MASS ADVANTAGE

MASS ADVANTAGE BASIC (HMO)
OFFERED BY MASS ADVANTAGE

ANNUAL NOTICE OF CHANGES FOR 2024

Dear Mass Advantage Basic (HMO) Member:

You are currently enrolled as a member of Mass Advantage Basic (HMO). Next year, there will be changes to the plan's costs and benefits. Please see page 4 for a Summary of Important Costs, including Premium.

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the **Evidence of Coverage**, which is located on our website at www.MassAdvantage.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- You have from October 15 until December 7 to make changes to your Medicare coverage for next year.

WHAT TO DO NOW

1. ASK: Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to Medical care costs (doctor, hospital).
- Review the changes to our drug coverage, including authorization requirements and costs.
- Think about how much you will spend on premiums, deductibles, and cost sharing.

☐ Check the changes in the 2024 "Drug List" to make sure the drugs you currently take are still covered.

☐ Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies will be in our network next year.

☐ Think about whether you are happy with our plan.

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2. COMPARE: Learn about other plan choices

☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your ***Medicare & You 2024*** handbook.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in Mass Advantage Basic (HMO).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with Mass Advantage Basic (HMO).
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

ADDITIONAL RESOURCES

- Please contact our Member Services number at 1-844-918-0114 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m. EST, 7 days a week between October 1st and March 31st, and 8 a.m. to 8 p.m. EST, Monday through Friday between April 1st and September 30th. This call is free.
- We must provide information in a way that works for you (e.g., in languages other than English, in large print, braille, audio, or other alternate formats) when requested.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

ABOUT MASS ADVANTAGE BASIC (HMO)

- Mass Advantage is a Medicare Advantage organization with a Medicare contract offering HMO and PPO plans. Enrollment in Mass Advantage depends on contract renewal.
- When this document says "we," "us," or "our", it means Mass Advantage. When it says "plan" or "our plan," it means Mass Advantage Basic (HMO).

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ANNUAL NOTICE OF CHANGES FOR 2024

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SUMMARY OF IMPORTANT COSTS FOR 2024

The table below compares the 2023 costs and 2024 costs for Mass Advantage Basic (HMO) in several important areas. Please note this is only a summary of costs.

COST	2023 (THIS YEAR)	2024 (NEXT YEAR)
Monthly Plan Premium* **Your premium may be higher than this amount. See Section 2.1 for details.*	$0	$0
Maximum Out-of-Pocket Amount *This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)*	$6,500	$6,500
Doctor Office Visits	Primary care visits: $0 per visit Specialist visits: $40 per visit	Primary care visits: $0 per visit Specialist visits: $40 per visit
Inpatient Hospital Stays	Days 1-5: You pay a $370 copay per day. Days 6 and beyond: You pay a $0 copay per day.	Days 1-5: You pay a $390 copay per day. Days 6 and beyond: You pay a $0 copay per day.
Part D Prescription Drug Coverage (See Section 2.5 for details.)	Deductible: $195 Except for covered insulin products and most adult Part D vaccines.	Deductible: $200 Except for covered insulin products and most adult Part D vaccines.

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COST	2023 (THIS YEAR)	2024 (NEXT YEAR)
Part D Prescription Drug Coverage (continued) (See Section 2.5 for details.)	Copayment during the Initial Coverage Stage at a retail or mail order pharmacy: • Drug Tier 1 (Preferred Generic): (30/90 day): $0/$0 • Drug Tier 2 (Generic): (30/90 day): $4/$8 • Drug Tier 3 (Preferred Brand): (30/90 day): $47/$94 You pay $35 per month supply of each covered insulin product on this tier • Drug Tier 4 (Non-Preferred): (30/90 day): $100/$200 • Drug Tier 5 (Specialty): (30/90 day): 30% Coinsurance Catastrophic Coverage: • During this payment stage, the plan pays most of the cost for your covered drugs. • For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called coinsurance), or a copayment ($4.15 for a generic drug or a drug that is treated like a generic, and $10.35 for all other drugs.)	Copayment during the Initial Coverage Stage at a retail or mail order pharmacy: • Drug Tier 1 (Preferred Generic): (30/90 day): $0/$0 • Drug Tier 2 (Generic): (30/90 day): $4/$8 • Drug Tier 3 (Preferred Brand): (30/90 day): $47/$94 You pay $35 per month supply of each covered insulin product on this tier. • Drug Tier 4 (Non-Preferred): (30/90 day): $100/$200 • Drug Tier 5 (Specialty): (30/90 day): 30% Coinsurance Catastrophic Coverage: • During this payment stage, the plan pays the full cost for your covered Part D drugs. • You may have cost sharing for drugs that are covered under our enhanced benefit

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SECTION 1
UNLESS YOU CHOOSE ANOTHER PLAN, YOU WILL BE AUTOMATICALLY ENROLLED IN MASS ADVANTAGE BASIC (HMO) IN 2024

If you do nothing by December 7, 2023, we will automatically enroll you in our Mass Advantage Basic (HMO). This means starting January 1, 2024, you will be getting your medical and prescription drug coverage through Mass Advantage Basic (HMO). If you want to change plans or switch to Original Medicare, you must do so between October 15 and December 7. If you are eligible for "Extra Help," you may be able to change plans during other times.

SECTION 2
CHANGES TO BENEFITS AND COSTS FOR NEXT YEAR

Section 2.1 – Changes to the Monthly Premium

COST	2023 (THIS YEAR)	2024 (NEXT YEAR)
Monthly Premium (You must also continue to pay your Medicare Part B premium.)	$0	$0

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

COST	2023 (THIS YEAR)	2024 (NEXT YEAR)
Maximum Out-of-pocket Amount. Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$6,500	$6,500 Once you have paid $6,500 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at www.MassAdvantage.com. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are no changes to our network of providers for next year.

There are changes to our network of pharmacies for next year. Please review the 2024 Pharmacy Directory to see which pharmacies are in our network.

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

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Section 2.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

COST	2023 (THIS YEAR)	2024 (NEXT YEAR)
Inpatient Hospital Stays	Days 1-5: You pay a $370 copay per day Days 6-90: You pay a $0 copay per day	Days 1-5: You pay a $390 copay per day Days 6-90: You pay a $0 copay per day
Observation Services	You pay a $350 copay for each Medicare-covered observation stay	You pay a $325 copay for each Medicare-covered observation stay
Skilled Nursing Facility	Days 1-20: You pay a $0 copay per day. Days 21-51: You pay a $196 copay per day. Days 52-100: You pay a $0 copay per day. Days 100 and beyond: You pay all costs	Days 1-20: You pay a $0 copay per day. Days 21-51: You pay a $188 copay per day. Days 52-100: You pay a $0 copay per day. Days 100
Ambulatory Surgical Center	You pay a $300 copay for each Medicare-covered visit to an ambulatory surgical center	You pay a $295 copay for each Medicare-covered visit to an ambulatory surgical center
Ambulance Services	Ambulance (Ground): You pay a $300 copay per one-way trip Ambulance (Air): You pay a $300 copay per one-way trip	Ambulance (Ground): You pay a $295 copay per one-way trip Ambulance (Air): You pay a $295 copay per one-way trip
Other Health Care Professional	You pay a $45 copay per visit	You pay a $40 copay per visit
Occupational Therapy	You pay a $20 copay for each Medicare-covered visit	You pay a $10 copay for each Medicare-covered visit
Chiropractic Service	You pay a $20 copay for each Medicare-covered visit	You pay a $15 copay for each Medicare-covered visit

<table>
<tr><th>COST</th><th>2023 (THIS YEAR)</th><th>2024 (NEXT YEAR)</th></tr>
<tr><td>Outpatient Substance Abuse Services</td><td>You pay a $40 copay for each Medicare-covered individual therapy visit

You pay a $40 copay for each Medicare-covered group therapy visit</td><td>You pay a $30 copay for each Medicare-covered individual therapy visit

You pay a $30 copay for each Medicare-covered group therapy visit</td></tr>
<tr><td>Over-the-Counter (OTC) Items</td><td>You pay $0 for covered OTC items

Up to $50 per calendar quarter and must be ordered through Convey Health Solutions</td><td>You pay $0 for covered OTC items

Up to $90 per calendar quarter and must be ordered through NationsBenefits</td></tr>
<tr><td>Dental Services</td><td>You pay 50% of the total cost of comprehensive dental services up to an annual maximum of $1,000

Comprehensive care includes:
• Diagnostic services – 1 per calendar year
• Restorative services – 1 per 24 months
• Endodontics
• Periodontics – 1 visit every 3 years
• Extractions – once per tooth per lifetime
• Prosthodontics, including dentures, other oral/ maxillofacial surgery, and other services
  – Basic and resin restorative services are covered at one per tooth, once in 24 months</td><td>You pay $0 for comprehensive dental services up to an annual maximum of $1,500

Comprehensive care includes:
• Diagnostic services – 1 per calendar year
• Restorative services – 1 per 24 months
• Endodontics – limited coverage
• Periodontics – 1 visit every 3 years
• Extractions – once per tooth per lifetime
• Oral/maxillofacial surgery, and other services
  – Basic and resin restorative services are covered at one per tooth, once in 24 months

Dental coverage can be supplemented with Flex Card. Flex Card can be used for preventive and comprehensive dental services not covered by DentaQuest providers, including services at out-of-network providers.</td></tr>
</table>

COST	2023 (THIS YEAR)	2024 (NEXT YEAR)
In Home Support	You pay $0 for up to 12 hours per calendar year of assistance with independent daily living activities, such as helping with light chores, errands, tech support, and transportation up to 30 miles one-way, and more. Members must use the Plan approved provider.	You pay $0 for up to $500 per year on Flex Card covered in-home support and companion care for assistance with independent daily living activities, such as helping with light chores, errands, and tech-support
Flex Card Allowance	You pay $0 for up to $300 per year on covered items including Eyewear, Fitness, Weight Management, Nutritional/Dietary, and Mindfulness Programs Additional $50 benefit in Flex Wallet to be used for parking. Only for members with certain chronic health conditions Prior Authorization may be required	**Wallet 1:** You pay $0 for up to $650 per year on covered Flex Card items including Dental*, Eyewear upgrades, Fitness, Weight Management, Nutritional/Dietary and Mindfulness Programs **Wallet 2:** You pay $0 for up to $500 per year on Flex Card covered in-home support and companion care for assistance with independent daily living activities, such as helping with light chores, errands, and tech-support **Wallet 3:** You pay $0 for up to $50 per year on covered Flex Card parking services for members with certain chronic health conditions **Dental services not covered through DentaQuest*

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Section 2.5 – Changes to Part D Prescription Drug Coverage

Changes to Our "Drug List"

Our list of covered drugs is called a Formulary or "Drug List." A copy of our "Drug List" is provided electronically. **You can get the complete "Drug List"** by calling Member Services (see the back cover) or visiting our website www.MassAdvantage.com.

We made changes to our "Drug List," which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. Review the "Drug List" to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.

Most of the changes in the "Drug List" are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online "Drug List" to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), the information about costs for Part D prescription drugs may not apply to you. We sent you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive "Extra Help" and you haven't received this insert by September 30,2023, please call Member Services and ask for the LIS Rider.

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

STAGE	2023 (THIS YEAR)	2024 (NEXT YEAR)
Stage 1: Yearly Deductible Stage During this stage, you pay the full cost of your Tier 3, 4, and 5 drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.	The deductible is $195 During this stage, you pay $0 copayment for drugs on Tier 1, $4 copayment for drugs on Tier 2, and the full cost of drugs on Tiers 3, 4, and 5 until you have reached the yearly deductible.	The deductible is $200 During this stage, you pay $0 copayment for drugs on Tier 1, $4 copayment for drugs on Tier 2, and the full cost of drugs on Tiers 3, 4, and 5 until you have reached the yearly deductible.

Changes to Your Cost Sharing in the Initial Coverage Stage

STAGE	2023 (THIS YEAR)	2024 (NEXT YEAR)
Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and you **pay your share of the cost.** Most adult Part D vaccines are covered at no cost to you.	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: **Tier 1 (Preferred Generic) Drugs:** You pay $0 per prescription. **Tier 2 (Generic) Drugs:** You pay $4 per prescription. **Tier 3 (Preferred Brand) Drugs:** You pay $47 per prescription. You pay $35 per month supply of each covered insulin product on this tier. **Tier 4 (Non-Preferred) Drugs:** You pay $100 per prescription. **Tier 5 (Specialty) Drugs:** You pay 30% of the total cost.	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: **Tier 1 (Preferred Generic) Drugs:** You pay $0 per prescription. **Tier 2 (Generic) Drugs:** You pay $4 per prescription. **Tier 3 (Preferred Brand) Drugs:** You pay $47 per prescription. You pay $35 per month supply of each covered insulin product on this tier. **Tier 4 (Non-Preferred) Drugs:** You pay $100 per prescription. **Tier 5 (Specialty) Drugs:** You pay 30% of the total cost.

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Stage 2: Initial Coverage Stage (continued) The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your Evidence of Coverage. We changed the tier for some of the drugs on our "Drug List." To see if your drugs will be in a different tier, look them up on the "Drug List."	Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage). OR you have paid $7,400 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).	Once your total drug costs have reached $5,030, you will move to the next stage (the Coverage Gap Stage). OR you have paid $8,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

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SECTION 3
ADMINISTRATIVE CHANGES

Mass Advantage is partnering with a new Pharmacy Benefit Manager (PBM) in 2024. Our PBM helps administer your pharmacy benefits. You will need to take your new ID card to your pharmacy so they can submit your claims to our new PBM.

DESCRIPTION	2023 (THIS YEAR)	2024 (NEXT YEAR)
Pharmacy Benefit Manager (PBM)	SS&C Technologies, Inc.	Magellan Rx Management

SECTION 4
DECIDING WHICH PLAN TO CHOOSE

Section 4.1 – If You Want to Stay in Mass Advantage Basic (HMO)

To stay in our plan, you don’t need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Mass Advantage Basic (HMO).

Section 4.2 – If You Want to Change Plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn About and Compare Your Choices

- You can join a different Medicare health plan,
- OR –You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the Medicare & You 2024 handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see section 8.2).

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As a reminder, Mass Advantage offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change Your Coverage

- To **change to a different Medicare health plan,** enroll in the new plan. You will automatically be disenrolled from Mass Advantage Basic (HMO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Mass Advantage Basic (HMO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
  - Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 5
DEADLINE FOR CHANGING PLANS

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

Are there Other Times of the Year to Make a Change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

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SECTION 6
PROGRAMS THAT OFFER FREE COUNSELING ABOUT MEDICARE

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Massachusetts, the SHIP is called Service the Health Insurance Needs of Everyone (SHINE).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHINE counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHINE at 1-800-243-4636 or TTY/ASCII at 1-800-439-2370. You can learn more about SHINE by visiting their website www.mass.gov/health-insurance-counseling.

SECTION 7
PROGRAMS THAT HELP PAY FOR PRESCRIPTION DRUGS

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office (applications).
- **Help from your state's pharmaceutical assistance program.** Massachusetts has a program called Prescription Advantage that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Massachusetts HIV Drug Assistance Program (HDAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-228-2714.

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SECTION 8
QUESTIONS?

Section 8.1 – Getting Help from Mass Advantage Basic (HMO)

Questions? We're here to help. Please call Member Services at 1-844-918-0114. (TTY only, call 711). We are available for phone calls 7 days a week from 8 a.m. to 8 p.m. from October 1st through March 31st and Monday through Friday from 8 a.m. to 8 p.m. from April 1st through September 30th. Calls to these numbers are free.

Read Your 2024 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for Mass Advantage Basic (HMO). *The Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the Evidence of Coverage is located on our website at www.MassAdvantage.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.MassAdvantage.com. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our List of Covered Drugs (Formulary/"Drug List").

Section 8.2 – Getting Help from Medicare

To Get Information Directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

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Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or 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.

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