p>Members can use taxi, ridesharing, and medical transportation services under this benefit.</p>

Mass Advantage Plus (HMO)

Over-the-Counter (OTC) Items

You have \$120 every quarter to spend on plan approved OTC items. OTC items must be ordered through Nations Benefits.

Any unused money will carry over to the next quarter but will not carry over to the next benefit year.

Please visit www.MassAdvantage.com to see the list of covered over-the counter items.

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

Mass Advantage Plus (HMO)

PART D PRESCRIPTION DRUGS

Deductible Stage

No deductible

Initial Coverage Stage

You pay the following until your total yearly drug costs reach \$5,030. 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)	\$0 copay	\$0 copay
Tier 2 (Generic)	\$4 copay	\$8 copay
Tier 3 (Preferred Brand)	\$47 copay	\$94 copay
Tier 4 (Non-Preferred Drug)	\$100 copay	\$200 copay
Tier 5 (Specialty Tier)	33% coinsurance	33% coinsurance

Standard Mail Order Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay
Tier 2 (Generic)	\$4 copay	\$8 copay
Tier 3 (Preferred Brand)	\$47 copay	\$94 copay
Tier 4 (Non-Preferred Drug)	\$100 copay	\$200 copay
Tier 5 (Specialty Tier)	33% coinsurance	33% coinsurance

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

Insulin: Although all of the insulins covered by our plan are on Tier 3, what you pay is lower than our plan's Tier 3 copay. You pay \$35 for a one-monthly supply of insulin. You pay this amount all year long until the Catastrophic Coverage stage.:

Vaccines: You pay \$0 for your vaccines that are covered under Part B (e.g. flu vaccine, COVID vaccine) and Part D (e.g. Shingrix) all year long.

Mass Advantage Plus (HMO)

Coverage Gap Stage	<p>Tiers 1 and 2 drugs: You continue to pay the copay amounts that apply during the Initial Coverage Stage.</p> <p>Tiers 3, 4, and 5 drugs: After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs (plus a portion of the dispensing fee) and 25% of the plan's cost for covered generic drugs until your costs total \$8,000 which is the end of the coverage gap.</p>
Catastrophic Stage	<p>After your yearly out-of-pocket drug costs reach \$8,000, you pay \$0 for all covered Part D drugs for the remainder of the calendar year.</p>

For more information, please contact:

Mass Advantage
PO Box 830059
Birmingham AL 35283
www.MassAdvantage.com

This document is available in Spanish and in other formats such as large print, braille, audio, or other alternate formats.

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

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Prospective members should call: 1-844-514-0674 (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.

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2024 Summary of Benefits

Mass Advantage Premiere (PPO)
H9904 001

January 1, 2024 – December 31, 2024

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 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 www.MassAdvantage.com.

This Mass Advantage Premiere (PPO) 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. You can access information about how the coverage works, including covered drugs as well as coverage limitations on our website at www.MassAdvantage.com.

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	Not Applicable
Maximum Out-of-Pocket Responsibility	<p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$6,550 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 – 5: \$370 copay per day</p> <p>Days 6 – beyond: \$0 copay per day</p> <p>Out-of-network:</p> <p>35% 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>
Ambulatory Surgical Center*	<p>In-network:</p> <p>\$275 copay per visit</p> <p>Out-of-network:</p> <p>40% coinsurance per visit</p>

Mass Advantage Premiere (PPO)

Skilled Nursing Facility (SNF)*	<p>In-network:</p> <p>Days 1 – 20: \$0 copay per day</p> <p>Day 21 – 51: \$190 copay per day</p> <p>Day 52 – 100: \$0 copay per day</p> <p>Out-of-network:</p> <p>20% coinsurance per day</p>
Preventive Care	<p>In-network and Out-of-network:</p> <p>There is no coinsurance, copayment, or deductible for Medicare-covered preventive services.</p>
Doctor Visits	<p>In-network:</p> <p>Primary Care: \$0 copay per visit</p> <p>Specialist: \$45 copay per visit</p> <p>Out-of-network:</p> <p>Primary Care: \$0 copay per visit</p> <p>Specialist: \$65 copay per visit</p>
Telehealth Services	<p>In-network:</p> <p>Primary Care Physician Services: \$0 copay per visit</p> <p>Physician Specialist Services: \$45 copay per visit</p> <p>Individual Sessions for Mental Health Specialty Services: \$0</p> <p>Individual Sessions for Outpatient Substance Abuse: \$0</p> <p>Out-of-network:</p> <p>Not covered</p>
Diagnostic Services/ Labs/Imaging*	<p>In-network:</p> <p>Lab services: \$0 copay</p> <p>Diagnostic tests and procedures: \$20 copay</p> <p>Outpatient X-ray services: \$0 copay</p> <p>Diagnostic Radiology services (such as, MRI, MRA, CT, PET): \$150 copay</p> <p>Out-of-network:</p>

Mass Advantage Premiere (PPO)

	<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>
Chiropractic Care	<p>In-network:</p> <p>Chiropractic Care (Medicare-covered): \$15 copay per visit</p> <p>Out-of-network:</p> <p>Chiropractic Care (Medicare-covered): \$65 copay per visit</p>
Outpatient Rehabilitation*	<p>In-network:</p> <p>Occupational therapy: \$30 copay per visit</p> <p>Speech and language therapy: \$30 copay per visit</p> <p>Physical therapy: \$30 copay per visit</p> <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>
Mental Health Services*	<p>In-network:</p> <p>Outpatient group therapy: \$30 copay per visit</p> <p>Outpatient individual therapy: \$30 copay per visit</p> <p>Inpatient Psychiatric Care:</p> <ul style="list-style-type: none"> Days 1 – 5: \$350 per day Days 6 – 90: \$0 per day <p>Out-of-network:</p> <p>Outpatient group therapy: 40% copay per visit</p> <p>Outpatient individual therapy: 40% copay per visit</p> <p>Inpatient Psychiatric Care: 40% coinsurance per visit</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 emergency care copay.</p>

Mass Advantage Premiere (PPO)

	Worldwide Emergency Coverage: \$90 copay per visit
Urgently Needed Services	In-network and Out-of-network: \$40 copay per visit
Ambulance*	In-network and Out-of-network: Ground Ambulance: \$275 copay (per one-way trip) Air Ambulance: \$275 copay (per one-way trip) If you are admitted to the hospital, you do not have to pay your ambulance services copay.
Medicare Part B Drugs*	In-network and Out-of-network: Chemotherapy drugs: Up to 20% coinsurance Other Part B drugs: Up to 20% coinsurance
Medical Equipment/Supplies*	In-network: Durable Medical Equipment (e.g., wheelchairs, oxygen): 20% coinsurance Prosthetics (e.g., braces, artificial limbs): 20% coinsurance Diabetic supplies: <ul style="list-style-type: none"> 0% coinsurance for Medicare-covered diabetic monitoring supplies from a preferred manufacturer 0% coinsurance for Medicare-covered therapeutic shoes or inserts for people with diabetes who have severe diabetic foot disease. Out-of-network: Durable Medical Equipment (e.g., wheelchairs, oxygen): 40% coinsurance Prosthetics (e.g., braces, artificial limbs): 40% coinsurance Diabetic supplies: 40% coinsurance

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

Mass Advantage Premiere (PPO)

ADDITIONAL BENEFITS

Dental Services

In-network:

Dental services (Medicare-covered): \$45 copay per visit

Preventive and Comprehensive dental services outlined below must be received from a DentaQuest provider.

Preventive Dental Services include the following: \$0 copay

- Oral exam (2 per calendar year)
- Cleaning (2 per calendar year)
- Fluoride treatment (2 per calendar year)
- Dental X-rays (1 set per calendar year)
 - One vertical bitewing imaging, and one panoramic imaging is covered once every 36 months
 - Intraoral occlusal imaging is covered twice every 24 months
 - Intraoral-complete series is covered once every 36 months
- Comprehensive oral exam is covered once every 36 months

Comprehensive dental services including restorative services, periodontics, and extractions*: 20% coinsurance for each service

Out-of-network:

Dental services (Medicare-covered): \$65 copay per visit

Preventive Dental Services include the following: 20% coinsurance for each service outlined below

- Oral exam (2 per calendar year)
- Cleaning (2 per calendar year)
- Fluoride treatment (2 per calendar year)
- Dental X-rays (1 set per calendar year)
 - One vertical bitewing imaging, and one panoramic imaging is covered once every 36 months
 - Intraoral occlusal imaging is covered twice every 24 months

Mass Advantage Premiere (PPO)

	<ul style="list-style-type: none"> ○ Intraoral-complete series is covered once every 36 months • Comprehensive oral exam is covered once every 36 months <p>Comprehensive dental services including restorative services, periodontics, and extractions*: 20% coinsurance for each service</p> <p>*You should review your Evidence of Coverage (EOC) for additional details and coverage limits.</p> <p>There is an in-network and out-of-network combined plan benefit maximum of \$2,000 each calendar year for comprehensive dental services.</p>
Hearing Services	<p>In-network:</p> <p>Hearing exam (Medicare-covered): \$45 copay</p> <p>Routine and Hearing Aids services outlined below must be received from a NationsBenefits Hearing Health Care provider.</p> <p>Routine hearing exam: \$0 copay (1 every calendar year)</p> <p>Entry Hearing Aids: \$500 per hearing aid</p> <p>Basic Hearing Aids: \$675 per hearing aid</p> <p>Prime Hearing Aids: \$975 per hearing aid</p> <p>Preferred Hearing Aids: \$1,275 per hearing aid</p> <p>Advanced Hearing Aids: \$1,575 per hearing aid</p> <p>Premium Hearing Aids: \$1,975 per hearing aid</p> <p>Limit of 2 hearing aids per calendar year, (one per ear).</p> <p>Out-of-network:</p> <p>Hearing exam (Medicare-covered): \$65 copay</p> <p>Routine and Hearing Aids services must be received from a NationsBenefits Hearing Health Care provider.</p> <p>Routine hearing exam: \$65 copay (1 every calendar year)</p> <p>Hearing Aids: The same as in-network copays for the different types of hearing aids (as indicated above).</p>
Vision Services	<p>In-network:</p> <p>Vision exam (Medicare-covered): \$45 copay per visit</p>

Mass Advantage Premiere (PPO)

	<p>Routine and vision services outlined below must be received by an EyeQuest provider.</p> <p>Routine eye exam: \$0 copay per visit (up to 1 every calendar year)</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>\$200 combined in and out-of-network allowance every calendar year to use towards the purchase of contact lenses, eyeglass lenses, and eyeglass frames.</p>
Flex Card	<p>In-network and Out-of-network:</p> <p>Wallet: \$400 – Fitness, weight management, nutritional/dietary, eyewear, mindfulness programs</p> <p>The flex card is preloaded with the full benefit amount and members choose where to use it. Members may pay a portion or the full cost of an item or buy a combination of items up to the allotted limit.</p> <p>Flex card is not eligible for cost sharing for covered benefits.</p>
Transportation*	<p>In-network and Out-of-network:</p> <p>\$0 copay for 6 one-way rides per year for plan approved health-related locations.</p> <p>Members can use taxi, ridesharing, and medical transportation services under this benefit.</p>
Over-the-Counter (OTC) Items	<p>In-network and Out-of-network:</p> <p>You have \$90 every quarter to spend on plan approved OTC items. OTC items must be ordered through NationsBenefits.</p> <p>Any unused money will carry over to the next quarter but will not carry over to the next benefit year.</p> <p>Please visit www.MassAdvantage.com to see the list of covered over-the counter items.</p>

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Mass Advantage Premiere (PPO)

PART D PRESCRIPTION DRUGS

Deductible Stage	\$250 deductible for drugs on Tiers 3, 4 and 5																																				
Initial Coverage Stage	<p>You pay the following until your total yearly drug costs reach \$5,030. 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><tr><th>Tier</th><th>One-month supply</th><th>Three-month supply</th></tr><tr><td>Tier 1 (Preferred Generic)</td><td>\$2 copay</td><td>\$4 copay</td></tr><tr><td>Tier 2 (Generic)</td><td>\$6 copay</td><td>\$12 copay</td></tr><tr><td>Tier 3 (Preferred Brand)</td><td>\$42 copay</td><td>\$84 copay</td></tr><tr><td>Tier 4 (Non-Preferred Drug)</td><td>\$95 copay</td><td>\$190 copay</td></tr><tr><td>Tier 5 (Specialty Tier)</td><td>29% coinsurance</td><td>29% coinsurance</td></tr></table> <p>Standard Mail Order Cost-Sharing</p> <table><tr><th>Tier</th><th>One-month supply</th><th>Three-month supply</th></tr><tr><td>Tier 1 (Preferred Generic)</td><td>\$2 copay</td><td>\$4 copay</td></tr><tr><td>Tier 2 (Generic)</td><td>\$6 copay</td><td>\$12 copay</td></tr><tr><td>Tier 3 (Preferred Brand)</td><td>\$42 copay</td><td>\$84 copay</td></tr><tr><td>Tier 4 (Non-Preferred Drug)</td><td>\$95 copay</td><td>\$190 copay</td></tr><tr><td>Tier 5 (Specialty Tier)</td><td>29% coinsurance</td><td>29% coinsurance</td></tr></table> <p>Your cost-sharing may be different if you use a Long-Term Care pharmacy, or an out-of-network pharmacy.</p> <p>Insulin: Although all of the insulins covered by our plan are on Tier 3, what you pay is lower than our plan’s Tier 3 copay. You pay \$35 for a one-month supply of insulin. You pay this amount all year long until the Catastrophic Coverage stage.</p> <p>Vaccines: You pay \$0 for your vaccines that are covered under Part B (e.g. flu vaccines, COVID vaccine) and Part D (e.g. Shingrix) all year long.</p>	Tier	One-month supply	Three-month supply	Tier 1 (Preferred Generic)	\$2 copay	\$4 copay	Tier 2 (Generic)	\$6 copay	\$12 copay	Tier 3 (Preferred Brand)	\$42 copay	\$84 copay	Tier 4 (Non-Preferred Drug)	\$95 copay	\$190 copay	Tier 5 (Specialty Tier)	29% coinsurance	29% coinsurance	Tier	One-month supply	Three-month supply	Tier 1 (Preferred Generic)	\$2 copay	\$4 copay	Tier 2 (Generic)	\$6 copay	\$12 copay	Tier 3 (Preferred Brand)	\$42 copay	\$84 copay	Tier 4 (Non-Preferred Drug)	\$95 copay	\$190 copay	Tier 5 (Specialty Tier)	29% coinsurance	29% coinsurance
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Mass Advantage Premiere (PPO)

Coverage Gap Stage	<p>Tiers 1 and 2 drugs: You continue to pay the copay amounts that apply during the Initial Coverage Stage.</p> <p>Tiers 3, 4, and 5 drugs: After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs (plus a portion of the dispensing fee) and 25% of the plan's cost for covered generic drugs until your costs total \$8,000 which is the end of the coverage gap.</p>
Catastrophic Stage	<p>After your yearly out-of-pocket drug costs reach \$8,000, you pay \$0 for all covered Part D drugs for the remainder of the calendar year.</p>

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MASS **ADVANTAGE**



Mass Advantage Utilization Management (UM)

Our UM Program has several parts. These include but are not limited to:

- Preauthorization for various procedures, medical services, treatments, prescription drugs and DME.
- Review of the appropriateness of inpatient admissions.
- Prior approval for referrals to non-participating health care providers, if applicable.
- Case management.
- Preservice review- or authorization of services requested before they have been performed.
- Appeals – a formal way of asking us to review and change a coverage decision we have made.
- Concurrent Review of ongoing inpatient and home health coverage.
- Post service review or authorization of services requested after they have been performed.

Our goal is to encourage the highest quality of care in the right place at the right time from the right health care provider.

Health care providers cooperate with our UM Program and your role as a member is to allow us access to data and allow us to collect data to conduct UM reviews and decisions.

The Utilization Management (UM) Program is a component of the Clinical Operations Department and monitors both access and quality of care using nationally recognized, evidence — based standards of care across the Medicare lines of business. All requests are assessed based on medical necessity and appropriateness of services using a hierarchy of medical evidence that includes nationally recognized criteria, such as MCG® Guidelines, the Centers for Medicare and Medicaid Services' (CMS) definition of medical necessity and CMS National and Local Coverage Determinations, and Magellan coverage guidelines, when authorizing the delivery of healthcare services to members.

Filing an Appeal: If we make a coverage decision and you are not satisfied with this decision, you can “appeal” the decision. An appeal is a formal way of asking us to review and change a coverage decision we have made.

When you appeal a decision for the first time, this is called a Level 1 Appeal and it must be submitted in writing. In this appeal, we review the coverage decision we made to check to see if we were following all the rules properly. Your appeal is handled by different reviewers than those who made the original unfavorable decision. When we have completed the review, we will send you our decision in writing.

If we say no to all or part of your Level 1 Appeal, you can go on to a Level 2 Appeal. The Level 2 Appeal is conducted by an Independent Review Organization that is not connected to us. (In some situations, your case will be automatically sent to the Independent Review Organization for a Level 2 Appeal. In other situations, you will need to ask for a Level 2 Appeal.) If you are not satisfied with the decision at the Level 2 Appeal, you may be able to continue through additional levels of appeal.

Members and Prospects can find more information about Utilization Management or how to file an appeal by contacting us at (844) 614-0745 TTY: 711. Our office hours are Sunday through Saturday, 8:00 a.m. to 8:00 p.m. EST for October 1 through March 31 and Monday through Friday, 8:00 a.m. to 8:00 p.m. EST for April 1 through September 30. Or visit us at [MassAdvantage.com](https://www.massadvantage.com).