



2025 MASS ADVANTAGE PLAN OPTIONS GUIDE

FOR WORCESTER COUNTY RESIDENTS



MASS ADVANTAGE

A Medicare Advantage Plan



Looking for a Medicare Advantage Plan That Prioritizes Your Needs?

MASS ADVANTAGE IS A MEDICARE ADVANTAGE PLAN DESIGNED WITH THE HELP OF UMASS MEMORIAL HEALTH PROVIDERS WITH THEIR PATIENTS' NEEDS IN MIND.

At Mass Advantage, we are committed to continually improving our benefits and the level of support we provide to our members. Along with medical and prescription drug coverage, we provide extra benefits and programs beyond Original Medicare to boost your health and well-being. This guide showcases our benefits, plus the exclusive perks and services you enjoy as a Mass Advantage member, helping you maximize your health plan.

Explore how these added features make Mass Advantage the right choice for your health plan.

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What Sets Mass Advantage Apart?

Local Dedicated Support You Can Rely On

Our dedicated team of Member Navigators are specially trained to provide personalized assistance, including:

- ◆ Expedited appointment scheduling with most UMass Memorial Health primary care and specialist providers within 10 days from the day you call.
- ◆ Explaining plan benefits, assist with claims and more!
- ◆ Connecting you to community-based programs, even arranging fully covered transportation for qualified non-urgent care.

Collaborative Care

Through our unique relationship with UMass Memorial Health, your health plan and your doctors work together to coordinate your care. It is our goal to remove any barriers for your doctor to get you the treatment you need. When your doctor suggests a treatment, we trust their recommendation and work diligently to ensure you get the care and coverage you need within your plan's benefits.

We are proud to offer:

- ◆ Minimal list of prior authorizations for services.
- ◆ No referrals to see in-network Specialists.

We continuously seek feedback from the provider community about our plans and benefits to make sure we can meet your healthcare needs. That's why, for 2025 we have made significant improvements to our benefits, including:

- ◆ **Introducing a NEW Plan Option** – Our Extra (PPO) plan features competitive medical and prescription drug coverage, PLUS enhanced benefits beyond Original Medicare, including additional allowances for individuals with chronic conditions.
- ◆ \$0 deductible for Part D prescription medications
- ◆ \$0 copay for in-network primary care provider visits
- ◆ Reducing member cost share for over 15 of our benefits
- ◆ Increased annual allowances for additional benefits not covered by Original Medicare
- ◆ Significantly improved dental network and covered services
- ◆ Expanded eye care network

Connected Care Near and Far

Mass Advantage offers a large network of local, in-network providers, right here in Central Massachusetts and beyond. You'll have easy access to great care wherever you are. Traveling? Get emergency and urgent care worldwide, plus access to in-network providers in Florida and Arizona. For a full list of providers, visit MassAdvantage.com.

HMO OR PPO?

With Mass Advantage, you can choose between HMO and PPO plans:

- ◆ **HMO Plan:** You'll use the Mass Advantage provider network, but emergency and urgent care is available worldwide.
- ◆ **PPO Plan:** You can see providers nationwide, both inside and outside the Mass Advantage network. Non-network providers may come with higher costs (except for emergency or urgent care).

WHO'S ELIGIBLE TO JOIN MASS ADVANTAGE?

- ◆ Must be a resident of Worcester County.
- ◆ Have Original Medicare insurance Parts A & B and continue to pay your Part B premium.

Most Medicare beneficiaries can join, including those eligible on the basis of disability.

OUR PARTNERS

Mass Advantage is proud to introduce you to some of our partners.

 **nations** benefits

 **amazon** pharmacy

 **DOMINION**
NATIONAL


**HEART TO
HOME MEALS**
DELICIOUS MEALS MADE FOR SENIORS™

POWERED BY

**eye
Med**

 **roundtrip**

 **Prime**
THERAPEUTICS™

Plans & Benefits

	Basic (HMO) You Pay	Plus (HMO) You Pay	Premiere (PPO) You Pay	Extra (PPO) You Pay
Monthly Plan Premium	\$0	\$95	\$0	\$0
Maximum Out of Pocket (MOOP)	\$5,000	\$3,000	\$5,000 in-network \$9,500 combined in and out-of-network	\$5,000 in-network \$9,500 combined in and out-of-network
Annual Physical & Wellness Exam	\$0	\$0	\$0	\$0
Primary Care Provider (PCP) Visit	\$0	\$0	• \$0 in-network • \$20 out-of-network	• \$0 in-network • \$20 out-of-network
Specialist Office Visit	\$25	\$15	• \$30 in-network • \$50 out-of-network	• \$45 in-network • \$65 out-of-network
Speech/Language, Physical & Occupational Therapy Visit	\$0	\$0	• \$30 in-network • \$60 out-of-network	• \$30 visit in-network • \$65 visit out-of-network
Inpatient Hospital Services	• \$300 per day, days 1 - 5 • \$0 per day 6 - 90	• \$160 per day, days 1 - 5 • \$0 per day 6 - 90	• In-network: \$300 per day, days 1 - 5 / \$0 per day 6 - 90 • Out-of-network: \$350 per day, / days 1 - 5 / 20% per day 6 - 90	• In-network: \$370 per day, days 1 - 5 / \$0 per day 6 - 90 • Out-of-network: 35% 1 - 90
Ambulatory Surgical Center (ASC)	\$175	\$90	• \$175 in-network • 35% out-of-network	• \$275 in-network • 40% out-of-network
Emergency Care	\$100 (waived if admitted within 24 hours)	\$90 (waived if admitted within 24 hours)	\$100 (waived if admitted within 24 hours)	\$100 (waived if admitted within 24 hours)
Urgent Care Visit	\$10	\$0	• \$30 in-network • \$30 out-of-network	• \$40 in-network • \$40 out-of-network
Ambulance (Ground & Air) One-Way Medicare-Covered Trip	\$295	\$200	\$275	\$275
Diagnostic Tests, X-rays & Lab Services	• Diagnostic tests and procedures: \$15 • Outpatient X-ray services: \$0 • Lab services: \$0	• Diagnostic tests and procedures: \$0 • Outpatient X-ray services: \$0 • Lab services: \$0	In-network: • Diagnostic tests and procedures: \$20 • Outpatient X-ray services: \$0 • Lab services: \$0 Out-of-network: • Diagnostic tests and procedures: 30% • Outpatient X-ray services: \$10 • Lab services: 30%	In-network: • Diagnostic tests and procedures: \$20 • Outpatient X-ray services: \$0 • Lab services: \$0 Out-of-network: • Diagnostic tests and procedures: 40% • Outpatient X-ray services: 40% • Lab services: 40%
Diagnostic Radiology Services CT / PET / MRI	\$100	\$90	• \$100 in-network • 30% out-of-network	• \$150 in-network • 40% out-of-network

Prescription Drug Benefits

What you pay for your prescription drugs depends on what coverage level you are in, and which tier your drug is on.

Coverage Levels	Basic (HMO)	Plus (HMO)	Premiere (PPO)	Extra (PPO)
Annual Prescription Drug Deductible	\$0 annual deductible across all plans			
Low Cost Insulin	Low cost insulin coverage is available to all members. Members will not pay more than \$35 for a one month's supply of insulin			
Initial Coverage Retail & Mail Order 30/31 - 100 Day Supply	You pay the following until your total out of pocket drug costs reach \$2,000			
Tier 1 – Preferred Generic	\$0 / \$0			\$2 / \$4
Tier 2 – Generic	\$0 / \$0			\$6 / \$12
Tier 3 – Preferred Brand	\$47 / \$94		\$42 / \$84	
Tier 4 – Non-Preferred Brand	50%	45%	50%	
Tier 5 – Specialty	33%			
Catastrophic Coverage	You pay \$0 for all covered Part D drugs for the remainder of the calendar year			



Manage your prescriptions easily with our wide pharmacy network. Enjoy the flexibility of having your medications shipped directly to your home with free shipping through Amazon Pharmacy or Prime Therapeutics Pharmacy.



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.

Diabetes Monitoring & Treatment



Insulin and the supplies needed to administer it are covered under your pharmacy (Medicare Part D) benefit, unless given through a pump. Members pay \$35 for a one-month supply of each insulin product on our formulary, regardless of the cost-sharing tier. There is an additional copay for insulin pen needles and syringes as outlined in our formulary.

Mass Advantage members with diabetes can get their testing supplies and equipment at no cost under their Medicare Part B benefit. These are available from in-network pharmacies and Durable Medical Equipment (DME) suppliers.

◆ Diabetic Testing Supplies

Mass Advantage does not require our members use a certain manufacturer's diabetic testing products. This means we cover what you and your prescriber determine to be the best system for you. This includes popular brands, such as One Touch and Freestyle.

◆ Continuous Glucose Monitors

Devices like Freestyle Libre are also covered at no cost from in-network pharmacies and Durable Medical Equipment (DME) suppliers.





Additional Benefits not Typically Covered by Original Medicare

We offer extra benefits beyond medical and prescription coverage that make Mass Advantage your top choice. These benefits, not covered by Original Medicare, are designed to keep you healthy.



PREPAID BENEFIT CARD

Mass Advantage offers a Prepaid Benefit Card with up to three allowances for services like wellness activities, homemaking, parking*, and groceries*. You can use the wellness allowance on one service or divide it among several.

Benefit	Basic (HMO)	Plus (HMO)	Premiere (PPO)	Extra (PPO)
Wellness	\$600 annual allowance for:	\$700 annual allowance for:	\$400 annual allowance for:	\$775 annual allowance for:
	• Fitness includes fitness centers, on-line exercise programs like Bold, and wearable devices such as Fitbits**		• Mental health apps (Headspace or Calm) • Additional eyewear costs • Weight Watchers • Hearing aids**	
Homemaking Services (Light housekeeping from plan-approved vendors)	\$500 annual allowance	\$1,000 annual allowance	N/A	
*Parking	\$50 annual allowance	\$50 annual allowance	N/A	\$50 annual allowance
*Healthy Groceries (to purchase approved healthy grocery items)	N/A			\$75 allowance per quarter
<div><div><div></div><div></div><div></div><div></div></div><div>CONTACT</div></div> <div>For more information about the Prepaid Benefit Card visit MassAdvantage.com.</div>				

*The parking and grocery benefits are part of a special supplemental program designed for qualified individuals with chronic illnesses. A few eligible conditions include Cardiovascular disorders, Diabetes, Cancer, Chronic lung disorders and Chronic Heart Failure. Please note that eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For detailed information about additional eligible conditions or benefit information, please contact us.


**Purchases must be made through the NationsBenefits providers.



OVER-THE-COUNTER ITEMS

Exclusively from NationsBenefits

All Mass Advantage members receive a quarterly allowance to purchase health and wellness items with **free delivery** right to your door. Ordering is easy! Purchases can be made by phone, online or by mail order form.

Basic (HMO)	Plus (HMO)	Premiere (PPO)	Extra (PPO)
\$125 allowance quarterly	\$135 allowance quarterly	\$125 allowance quarterly	\$145 allowance quarterly
 CONTACT		For more information about Over-the-Counter items visit MassAdvantage.com .	

A brief sample of available over-the-counter items includes:

- ◆ **Allergy** - Allergy Tablets, Nasal Spray
- ◆ **Bathroom Safety & Fall Prevention** - Non-Skid Bathmat, Handheld Shower Head
- ◆ **Dental & Denture Care** - Toothbrush, Toothpaste, Denture Supplies
- ◆ **Eye & Ear Care** - Artificial Tears Drops, Cotton Tipped Swabs
- ◆ **First Aid** - First Aid Kit, Hydrogen Peroxide, Bandages, Gauze
- ◆ **Incontinence Supplies** - Disposable Underwear, Under pads
- ◆ **Pain Relievers & Fever Reducers** - Acetaminophen, Ibuprofen



The OTC Catalog is available online at MassAdvantage.com.



VISION AND EYEWEAR



Mass Advantage members can get an annual eye exam, which can detect health issues like cataracts and glaucoma. The vision and eyewear benefit includes an annual allowance toward the purchase of eyewear. Members can also use their Prepaid Benefit Card Wellness allowance to pay for additional eyewear costs if needed (see page 6 for additional information).

Basic (HMO)	Plus (HMO)	Premiere (PPO)	Extra (PPO)
<ul style="list-style-type: none">• \$0 copay*		<ul style="list-style-type: none">• \$0 copay* in-network• \$45 copay* out-of-network Routine Eye Exam, one per year	<ul style="list-style-type: none">• \$0 copay* in-network• \$65 copay* out-of-network Routine Eye Exam, one per year

*Routine Eye Exam one per year

\$200 annual allowance toward lenses, frames or contact lenses



CONTACT


To find a list of EyeMed in-network providers visit [MassAdvantage.com](https://www.MassAdvantage.com).



HEARING HEALTH AND HEARING AIDS



Hearing loss can affect many parts of your life, leading to problems like diabetes, dizziness, falls, strained relationships, and safety concerns. Modern hearing aids are comfortable and easy to use. Mass Advantage provides tools to help you manage your hearing health, including:

Basic (HMO)	Plus (HMO)	Premiere (PPO)	Extra (PPO)
<ul style="list-style-type: none">• \$0 copay in-network routine hearing exam, one per year		<ul style="list-style-type: none">• \$0 copay in-network• \$65 copay out-of-network routine hearing exam, one per year	
6 hearing aid options available: ranging from \$600 - \$2,075 copay per hearing aid			
Limit 2 aids per year – 1 per ear			
<ul style="list-style-type: none">• Hearing aids must be purchased from the NationsBenefits providers.• Members can also use their Prepaid Benefit Card Wellness allowance to help pay for hearing aid costs if needed (see page 6 for additional information).			
 CONTACT		To find an in-network hearing provider, visit MassAdvantage.com .	



PREVENTIVE AND COMPREHENSIVE DENTAL



Mass Advantage members are encouraged to receive preventive cleanings and comprehensive dental services to help monitor their dental health. Utilizing this dental benefit will contribute to your overall well-being.

Basic (HMO)	Plus (HMO)	Premiere (PPO)	Extra (PPO)
<ul style="list-style-type: none">• \$0 copay for preventive dental services including routine dental exams, cleanings, and X-rays• \$0 copay for comprehensive services including restorative services, periodontics, and extractions			
\$1,500 annual allowance for comprehensive services	\$2,000 annual allowance for comprehensive services	\$2,000 annual allowance for comprehensive services	\$2,500 annual allowance for comprehensive services

Mass Advantage contracts with the Dominion PPO network. Your 2025 dental benefit coverage is based on using in-network Dominion PPO providers. If you choose to receive treatment from a licensed dentist outside of the Dominion PPO network, the procedures covered under our plan will be reimbursed up to the 2025 maximum benefit limit for your dental coverage (see your Evidence of Coverage for more information). You are responsible for any amounts that exceed your maximum benefit limit for both in-network and out-of-network dental services.

CONTACT	To find an in-network dental provider, visit MassAdvantage.com .
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NON-EMERGENCY MEDICAL TRANSPORTATION


Mass Advantage partners with Roundtrip to provide non-emergency medical transportation for all members. This includes rideshares, medical sedans, and wheelchair vans for medical appointments.

Basic (HMO)	Plus (HMO)	Premiere (PPO)	Extra (PPO)
\$0 copay 12 one-way* rides annually		\$0 copay 6 one-way* rides annually	
A roundtrip to and from an appointment counts as two one-way rides. Trips over 50 miles will require prior authorizations.			



POST DISCHARGE MEAL SERVICES

All eligible Mass Advantage members receive home-delivered meals after being discharged from an inpatient hospital, skilled nursing facility or long-term acute care facility or following surgery. This helps with recovery and promotes independence since healthy food is essential for healing. To be eligible, members must have an inpatient hospital stay of 3 days or longer

Basic (HMO)	Plus (HMO)	Premiere (PPO)	Extra (PPO)
14-days post discharge (28 meals total)			
 CONTACT		After discharge, a Mass Advantage team member may contact you to arrange your meal benefit.	



PERSONAL EMERGENCY RESPONSE SYSTEM

All Mass Advantage members can access a Personal Emergency Response System through NationsBenefits. This service offers 24/7 monitoring. The device and monitoring are free for all eligible members.

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



“Moving from the Boston suburbs to Clinton meant starting fresh with my healthcare, and I was fortunate to have Mass Advantage on my side. Their personalized concierge service went above and beyond, helping me navigate new insurance, find a PCP, and arrange a hip replacement with a physician at UMass Memorial Health. Having been with some of the biggest insurance names, I can confidently say this has been my best healthcare experience yet.”

— Jimmy Young, Member since 2022

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 to 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.

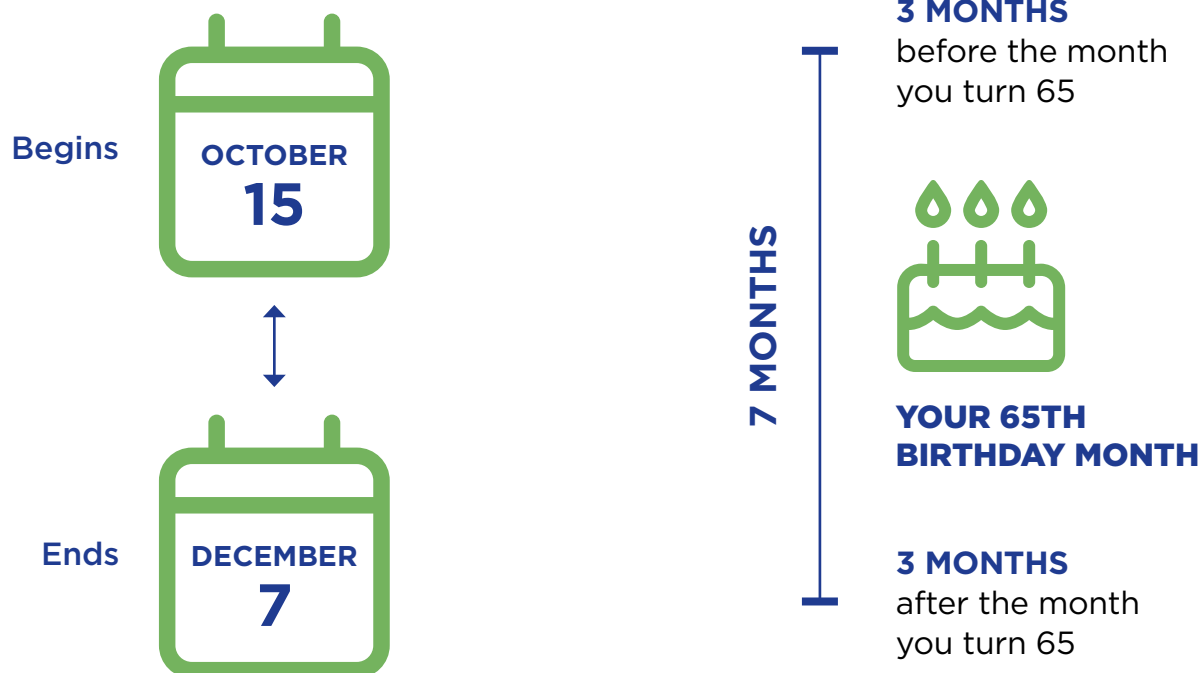
The choices you make during the AEP take effect January 1 of the upcoming year.

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.

ENROLLMENT PERIOD



OTHER SPECIAL ENROLLMENT PERIODS

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

- ◆ 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.

READY TO ENROLL IN A MASS ADVANTAGE PLAN?

HERE'S HOW:

- 1** Enroll over the phone - Call toll free (844) 978-3921 TTY:711
 - ◆ October 1 – March 31, 8:00 am – 8:00 pm, 7 days a week
 - ◆ April 1 – September 30, 8:00 am – 8:00 pm, Monday – Friday.
- 2** Enroll online at MassAdvantage.com/enroll
- 3** Download a paper enrollment form from MassAdvantage.com/forms or call (844) 978-3921 (TTY: 711) to request an enrollment kit.
- 4** In-person with a licensed sales agent.



WANT MORE INFORMATION?

RSVP to attend an In-person or Virtual Seminar.



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. Calls are answered by licensed sales agents.

Mass Advantage is an HMO and PPO plan with a Medicare contract.
Enrollment in Mass Advantage depends on contract renewal.
Other providers 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



Pre-Enrollment Checklist

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

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. 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, 2026.
- ☐ **If you're enrolling in an HMO plan: Except in emergency or urgent situations, we do not cover services by out-of-network providers** (doctors who are not listed in the provider directory).
- ☐ **If you're enrolling in a PPO plan: Our plan allows you to see providers outside of our network (non-contracted providers).** However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.
- ☐ 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 an HMO and PPO plan with a Medicare contract.
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 219975, Kansas City, MO 64121-9975. Once they 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: Lllame a Mass Advantage 844-513-0531. TTY 711 o a Medicare gratis al 1-800-633-4227 y oprima el 8 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.

Section 1 – All fields in this section are required (unless marked optional)

Select the plan you want to join:

- ☐ Mass Advantage Basic (HMO) – \$0 per month
- ☐ Mass Advantage Plus (HMO) – \$95 per month
- ☐ Mass Advantage Premiere (PPO) – \$0 per month
- ☐ Mass Advantage Extra (PPO) – \$0 per month
-

Please enter your information as it appears on your Medicare card

First Name	Last Name	Middle Initial <i>(Optional)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Birth Date <i>(mm/dd/yyyy)</i>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number ()	Alternate Phone Number <i>(Optional)</i> ()
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Permanent Residence Street Address *(Don't enter a PO Box)*

Note: For individuals experiencing homelessness, a PO Box may be considered your permanent residence address.

<input type="text"/>

City	County <i>(Optional)</i>	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 <i>(Optional)</i>	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:

<input type="text"/>

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 having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit 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 **1-800-772-1213**. 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.

Section 2 – All fields in this section 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 | | |
-

What is your gender? Select one.

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Woman | <input type="checkbox"/> I use a different term: _____ |
| <input type="checkbox"/> Man | <input type="checkbox"/> I choose not to answer |
| <input type="checkbox"/> Non-binary | |
-

Which of the following best represents how you think of yourself? Select one.

- | | |
|--|--|
| <input type="checkbox"/> Lesbian or Gay | <input type="checkbox"/> I use a different term: _____ |
| <input type="checkbox"/> Straight, that is, not Gay or Lesbian | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> I choose not to answer |
-

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 ☐ Data CD
-

Email Address

Mobile 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.

Please contact Mass Advantage Basic (HMO) at (844) 918-0114, Mass Advantage Plus (HMO) at (844) 918-0114, Mass Advantage Premiere (PPO) at (844) 915-0234 or Mass Advantage Extra (PPO) at (844) 915-0234 if you need information in an accessible format other than what's listed. 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

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.

For individuals helping enrollee with completing this form only.

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

Name

Relationship to Enrollee

Signature

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). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- 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 (exceptions apply for MA PFFS, MA MSA plans).
- 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.
- 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 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.

Signature

Today's Date

--	--

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

Name

Address

--	--

Phone Number

Relationship to Enrollee

--	--

2 0 2 5

Summary of BENEFITS

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



MASS **ADVANTAGE**

A Medicare Advantage Plan



2025 Summary of Benefits

Mass Advantage Basic (HMO)
H7670 001

January 1, 2025 – December 31, 2025

INTRODUCTION TO SUMMARY OF BENEFITS

This booklet provides you with a summary of what we cover and your 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 county). Our service area includes the following county in Massachusetts: Worcester.

The Mass Advantage Basic (HMO) plan gives you access to our network of highly skilled medical providers in your area. You must choose 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) 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 and coverage limitations on our website at www.massadvantage.com.

Mass Advantage Basic (HMO)

(Services with an * may require prior authorization)

Part C

Monthly Plan Premium	<p>\$0</p> <p>You must continue to pay your Medicare Part B premium.</p>
Medical Deductible	Not Applicable
Maximum Out-of-Pocket Responsibility	<p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> \$5,000 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>
Inpatient Hospital Coverage*	<p>Days 1 – 5: \$300 copay per day</p> <p>Days 6 – 90: \$0 copay per day</p>
Outpatient Hospital Coverage*	<p>Outpatient Hospital: \$175 copay per visit</p> <p>Observation Services: \$200 copay per stay</p>
Ambulatory Surgical Center*	\$175 copay per visit
Doctor Visits	<p>Primary Care Provider: \$0 copay per visit</p> <p>Specialist: \$25 copay per visit</p>
Preventive Care	There is no coinsurance, copayment, or deductible for Medicare-covered preventive services.
Emergency Care	<p>\$100 copay per visit</p> <p>If you are admitted to the hospital within 24 hours, your emergency care copay is waived</p> <p>Worldwide Emergency Coverage: \$90 copay per visit</p>
Urgently Needed Services	\$10 copay per visit

Mass Advantage Basic (HMO)

(Services with an * may require prior authorization)

Diagnostic Services/ Labs & Imaging*	<p>Lab services: \$0 copay</p> <p>Diagnostic tests and procedures: \$15 copay</p> <p>Outpatient X-ray services: \$0 copay</p> <p>Diagnostic Radiology services: \$100 copay</p>
Hearing Services	<p>Hearing exam (Medicare-covered): \$25 copay</p> <p>Routine hearing exam (non-Medicare): \$0 copay (1 every calendar year)</p> <p>Hearing Aids:</p> <ul style="list-style-type: none"> • Entry Hearing Aids: \$600 per hearing aid • Basic Hearing Aids: \$775 per hearing aid • Prime Hearing Aids: \$1,075 per hearing aid • Preferred Hearing Aids: \$1,375 per hearing aid • Advanced Hearing Aids: \$1,675 per hearing aid • Premium Hearing Aids: \$2,075 per hearing aid <p>Limit of two hearing aids per calendar year. Routine exams and Hearing Aids services must be received from a NationsBenefits Hearing Health Care provider.</p> <p>The Prepaid Benefit card can be used for hearing aid costs.</p>
Dental Services	<p>Dental services (Medicare-covered): \$25 copay per visit</p> <p>Preventive and Comprehensive (non-Medicare): The plan pays up to the calendar year maximum of \$1,500 for all covered supplemental dental services:</p> <p>Diagnostic & Preventive Services:</p> <ul style="list-style-type: none"> • Prophylaxis (cleanings) – limited to 2 per calendar year • Evaluations • X-rays • Fluoride treatment <p>Comprehensive Services:</p> <ul style="list-style-type: none"> • Restorative services (fillings, inlays, onlays and crowns) • Endodontic services • Periodontic services • Prosthodontics, removable dentures and fixed bridges

Mass Advantage Basic (HMO) (Services with an * may require prior authorization)	
	<ul style="list-style-type: none"> • Oral and Maxillofacial Surgery (extractions) • Adjunctive General Services (palliative treatment, deep sedation/general anesthesia) • Teledentistry (synchronous and asynchronous, must be accompanied by a covered procedure) <p>This is a brief summary of covered services only. Dental services are administered by Dominion Dental Services, Inc. You can access the dental provider directory at www.massadvantage.com, or contact Member Services.</p>
Vision Services	<p>Vision exam (Medicare-covered): \$25 copay per visit</p> <p>Routine eye exam (non-Medicare): \$0 copay per visit (1 every calendar year)</p> <p>\$200 allowance every calendar year to use towards the purchase of one of the following: contact lenses, eyeglass lenses, eyeglass frames, or eyeglasses (lenses and frames).</p> <p>Routine exams and Eyewear allowances outlined below must be received from an EyeMed provider.</p> <p>The Prepaid Benefit card can be used for additional eyewear costs.</p>
Mental Health Services*	<p>Mental Health and Psychiatric Services:</p> <ul style="list-style-type: none"> • Outpatient group therapy: \$25 copay per session • Outpatient individual therapy: \$25 copay per session <p>Inpatient Psychiatric care:</p> <ul style="list-style-type: none"> • Days 1 – 5: \$300 per day • Days 6 – 90: \$0 per day
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>
Physical Therapy	<p>\$0 copay per visit</p>

Mass Advantage Basic (HMO)

(Services with an * may require prior authorization)

Ambulance*	<p>Ground Ambulance: \$295 copay per ride</p> <p>Air Ambulance: \$295 copay per ride</p> <p>If you are admitted to the hospital, your copay is waived.</p>
Transportation*	<p>\$0 copay for 12 one-way rides per year for non-emergency, plan approved health-related locations. Rides are only covered when medically necessary, when using the Plan's contracted transportation providers.</p>
Medicare Part B Drugs*	<p>Chemotherapy drugs: Up to 20% coinsurance</p> <p>Other Part B drugs: Up to 20% coinsurance</p> <p>Insulin covered under Part B regardless of Tier (including insulin delivered through a DME-covered insulin pump): \$35 copay for a one-month supply</p>
Prepaid Benefit Card	<p>The Prepaid Benefit Card consists of 3 separate benefit allowances:</p> <p>Wellness Allowance \$600 – Fees required at fitness facilities, fees required at online fitness vendors, fitness-related items purchased through NationsBenefits, weight management support, mental health and mindfulness applications such as Calm and Headspace, eyewear, and hearing aids purchased through NationsBenefits hearing providers</p> <p>Homemaking Allowance \$500 – Support and assistance with independent daily living activities, such as helping with light chores, through plan approved vendors</p> <p>Parking Allowance** \$50 – Parking for members with certain chronic health conditions (SSBCI)</p> <p>The prepaid benefit card is preloaded with the full benefit amount by allowance and members can choose where to use it. The prepaid benefit card is not eligible for cost sharing for covered benefits.</p> <p>**The parking benefit is part of a supplemental program designed for individuals with chronic illnesses. A few eligible conditions include Cardiovascular disorders, Diabetes, Cancer, Chronic lung disorders and Chronic Heart Failure. Please note that eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For detailed information</p>

Mass Advantage Basic (HMO)

(Services with an * may require prior authorization)

	about additional eligible conditions or benefit information, please review your Evidence of Coverage or contact Member Services.
Over-the-Counter (OTC) Items	<p>You have \$125 every quarter to spend on 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>
Personal Emergency Response System (PERS)	<p>\$0 copay for one Personal Emergency Response System and monthly monitoring.</p> <p>PERS devices must be ordered through NationsBenefits. Multiple device options are available.</p>
Meals	<p>\$0 copay for up to 2 meals per day for 14 calendar days post-discharge from an inpatient stay at a hospital or following surgery provided by Heart to Home.</p> <p>After eligible discharge or surgery, a Mass Advantage team member may contact you to arrange your meal benefit.</p>

Mass Advantage Basic (HMO)

PART D PRESCRIPTION DRUGS

Deductible Stage	No deductible																		
Initial Coverage Stage	<p>You pay the following until your total out-of-pocket drug costs reach \$2,000</p> <p>Standard Retail & Mail Order Cost-Sharing</p> <table><tr><td>Tier</td><td>30 Day Supply</td><td>100 Day Supply</td></tr><tr><td>Tier 1 (Preferred Generic)</td><td>\$0 copay</td><td>\$0 copay</td></tr><tr><td>Tier 2 (Generic)</td><td>\$0 copay</td><td>\$0 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>50% coinsurance</td><td>50% coinsurance</td></tr><tr><td>Tier 5 (Specialty Tier)</td><td>33% coinsurance</td><td>33% coinsurance</td></tr></table> <p>Long-term care pharmacy is limited to a 31-day supply at the same cost as retail in the chart above. Your cost share may be different for out-of-network pharmacies and limited to a 30-day supply.</p>	Tier	30 Day Supply	100 Day Supply	Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	Tier 2 (Generic)	\$0 copay	\$0 copay	Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	Tier 4 (Non-Preferred Drug)	50% coinsurance	50% coinsurance	Tier 5 (Specialty Tier)	33% coinsurance	33% coinsurance
Tier	30 Day Supply	100 Day Supply																	
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay																	
Tier 2 (Generic)	\$0 copay	\$0 copay																	
Tier 3 (Preferred Brand)	\$47 copay	\$94 copay																	
Tier 4 (Non-Preferred Drug)	50% coinsurance	50% coinsurance																	
Tier 5 (Specialty Tier)	33% coinsurance	33% coinsurance																	
Catastrophic Stage	You pay \$0 for all covered Part D drugs for the remainder of the calendar year																		
Additional Part D Benefit Information	<p>Insulin: Although all of the insulins covered by our plan are on Tier 3, you will pay no more than \$35 for a one-month supply of insulin. You pay this amount until your out-of-pocket costs reach \$2,000 and you enter 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. Please see the Evidence of Coverage for more information on Part B and Part D vaccines.</p>																		
“Extra Help” Program	Your cost share may differ depending on when you enter another phase of the drug benefit and if you qualify for “Extra Help.” To find out if you qualify for “Extra Help,” please contact the Social Security Office at 1-800-772-1213 Monday through Friday, 7 a.m. – 7 p.m. TTY users should call 1-800-325-0778.																		

For more information, please contact:

Mass Advantage
PO Box 219975
Kansas City, MO 64121-9975
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 an HMO and PPO plan with a Medicare contract. 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 these numbers 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).



MASS ADVANTAGE

2025 Summary of Benefits

Mass Advantage Plus (HMO)
H7670 002

January 1, 2025 – December 31, 2025

INTRODUCTION TO SUMMARY OF BENEFITS

This booklet provides you with a summary of what we cover and your 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 county). Our service area includes the following county in Massachusetts: Worcester.

The Mass Advantage Plus (HMO) plan gives you access to our network of highly skilled medical providers in your area. You must choose 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) 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 and coverage limitations on our website at www.massadvantage.com.

Mass Advantage Plus (HMO)

(Services with an * may require prior authorization)

Part C

Monthly Plan Premium	<p>\$95</p> <p>You must continue to pay your Medicare Part B premium.</p>
Medical Deductible	Not Applicable
Maximum Out-of-Pocket Responsibility	<p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> \$3,000 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>
Inpatient Hospital Coverage*	<p>Days 1 – 5: \$160 copay per day</p> <p>Days 6 – 90: \$0 copay per day</p>
Outpatient Hospital Coverage*	<p>Outpatient Hospital: \$100 copay per visit</p> <p>Observation Services: \$150 copay per stay</p>
Ambulatory Surgical Center*	\$90 copay per visit
Doctor Visits	<p>Primary Care: \$0 copay per visit</p> <p>Specialist: \$15 copay per visit</p>
Preventive Care	There is no coinsurance, copayment, or deductible for Medicare-covered preventive services.
Emergency Care	<p>\$90 copay per visit</p> <p>If you are admitted to the hospital within 24 hours, your emergency care copay is waived</p> <p>Worldwide Emergency Coverage: \$90 copay per visit</p>
Urgently Needed Services	\$0 copay per visit

Mass Advantage Plus (HMO)

(Services with an * may require prior authorization)

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: \$90 copay</p>
Hearing Services	<p>Hearing exam (Medicare-covered): \$15 copay per visit</p> <p>Routine hearing exam (non-Medicare): \$0 copay (1 every calendar year)</p> <p>Hearing Aids:</p> <ul style="list-style-type: none"> • Entry Hearing Aids: \$600 per hearing aid • Basic Hearing Aids: \$775 per hearing aid • Prime Hearing Aids: \$1,075 per hearing aid • Preferred Hearing Aids: \$1,375 per hearing aid • Advanced Hearing Aids: \$1,675 per hearing aid • Premium Hearing Aids: \$2,075 per hearing aid <p>Limit of two hearing aids per calendar year. Routine exams and Hearing Aids services must be received from a NationsBenefits Hearing Health Care provider.</p> <p>The Prepaid Benefit card can be used for hearing aid costs.</p>
Dental Services	<p>Dental services (Medicare-covered): \$15 copay per visit</p> <p>Preventive and Comprehensive (non-Medicare): The plan pays up to the calendar year maximum of \$2,000 for all non-Medicare covered supplemental dental services:</p> <p>Diagnostic & Preventive Services:</p> <ul style="list-style-type: none"> • Prophylaxis (cleanings) – limited to 2 per calendar year • Evaluations • X-rays • Fluoride treatment <p>Comprehensive Services:</p> <ul style="list-style-type: none"> • Restorative services (fillings, inlays, onlays and crowns) • Endodontic services • Periodontic services

Mass Advantage Plus (HMO)

(Services with an * may require prior authorization)

	<ul style="list-style-type: none"> • Prosthodontics, removable dentures and fixed bridges • Oral and Maxillofacial Surgery (extractions) • Adjunctive General Services (palliative treatment, deep sedation/general anesthesia) • Teledentistry (synchronous and asynchronous, must be accompanied by a covered procedure) <p>This is a brief summary of covered services only. Dental services are administered by Dominion Dental Services, Inc. You can access the dental provider directory at www.massadvantage.com, or contact Member Services.</p>
Vision Services	<p>Vision exam (Medicare-covered): \$15 copay per visit</p> <p>Routine eye exam (non-Medicare): \$0 copay per visit (1 every calendar year)</p> <p>\$200 allowance every calendar year to use towards the purchase of one of the following: contact lenses, eyeglass lenses, eyeglass frames, or eyeglasses (lenses and frames).</p> <p>Routine exams and Eyewear allowances outlined above must be received from an EyeMed provider.</p> <p>The Prepaid Benefit card can be used for additional eyewear costs.</p>
Mental Health Services*	<p>Mental Health and Psychiatric Services:</p> <ul style="list-style-type: none"> • Outpatient group therapy: \$15 copay per session • Outpatient individual therapy: \$15 copay per session <p>Inpatient Psychiatric Care:</p> <ul style="list-style-type: none"> • Days 1 – 5: \$160 per day • Days 6 – 90: \$0 per day
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>
Physical Therapy	<p>\$0 copay per visit</p>

Mass Advantage Plus (HMO)

(Services with an * may require prior authorization)

Ambulance*	<p>Ground Ambulance: \$200 copay per ride</p> <p>Air Ambulance: \$200 copay per ride</p> <p>If you are admitted to the hospital, your copay is waived</p>
Transportation*	<p>\$0 copay for 12 one-way rides per year for non-emergency, plan approved health-related locations. Rides are only covered when medically necessary, when using the Plan's contracted transportation providers.</p>
Medicare Part B Drugs*	<p>Chemotherapy drugs: Up to 15% coinsurance</p> <p>Other Part B drugs: Up to 15% coinsurance</p> <p>Insulin covered under Part B regardless of Tier (including insulin delivered through a DME-covered insulin pump): \$35 copay for a one-month supply</p>
Prepaid Benefit Card	<p>The Prepaid Benefit Card consists of 3 separate benefit allowances:</p> <p>Wellness Allowance \$700 – Fees required at fitness facilities, fees required at online fitness vendors, fitness-related items purchased through NationsBenefits, weight management support, mental health and mindfulness applications such as Calm and Headspace, eyewear, and hearing aids purchased through NationsBenefits hearing providers</p> <p>Homemaking Allowance \$1,000 – Support and assistance with independent daily living activities, such as helping with light chores, through plan approved vendors</p> <p>Parking Allowance** \$50 – Parking for members with certain chronic health conditions (SSBCI)</p> <p>The prepaid benefit card is preloaded with the full benefit amount by allowance and members can choose where to use it.</p> <p>The prepaid benefit card is not eligible for cost sharing for covered benefits.</p> <p>**The parking benefit is part of a supplemental program designed for individuals with chronic illnesses. A few eligible conditions include Cardiovascular disorders, Diabetes, Cancer, Chronic lung disorders and Chronic Heart Failure. Please note</p>

Mass Advantage Plus (HMO)

(Services with an * may require prior authorization)

	that eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For detailed information about additional eligible conditions or benefit information, please review your Evidence of Coverage or contact Member Services.
Over-the-Counter (OTC) Items	<p>You have \$135 every quarter to spend on OTC items. OTC items must be ordered through Nations Benefits.</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>
Personal Emergency Response System (PERS)	<p>\$0 copay for one Personal Emergency Response System and monthly monitoring.</p> <p>PERS devices must be ordered through NationsBenefits. Multiple device options are available.</p>
Meals	<p>\$0 copay for up to 2 meals per day for 14 calendar days post-discharge from an inpatient stay at a hospital or following surgery provided by Heart to Home.</p> <p>After eligible discharge or surgery, a Mass Advantage team member may contact you to arrange your meal benefit.</p>

Mass Advantage Plus (HMO)

PART D PRESCRIPTION DRUGS

Deductible Stage	No deductible																		
Initial Coverage Stage	You pay the following until your total out-of-pocket drug costs reach \$2,000																		
	Standard Retail & Mail Order Cost-Sharing																		
	<table><tr><td>Tier</td><td>30 Day Supply</td><td>100 Day Supply</td></tr><tr><td>Tier 1 (Preferred Generic)</td><td>\$0 copay</td><td>\$0 copay</td></tr><tr><td>Tier 2 (Generic)</td><td>\$0 copay</td><td>\$0 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>45% coinsurance</td><td>45% coinsurance</td></tr><tr><td>Tier 5 (Specialty Tier)</td><td>33% coinsurance</td><td>33% coinsurance</td></tr></table>	Tier	30 Day Supply	100 Day Supply	Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	Tier 2 (Generic)	\$0 copay	\$0 copay	Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	Tier 4 (Non-Preferred Drug)	45% coinsurance	45% coinsurance	Tier 5 (Specialty Tier)	33% coinsurance	33% coinsurance
	Tier	30 Day Supply	100 Day Supply																
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Long-term care pharmacy is limited to a 31-day supply at the same cost as retail in the chart above. Your cost share may be different for out-of-network pharmacies and limited to a 30-day supply.																			
Catastrophic Stage	You pay \$0 for all covered Part D drugs for the remainder of the calendar year																		
Additional Part D Benefit Information	Insulin: Although all of the insulins covered by our plan are on Tier 3, you will pay no more than \$35 for a one-month supply of insulin. You pay this amount until your out-of-pocket costs reach \$2,000 and you enter 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. Please see the Evidence of Coverage for more information on Part B and Part D vaccines.																		
“Extra Help” Program	Your cost share may differ depending on when you enter another phase of the drug benefit and if you qualify for “Extra Help.” To find out if you qualify for “Extra Help,” please contact the Social Security Office at 1-800-772-1213 Monday through Friday, 7 a.m. – 7 p.m. TTY users should call 1-800-325-0778.																		

For more information, please contact:

Mass Advantage
PO Box 219975
Kansas City, MO 64121-9975
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 an HMO and PPO plan with a Medicare contract. 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 these numbers 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).



2025 Summary of Benefits

Mass Advantage Premiere (PPO)
H9904 001

January 1, 2025 – December 31, 2025

INTRODUCTION TO SUMMARY OF BENEFITS

This booklet provides you with a summary of what we cover and your 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 county). Our service area includes the following county 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 contracted 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 on 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 and coverage limitations on our website at www.massadvantage.com.

Mass Advantage Premiere (PPO)

(Services with an * may require prior authorization)

Part C

Monthly Plan Premium	<p>\$0</p> <p>You must continue to pay your Medicare Part B premium.</p>
Medical Deductible	Not Applicable
Maximum Out-of-Pocket Responsibility	<p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$5,000 for services you receive from in-network providers • \$9,500 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>
Inpatient Hospital Coverage*	<p>In-network:</p> <p>Days 1 – 5: \$300 copay per day</p> <p>Days 6 – 90: \$0 copay per day</p> <p>Out-of-network:</p> <p>Days 1 – 5: \$350 copay per day</p> <p>Days 6 – 90: 20% coinsurance per day</p>
Outpatient Hospital Coverage*	<p>In-network:</p> <p>Outpatient Hospital: \$175 copay per visit</p> <p>Observation Services: \$250 copay per stay</p> <p>Out-of-network:</p> <p>Outpatient Hospital: 35% coinsurance per visit</p> <p>Observation Service: 35% coinsurance per stay</p>
Ambulatory Surgical Center*	<p>In-network:</p> <p>\$175 copay per visit</p> <p>Out-of-network:</p> <p>35% coinsurance per visit</p>

Mass Advantage Premiere (PPO)

(Services with an * may require prior authorization)

Doctor Visits	<p>In-network:</p> <p>Primary Care: \$0 copay per visit</p> <p>Specialist: \$30 copay per visit</p> <p>Out-of-network:</p> <p>Primary Care: \$20 copay per visit</p> <p>Specialist: \$50 copay per visit</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>
Emergency Care	<p>In-network and Out-of-network:</p> <p>\$100 copay per visit</p> <p>If you are admitted to the hospital within 24 hours, your emergency care copay is waived</p> <p>Worldwide Emergency Coverage: \$90 copay per visit</p>
Urgently Needed Services	<p>In-network and Out-of-network:</p> <p>\$30 copay per visit</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: \$100 copay</p> <p>Out-of-network:</p> <p>Lab services: 30% coinsurance</p> <p>Diagnostic tests and procedures: 30% coinsurance</p> <p>Outpatient X-ray services: \$10 copay</p> <p>Diagnostic Radiology services: 30% coinsurance</p>
Hearing Services	<p>In-network:</p> <p>Hearing exam (Medicare-covered): \$30 copay per visit</p>

Mass Advantage Premiere (PPO)

(Services with an * may require prior authorization)

	<p>Routine hearing exam (non-Medicare): \$0 copay (1 every calendar year)</p> <p>Out-of-network:</p> <p>Hearing exam (Medicare-covered): \$45 copay per visit</p> <p>Routine hearing exam (non-Medicare): \$65 copay (1 every calendar year)</p> <p>In-network and Out-of-network:</p> <p>Hearing Aids:</p> <ul style="list-style-type: none">• Entry Hearing Aids: \$600 per hearing aid• Basic Hearing Aids: \$775 per hearing aid• Prime Hearing Aids: \$1,075 per hearing aid• Preferred Hearing Aids: \$1,375 per hearing aid• Advanced Hearing Aids: \$1,675 per hearing aid• Premium Hearing Aids: \$2,075 per hearing aid <p>Limit of 2 hearing aids per calendar year. Routine exams and Hearing Aids services must be received from a NationsBenefits Hearing Health Care provider.</p> <p>The Prepaid Benefit card can be used for hearing aid costs.</p>
Dental Services	<p>In-network:</p> <p>Dental services (Medicare-covered): \$30 copay per visit</p> <p>Out-of-network:</p> <p>Dental services (Medicare-covered): \$45 copay per visit</p> <p>In-network and Out-of-network:</p> <p>Preventive and Comprehensive (non-Medicare): The plan pays up to the calendar year maximum of \$2,000 for all covered supplemental dental services:</p> <p>Diagnostic & Preventive Services:</p> <ul style="list-style-type: none">• Prophylaxis (cleanings) – limited to 2 per calendar year• Evaluations• X-rays• Fluoride treatment <p>Comprehensive Services:</p> <ul style="list-style-type: none">• Restorative services (fillings, inlays, onlays and crowns)

Mass Advantage Premiere (PPO)

(Services with an * may require prior authorization)

	<ul style="list-style-type: none"> • Endodontic services • Periodontic services • Prosthodontics, removable dentures and fixed bridges • Oral and Maxillofacial Surgery (extractions) • Adjunctive General Services (palliative treatment, deep sedation/general anesthesia) • Teledentistry (synchronous and asynchronous, must be accompanied by a covered procedure) <p>This is a brief summary of covered services only. Dental services are administered by Dominion Dental Services, Inc. You can access the dental provider directory at www.massadvantage.com, or contact Member Services.</p>
Vision Services	<p>In-network:</p> <p>Vision exam (Medicare-covered): \$30 copay per visit</p> <p>Routine eye exam (non-Medicare): \$0 copay per visit (1 every calendar year)</p> <p>Out-of-network:</p> <p>Vision exam (Medicare-covered): \$45 copay per visit</p> <p>Routine eye exam (non-Medicare): \$45 copay per visit (1 every calendar year)</p> <p>In-network and Out-of-network:</p> <p>\$200 allowance every calendar year to use towards the purchase of one of the following: contact lenses, eyeglass lenses, eyeglass frames, or eyeglasses (lenses and frames).</p> <p>Routine exams and Eyewear allowances outlined above must be received from an EyeMed provider.</p> <p>The Prepaid Benefit card can be used for additional eyewear costs.</p>
Mental Health Services*	<p>In-network:</p> <p>Mental Health and Psychiatric Services:</p> <ul style="list-style-type: none"> • Outpatient group therapy: \$30 copay per session • Outpatient individual therapy: \$30 copay per session <p>Inpatient Psychiatric Care:</p> <ul style="list-style-type: none"> • Days 1 – 5: \$300 per day

Mass Advantage Premiere (PPO)

(Services with an * may require prior authorization)

	<ul style="list-style-type: none"> Days 6 – 90: \$0 per day <p>Out-of-network:</p> <p>Mental Health and Psychiatric Services:</p> <ul style="list-style-type: none"> Outpatient group therapy: \$50 copay per session Outpatient individual therapy: \$50 copay per session <p>Inpatient Psychiatric Care:</p> <ul style="list-style-type: none"> Days 1 – 5: \$350 per day Days 6 – 90: 20% coinsurance per day
Skilled Nursing Facility (SNF)*	<p>In-network:</p> <ul style="list-style-type: none"> Days 1 – 20: \$0 copay per day Day 21 – 51: \$190 copay per day Day 52 – 100: \$0 copay per day <p>Out-of-network:</p> <ul style="list-style-type: none"> 20% coinsurance per day
Physical Therapy	<p>In-network:</p> <p>Physical therapy: \$30 copay per visit</p> <p>Out-of-network:</p> <p>Physical therapy: \$60 copay per visit</p>
Ambulance*	<p>In-network and Out-of-network:</p> <p>Ground Ambulance: \$275 copay per ride</p> <p>Air Ambulance: \$275 copay per ride</p> <p>If you are admitted to the hospital, your copay is waived</p>
Transportation*	<p>In-network and Out-of-network:</p> <p>\$0 copay for 6 one-way rides per year for non-emergency, plan approved health-related locations. Rides are only covered when medically necessary, when using the Plan's contracted transportation providers.</p>
Medicare Part B Drugs*	<p>In-network and Out-of-network:</p> <p>Chemotherapy drugs: Up to 20% coinsurance</p> <p>Other Part B drugs: Up to 20% coinsurance</p>

Mass Advantage Premiere (PPO)

(Services with an * may require prior authorization)

	<p>Insulin covered under Part B regardless of Tier (including insulin delivered through a DME-covered insulin pump): \$35 copay for a one-month supply</p>
Prepaid Benefit Card	<p>In-network and Out-of-network:</p> <p>Wellness Allowance \$400 – Fees required at fitness facilities, fees required at online fitness vendors, fitness-related items purchased through NationsBenefits, weight management support, mental health and mindfulness applications such as Calm and Headspace, eyewear, and hearing aids purchased through NationsBenefits hearing providers</p> <p>The prepaid benefit card is preloaded with the full benefit amount by allowance and members can choose where to use it.</p> <p>The prepaid benefit card is not eligible for cost sharing for covered benefits.</p>
Over-the-Counter (OTC) Items	<p>In-network and Out-of-network:</p> <p>You have \$125 every quarter to spend on 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>
Personal Emergency Response System (PERS)	<p>In-network and Out-of-network:</p> <p>\$0 copay for one Personal Emergency Response System and monthly monitoring.</p> <p>PERS devices must be ordered through NationsBenefits. Multiple device options are available.</p>
Meals	<p>In-network and Out-of-network:</p> <p>\$0 copay for up to 2 meals per day for 14 calendar days post-discharge from an inpatient stay at a hospital or following surgery provided by Heart to Home.</p> <p>After eligible discharge or surgery, a Mass Advantage team member may contact you to arrange your meal benefit.</p>

Mass Advantage Premiere (PPO)

PART D PRESCRIPTION DRUGS

Deductible Stage	No deductible																		
Initial Coverage Stage	<p>You pay the following until your total out-of-pocket drug costs reach \$2,000</p> <p>Standard Retail & Mail Order Cost-Sharing</p> <table><tr><th>Tier</th><th>30 Day Supply</th><th>100 Day 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>\$0 copay</td><td>\$0 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>50% coinsurance</td><td>50% coinsurance</td></tr><tr><td>Tier 5 (Specialty Tier)</td><td>33% coinsurance</td><td>33% coinsurance</td></tr></table> <p>Long-term care pharmacy is limited to a 31-day supply at the same cost as retail in the chart above. Your cost share may be different for out-of-network pharmacies and limited to a 30-day supply.</p>	Tier	30 Day Supply	100 Day Supply	Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	Tier 2 (Generic)	\$0 copay	\$0 copay	Tier 3 (Preferred Brand)	\$42 copay	\$84 copay	Tier 4 (Non-Preferred Drug)	50% coinsurance	50% coinsurance	Tier 5 (Specialty Tier)	33% coinsurance	33% coinsurance
Tier	30 Day Supply	100 Day Supply																	
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay																	
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Tier 4 (Non-Preferred Drug)	50% coinsurance	50% coinsurance																	
Tier 5 (Specialty Tier)	33% coinsurance	33% coinsurance																	
Catastrophic Stage	You pay \$0 for all covered Part D drugs for the remainder of the calendar year																		
Additional Part D Benefit Information	<p>Insulin: Although all of the insulins covered by our plan are on Tier 3, you will pay no more than \$35 for a one-month supply of insulin. You pay this amount until your out-of-pocket costs reach \$2,000 and you enter 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. Please see the Evidence of Coverage for more information on Part B and Part D vaccines.</p>																		
“Extra Help” Program	Your cost share may differ depending on when you enter another phase of the drug benefit and if you qualify for “Extra Help.” To find out if you qualify for “Extra Help,” please contact the Social Security Office at 1-800-772-1213 Monday through Friday, 7 a.m. – 7 p.m. TTY users should call 1-800-325-0778.																		

For more information, please contact:

Mass Advantage
PO Box 219975
Kansas City, MO 64121-9975
www.massadvantage.com

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Mass Advantage is an HMO and PPO plan with a Medicare contract. Enrollment in Mass Advantage depends on contract renewal.

Current members should call: 1-844-915-0234 (TTY: 711)

Prospective members should call: 1-844-514-0674 (TTY: 711)

Calls to these numbers 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 1-844-915-0234 (TTY: 711).



2025 Summary of Benefits

Mass Advantage Extra (PPO)
H9904 002

January 1, 2025 – December 31, 2025

INTRODUCTION TO SUMMARY OF BENEFITS

This booklet provides you with a summary of what we cover and your 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 county). Our service area includes the following county in Massachusetts: Worcester

With Mass Advantage Extra (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 contracted 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 on our website at www.massadvantage.com.

This Mass Advantage Extra (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 and coverage limitations on our website at www.massadvantage.com.

Mass Advantage Extra (PPO)

(Services with an * may require prior authorization)

Part C

Monthly Plan Premium	<p>\$0</p> <p>You must continue to pay your Medicare Part B premium.</p>
Medical Deductible	Not Applicable
Maximum Out-of-Pocket Responsibility	<p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none">• \$5,000 for services you receive from in-network providers• \$9,500 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>
Inpatient Hospital Coverage*	<p>In-network:</p> <p>Days 1 – 5: \$370 copay per day</p> <p>Days 6 – 90: \$0 copay per day</p> <p>Out-of-network:</p> <p>Days 1 – 90: 35% coinsurance per day</p>
Outpatient Hospital Coverage*	<p>In-network:</p> <p>Outpatient Hospital: \$300 copay per visit</p> <p>Observation Services: \$300 copay per stay</p> <p>Out-of-network:</p> <p>Outpatient Hospital: 40% coinsurance per visit</p> <p>Observation Service: 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 Extra (PPO)

(Services with an * may require prior authorization)

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: \$20 copay per visit</p> <p>Specialist: \$65 copay per visit</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>
Emergency Care	<p>In-network and Out-of-network:</p> <p>\$100 copay per visit</p> <p>If you are admitted to the hospital within 24 hours, your emergency care copay is waived</p> <p>Worldwide Emergency Coverage: \$90 copay per visit</p>
Urgently Needed Services	<p>In-network and Out-of-network:</p> <p>\$40 copay per visit</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: \$150 copay</p> <p>Out-of-network:</p> <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: 40% coinsurance</p>
Hearing Services	<p>In-network:</p> <p>Hearing exam (Medicare-covered): \$45 copay per visit</p>

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(Services with an * may require prior authorization)

	<p>Routine hearing exam (non-Medicare): \$0 copay (1 every calendar year)</p> <p>Out-of-network:</p> <p>Hearing exam (Medicare-covered): \$65 copay per visit</p> <p>Routine hearing exam (non-Medicare): \$65 copay (1 every calendar year)</p> <p>In-network and Out-of-network:</p> <p>Hearing Aids:</p> <ul style="list-style-type: none"> • Entry Hearing Aids: \$600 per hearing aid • Basic Hearing Aids: \$775 per hearing aid • Prime Hearing Aids: \$1,075 per hearing aid • Preferred Hearing Aids: \$1,375 per hearing aid • Advanced Hearing Aids: \$1,675 per hearing aid • Premium Hearing Aids: \$2,075 per hearing aid <p>Limit of 2 hearing aids per calendar year. Routine exams and Hearing Aids services must be received from a NationsBenefits Hearing Health Care provider.</p> <p>The Prepaid Benefit card can be used for hearing aid costs.</p>
Dental Services	<p>In-network:</p> <p>Dental services (Medicare-covered): \$45 copay per visit</p> <p>Out-of-network:</p> <p>Dental services (Medicare-covered): \$65 copay per visit</p> <p>In-network and Out-of-network:</p> <p>Preventive and Comprehensive (non-Medicare): The plan pays up to the calendar year maximum of \$2,500 for all covered supplemental dental services:</p> <p>Diagnostic & Preventive Services:</p> <ul style="list-style-type: none"> • Prophylaxis (cleanings) – limited to 2 per calendar year • Evaluations • X-rays • Fluoride treatment <p>Comprehensive Services:</p> <ul style="list-style-type: none"> • Restorative services (fillings, inlays, onlays and crowns)

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(Services with an * may require prior authorization)

- Endodontic services
- Periodontic services
- Prosthodontics, removable dentures and fixed bridges
- Oral and Maxillofacial Surgery (extractions)
- Adjunctive General Services (palliative treatment, deep sedation/general anesthesia)
- Teledentistry (synchronous and asynchronous, must be accompanied by a covered procedure)

This is a brief summary of covered services only. Dental services are administered by Dominion Dental Services, Inc. You can access the dental provider directory at www.massadvantage.com, or contact Member Services.

Vision Services

In-network:

Vision exam (Medicare-covered): \$45 copay per visit

Routine eye exam (non-Medicare): \$0 copay per visit (1 every calendar year)

Out-of-network:

Vision exam (Medicare-covered): \$65 copay per visit

Routine eye exam (non-Medicare): \$65 copay per visit (1 every calendar year)

In-network and Out-of-network:

\$200 allowance every calendar year to use towards the purchase of one of the following: contact lenses, eyeglass lenses, eyeglass frames, or eyeglasses (lenses and frames).

Routine exams and Eyewear allowances outlined above must be received from an EyeMed provider.

The Prepaid Benefit card can be used for additional eyewear costs.

Mental Health Services*

In-network:

Mental Health and Psychiatric Services:

- Outpatient group therapy: \$30 copay per session
- Outpatient individual therapy: \$30 copay per session

Inpatient Psychiatric Care:

- Days 1 – 5: \$350 per day

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(Services with an * may require prior authorization)

	<ul style="list-style-type: none"> Days 6 – 90: \$0 per day <p>Out-of-network:</p> <p>Mental Health and Psychiatric Services:</p> <ul style="list-style-type: none"> Outpatient group therapy: \$65 copay per session Outpatient individual therapy: \$65 copay per session <p>Inpatient Psychiatric Care:</p> <p>Days 1 – 90: 40% coinsurance per day</p>
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>
Physical Therapy	<p>In-network:</p> <p>Physical therapy: \$30 copay per visit</p> <p>Out-of-network:</p> <p>Physical therapy: \$65 copay per visit</p>
Ambulance*	<p>In-network and Out-of-network:</p> <p>Ground Ambulance: \$275 copay per ride</p> <p>Air Ambulance: \$275 copay per ride</p> <p>If you are admitted to the hospital, your copay is waived</p>
Transportation*	<p>In-network and Out-of-network:</p> <p>\$0 copay for 6 one-way rides per year for non-emergency, plan approved health-related locations. Rides are only covered when medically necessary, when using the Plan's contracted transportation providers.</p>
Medicare Part B Drugs*	<p>In-network and Out-of-network:</p> <p>Chemotherapy drugs: Up to 20% coinsurance</p> <p>Other Part B drugs: Up to 20% coinsurance</p>

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(Services with an * may require prior authorization)

	<p>Insulin covered under Part B regardless of Tier (including insulin delivered through a DME-covered insulin pump): \$35 copay for a one-month supply</p>
Prepaid Benefit Card	<p>In-network and Out-of-network:</p> <p>The Prepaid Benefit Card consists of 3 separate benefit allowances:</p> <p>Wellness Allowance \$775 – Fees required at fitness facilities, fees required at online fitness vendors, fitness-related items purchased through NationsBenefits, weight management support, mental health and mindfulness applications such as Calm and Headspace, eyewear, and hearing aids purchased through NationsBenefits hearing providers</p> <p>Healthy Grocery Allowance* \$75/quarter – Healthy groceries for members with certain chronic health conditions (SSBCI). The prepaid benefit card can be used for plan approved items at plan approved locations</p> <p>Parking Allowance* \$50 – Parking for members with certain chronic health conditions (SSBCI)</p> <p>The prepaid benefit card is preloaded with the full benefit amount by allowance and members can choose where to use it.</p> <p>The prepaid benefit card is not eligible for cost sharing for covered benefits.</p> <p>*The parking and groceries benefits are part of a supplemental program designed for individuals with chronic illnesses. A few eligible conditions include Cardiovascular disorders, Diabetes, Cancer, Chronic lung disorders and Chronic Heart Failure. Please note that eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For detailed information about additional eligible conditions or benefit information, please review your Evidence of Coverage or contact Member Services.</p>
Over-the-Counter (OTC) Items	<p>In-network and Out-of-network:</p> <p>You have \$145 every quarter to spend on OTC items. OTC items must be ordered through NationsBenefits.</p>

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(Services with an * may require prior authorization)

	<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>
Personal Emergency Response System (PERS)	<p>In-network and Out-of-network:</p> <p>\$0 copay for one Personal Emergency Response System and monthly monitoring.</p> <p>PERS devices must be ordered through NationsBenefits. Multiple device options are available.</p>
Meals	<p>In-network and Out-of-network:</p> <p>\$0 copay for up to 2 meals per day for 14 calendar days post-discharge from an inpatient stay at a hospital or following surgery provided by Heart to Home.</p> <p>After eligible discharge or surgery, a Mass Advantage team member may contact you to arrange your meal benefit.</p>

Mass Advantage Extra (PPO)

PART D PRESCRIPTION DRUGS

Deductible Stage	No deductible																		
Initial Coverage Stage	<p>You pay the following until your total out-of-pocket drug costs reach \$2,000</p> <p>Standard Retail & Mail Order Cost-Sharing</p> <table><tr><td>Tier</td><td>30 Day Supply</td><td>100 Day Supply</td></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>50% coinsurance</td><td>50% coinsurance</td></tr><tr><td>Tier 5 (Specialty Tier)</td><td>33% coinsurance</td><td>33% coinsurance</td></tr></table> <p>Long-term care pharmacy is limited to a 31-day supply at the same cost as retail in the chart above. Your cost share may be different for out-of-network pharmacies and limited to a 30-day supply.</p>	Tier	30 Day Supply	100 Day 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)	50% coinsurance	50% coinsurance	Tier 5 (Specialty Tier)	33% coinsurance	33% coinsurance
Tier	30 Day Supply	100 Day Supply																	
Tier 1 (Preferred Generic)	\$2 copay	\$4 copay																	
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Tier 4 (Non-Preferred Drug)	50% coinsurance	50% coinsurance																	
Tier 5 (Specialty Tier)	33% coinsurance	33% coinsurance																	
Catastrophic Stage	You pay \$0 for all covered Part D drugs for the remainder of the calendar year																		
Additional Part D Benefit Information	<p>Insulin: Although all of the insulins covered by our plan are on Tier 3, you will pay no more than \$35 for a one-month supply of insulin. You pay this amount until your out-of-pocket costs reach \$2,000 and you enter 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. Please see the Evidence of Coverage for more information on Part B and Part D vaccines.</p>																		
“Extra Help” Program	Your cost share may differ depending on when you enter another phase of the drug benefit and if you qualify for “Extra Help.” To find out if you qualify for “Extra Help,” please contact the Social Security Office at 1-800-772-1213 Monday through Friday, 7 a.m. – 7 p.m. TTY users should call 1-800-325-0778.																		

For more information, please contact:

Mass Advantage
PO Box 219975
Kansas City, MO 64121-9975
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 an HMO and PPO plan with a Medicare contract. Enrollment in Mass Advantage depends on contract renewal.

Current members should call: 1-844-915-0234 (TTY: 711)

Prospective members should call: 1-844-514-0674 (TTY: 711)

Calls to these numbers 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 1-844-915-0234 (TTY: 711).



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.
Calls are answered by licensed sales agents.

Mass Advantage is an HMO and PPO plan with a Medicare contract.
Enrollment in Mass Advantage depends on contract renewal.
Other providers are available in our network.

Access to the health care providers you trust at





IMPORTANT INFORMATION:

2025 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



Mass Advantage - H7670

For 2025, Mass Advantage - H7670 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★☆
Health Services Rating:	★★★★☆
Drug Services Rating:	★★★★☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Mass Advantage 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 844-918-0114 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time. Current members please call 844-918-0114 (toll-free) or 711 (TTY).

The number of stars show how well a plan performs.

★★★★★	EXCELLENT
★★★★☆	ABOVE AVERAGE
★★★☆☆	AVERAGE
★★☆☆☆	BELOW AVERAGE
★☆☆☆☆	POOR



IMPORTANT INFORMATION:

2025 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



Mass Advantage - H9904

For 2025, Mass Advantage - H9904 received the following Star Ratings from Medicare:

Overall Star Rating: ★★☆☆☆

Health Services Rating: ★★☆☆☆

Drug Services Rating: ★★☆☆☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services. This lets you easily compare plans based on quality and performance.

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- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

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