

## Plans & Benefits

	Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO) In-network/Out-of-network
<b>Monthly Plan Premium</b>	\$0	\$100	\$0
<b>Annual Physical &amp; Wellness Exam</b>	\$0 copay	\$0 copay	\$0 copay
<b>Primary Care Physician (PCP) Visit</b>	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit
<b>Specialist Office Visit (in person or via Telehealth)</b>	\$40 copay per visit	\$20 copay per visit	\$45 / \$65 copay per visit Telehealth not covered out of network
<b>Maximum Out of Pocket (MOOP)</b>	\$6,500 yearly out of pocket limit	\$3,450 yearly out of pocket limit	\$6,550 / \$11,300 combined yearly out of pocket limit
<b>Inpatient Hospital, Acute Admission</b>	<ul style="list-style-type: none"> <li>\$390 copay each day for days 1 to 5</li> <li>\$0 copay per day for days 6 - beyond</li> </ul>	<ul style="list-style-type: none"> <li>\$200 copay each day for days 1 to 5</li> <li>\$0 copay per day for days 6 - beyond</li> </ul>	<ul style="list-style-type: none"> <li>\$370 copay each day for days 1 to 5 / 35%</li> <li>\$0 copay per day for days 6 - beyond</li> </ul>
<b>Ambulatory Surgical Center (ASC)</b>	\$295 copay	\$150 copay	\$275 copay / 40%
<b>Emergency Care</b>	\$90 copay per visit (waived if admitted within 24 hours)	\$90 copay per visit (waived if admitted within 24 hours)	\$90 copay per visit (waived if admitted within 24 hours)
<b>Urgent Care</b>	\$10 copay per visit	\$0 copay per visit	\$40 copay per visit
<b>Ambulance</b>	\$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
<b>Diagnostic Tests, X-rays and Lab Services</b>	<ul style="list-style-type: none"> <li>Diagnostic tests and procedures: \$20 copay</li> <li>Outpatient X-ray services: \$0 copay</li> <li>Lab services: \$0 copay</li> </ul>	<ul style="list-style-type: none"> <li>Diagnostic tests and procedures: \$0 copay</li> <li>Outpatient X-ray services: \$0 copay</li> <li>Lab services: \$0 copay</li> </ul>	<ul style="list-style-type: none"> <li>Diagnostic tests and procedures: \$20 copay / 40% coinsurance</li> <li>Outpatient X-ray services: \$0 copay/40% coinsurance</li> <li>Lab services: \$0 copay / 40% coinsurance</li> </ul>
<b>Dental Services</b>	<ul style="list-style-type: none"> <li>\$0 copay for <b>in-network</b> preventive services including routine dental exams, cleanings, and X-Rays</li> <li>\$0 copay for limited <b>in-network</b> comprehensive services including restorative services, periodontics, and extractions with an annual allowance limit of \$1,500</li> <li><b>Flex card</b> can be used for preventive and comprehensive dental services not covered by DentaQuest providers</li> </ul>	<ul style="list-style-type: none"> <li>\$0 copay for <b>in-network</b> preventive services including routine dental exams, cleanings, and X-Rays</li> <li>\$0 copay for limited <b>in-network</b> comprehensive services including restorative services, periodontics, and extractions with an annual allowance limit of \$2,000</li> <li><b>Flex card</b> can be used for preventive and comprehensive dental services not covered by DentaQuest providers</li> </ul>	<ul style="list-style-type: none"> <li>\$0 copay for <b>in-network</b> preventive services including routine dental exams, cleanings, and X-Rays</li> <li>\$2,000 annual comprehensive allowance</li> <li>20% coinsurance for comprehensive service in-network</li> <li>20% coinsurance for any out-of-network preventive and comprehensive dental services</li> </ul>
<b>Routine Eye Exam, Vision Benefit</b>	<ul style="list-style-type: none"> <li>\$0 copay, 1 per year</li> <li>Up to \$200 allowance annually</li> </ul>	<ul style="list-style-type: none"> <li>\$0 copay, 1 per year</li> <li>Up to \$200 allowance annually</li> </ul>	<ul style="list-style-type: none"> <li>\$0/\$65 copay, 1 per year</li> <li>Up to \$200 allowance annually</li> </ul>
<b>Routine Hearing Exam, Hearing Aid Benefit</b>	<ul style="list-style-type: none"> <li>\$0 copay, 1 per year</li> <li>6 options available: ranging from \$500 - \$1,975 copay per hearing aid</li> <li>Limit 2 per year / 1 per ear</li> </ul>	<ul style="list-style-type: none"> <li>\$0 copay, 1 per year</li> <li>6 options available: ranging from \$500 - \$1,975 copay per hearing aid</li> <li>Limit 2 per year / 1 per ear</li> </ul>	<ul style="list-style-type: none"> <li>\$0/\$65 copay, 1 per year</li> <li>6 options available: ranging from \$500 - \$1,975 copay per hearing aid</li> <li>Limit 2 per year / 1 per ear</li> </ul>
<b>Over-the-Counter Supplies</b>	\$90 quarterly allowance for over-the-counter products available online, over the phone or mail order	\$120 quarterly allowance for over-the-counter products available online, over the phone or mail order	\$90 quarterly allowance for over-the-counter products available online, over the phone or mail order
<b>Flex Card (Wallet #1)</b>	\$650 annual allowance for: <ul style="list-style-type: none"> <li>Preventive and comprehensive dental services not covered by DentaQuest providers</li> <li>Fitness (programs, memberships, wearables)</li> <li>Weight management programs and services</li> <li>Nutritional/Dietary membership and programs</li> <li>Eyewear upgrades</li> </ul>	\$775 annual allowance for: <ul style="list-style-type: none"> <li>Preventive and comprehensive dental services not covered by DentaQuest providers</li> <li>Fitness (programs, memberships, wearables)</li> <li>Weight management programs and services</li> <li>Nutritional/Dietary membership and programs</li> <li>Eyewear upgrades</li> </ul>	\$400 annual allowance for: <ul style="list-style-type: none"> <li>Fitness (programs, memberships, wearables)</li> <li>Weight management programs and services</li> <li>Nutritional/Dietary membership and programs</li> <li>Eyewear upgrades</li> </ul>
<b>Flex Card In-Home Support* (Wallet #2)</b>	\$500 additional allowance with the Flex Card	\$1,000 additional allowance with the Flex Card	N/A
<b>Flex Card Parking** (Wallet #3)</b>	\$50 additional allowance with the Flex Card for qualifying members	\$50 additional allowance with the Flex Card for qualifying members	N/A
<b>Personal Medical Alert System</b>	\$0 copay for device & monitoring	\$0 copay for device & monitoring	\$0 copay for device & monitoring
<b>Post Discharge Meal Services</b>	14 days post discharge (28 meals)	14 days post discharge (28 meals)	N/A
<b>Transportation Services</b>	\$0 copay / 12 one-way rides	\$0 copay / 12 one-way rides	\$0 copay / 6 one-way rides

\*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.



**FOR WORCESTER COUNTY  
RESIDENTS**

**2 0 2 4**

**PLANS & BENEFITS**



H7670\_241124\_M Approved  
H9904\_241125\_M Approved



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

A Medicare Advantage Plan

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

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

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

April 1 – September 3  
8 a.m. – 8 p.m. Monday – Friday

Or visit  
**MassAdvantage.com**

See inside for a brief overview  
of plans and benefits.

Mass Advantage was designed with the help of UMass Memorial Health providers with their patients needs in mind so your plan and your doctors can work together to coordinate your care.

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



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.

## Prescription Drug Benefits

Coverage Limit	Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
<b>Annual Prescription Drug Deductible</b>	\$200 annual deductible for Tier 3, Tier 4, & Tier 5 Part D prescription drugs only	\$0 annual deductible	\$250 annual deductible for Tier 3, Tier 4, & Tier 5 Part D prescription drugs only
<b>Initial Coverage</b>	After your yearly deductible, you pay the following until your total yearly drug costs paid by both you and Mass Advantage reach \$5,030		
<b>Tier 1</b> (Preferred Generic)	\$0/\$0 copay	\$0/\$0 copay	\$2/\$4 copay
<b>Tier 2</b> (Generic)	\$4/\$8 copay	\$4/\$8 copay	\$6/\$12 copay
<b>Tier 3</b> (Preferred Brand)	\$47/\$94 copay	\$47/\$94 copay	\$42/\$84 copay
<b>Tier 4</b> (Non-Preferred Brand)	\$100/\$200 copay	\$100/\$200 copay	\$95/\$190 copay
<b>Tier 5</b> (Specialty)	30% coinsurance Retail & Mail Order	33% coinsurance Retail & Mail Order	29% coinsurance Retail & Mail Order
<b>Coverage Gap</b>	You pay the following until you (and 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.		
<b>Tier 1</b> (Preferred Generic)	\$0/\$0 copay	\$0/\$0 copay	\$2/\$4 copay
<b>Tier 2</b> (Generic)	\$4/\$8 copay	\$4/\$8 copay	\$6/\$12 copay
<b>Tier 3</b> (Preferred Brand)	While you are in the coverage gap:		
<b>Tier 4</b> (Non-Preferred Brand)	• You pay 25% of the retail cost of both brand and generic medications in Tiers 3, Tier 4 & Tier 5 (plus a portion of the dispensing fee)		
<b>Tier 5</b> (Specialty)	• 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		
<b>Catastrophic Coverage New for 2024!</b>	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.