

2024 Mass Advantage Plans & Benefits

	Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO) In-network/Out-of-network
Monthly Plan Premium	\$0	\$100	\$0
Annual Physical & Wellness Exam	\$0 copay	\$0 copay	\$0 copay
Primary Care Physician (PCP) Visit	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit
Specialist Office Visit (in person or via Telehealth)	\$40 copay per visit	\$20 copay per visit	\$45 / \$65 copay per visit Telehealth not covered out of network
Maximum Out of Pocket (MOOP)	\$6,500 yearly out of pocket limit	\$3,450 yearly out of pocket limit	\$6,550 / \$11,300 combined yearly out of pocket limit
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 / 35% \$0 copay per day for days 6 - beyond
Ambulatory Surgical Center (ASC)	\$295 copay	\$150 copay	\$275 copay / 40%
Emergency Care	\$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)
Urgent Care	\$10 copay per visit	\$0 copay per visit	\$40 copay per visit
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
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: \$20 copay / 40% coinsurance Outpatient X-ray services: \$0 copay/40% coinsurance Lab services: \$0 copay / 40% coinsurance
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 limit 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 limit 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
Routine Eye Exam, Vision Benefit	<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
Routine Hearing Exam, Hearing Aid Benefit	<ul style="list-style-type: none"> \$0 copay, 1 per year 6 options available: ranging from \$500 - \$1,975 copay per hearing aid Limit 2 per year / 1 per ear 	<ul style="list-style-type: none"> \$0 copay, 1 per year 6 options available: ranging from \$500 - \$1,975 copay per hearing aid Limit 2 per year / 1 per ear 	<ul style="list-style-type: none"> \$0/\$65 copay, 1 per year 6 options available: ranging from \$500 - \$1,975 copay per hearing aid Limit 2 per year / 1 per ear
Over-the-Counter Supplies	\$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
Flex Card (Wallet #1)	\$650 annual allowance for: <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 	\$775 annual allowance for: <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 	\$400 annual allowance for: <ul style="list-style-type: none"> Fitness (programs, memberships, wearables) Weight management programs and services Nutritional/Dietary membership and programs Eyewear upgrades
Flex Card In-Home Support* (Wallet #2)	\$500 additional allowance with the Flex Card	\$1,000 additional allowance with the Flex Card	N/A
Flex Card Parking** (Wallet #3)	\$50 additional allowance with the Flex Card for qualifying members	\$50 additional allowance with the Flex Card for qualifying members	N/A
Personal Medical Alert System	\$0 copay for device & monitoring	\$0 copay for device & monitoring	\$0 copay for device & monitoring
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

*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.

2024 Mass Advantage Prescription Drug Benefits

Coverage Limit	Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
Annual Prescription Drug Deductible Deductible does not apply to insulins or vaccines.	\$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
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		
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 Brand)	\$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:		
Tier 4 (Non-Preferred Brand)	<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) 		
Tier 5 (Specialty)	<ul style="list-style-type: none"> 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 		
Catastrophic Coverage <i>New for 2024!</i>	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.

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