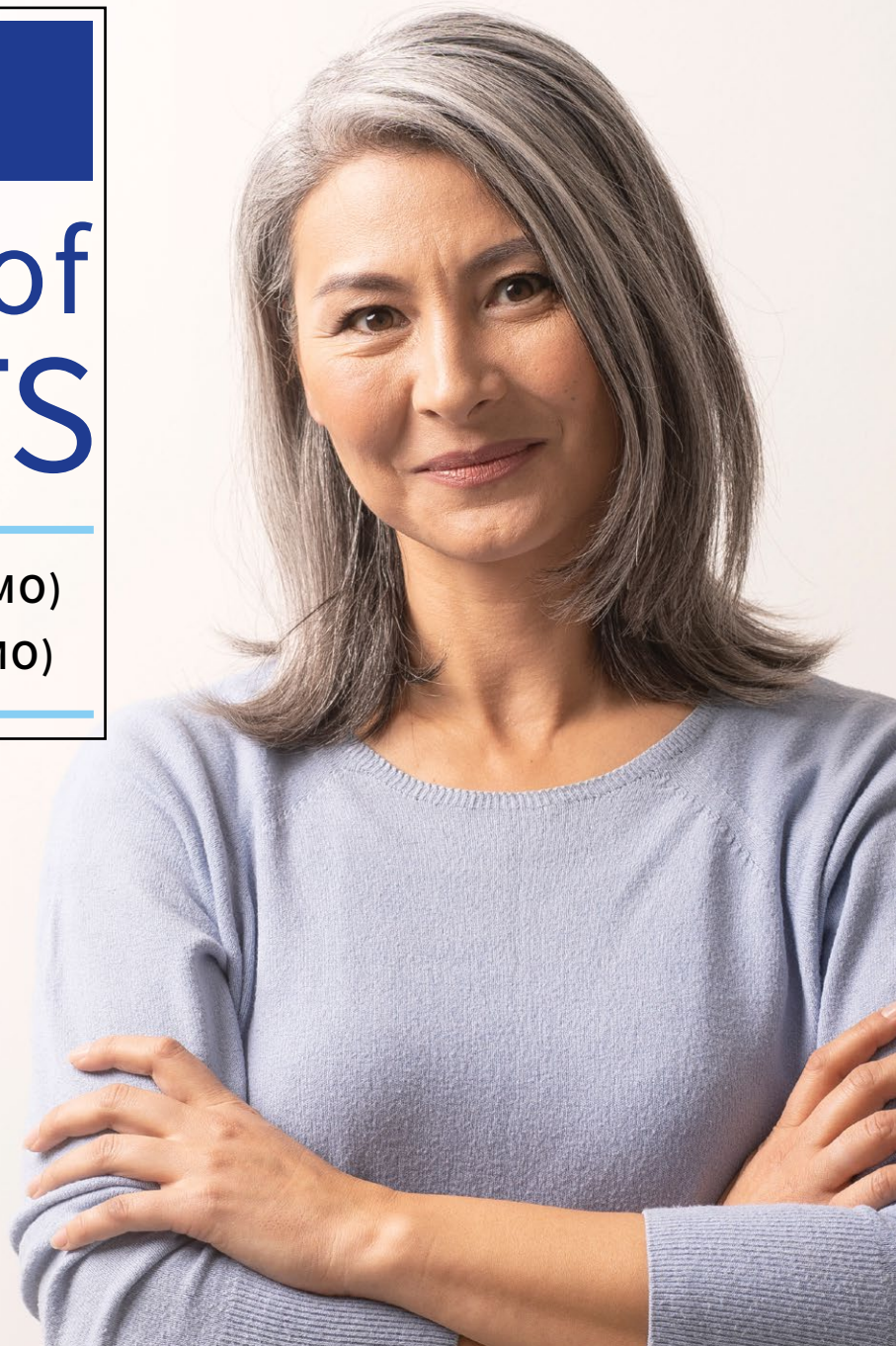


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Summary of BENEFITS

MASS ADVANTAGE BASIC (HMO)
MASS ADVANTAGE PLUS (HMO)



MASS **ADVANTAGE**

A Medicare Advantage Plan

2026 Summary of Benefits

Mass Advantage Basic (HMO) H7670-001

Mass Advantage Plus (HMO) H7670-002

January 1, 2026 – December 31, 2026

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.

The Mass Advantage Basic (HMO) and Mass Advantage Plus (HMO) plans give 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; however referrals are not required to see specialists. 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) or Mass Advantage Plus (HMO) will be responsible for the costs).

This Mass Advantage Basic (HMO) and Mass Advantage Plus (HMO) plans also include 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.

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.

	Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)
Monthly Premium	\$0	\$95
	You must continue to pay your Medicare Part B premium.	
Medical Deductible	These plans do not have a medical deductible.	
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) in this plan: \$6,750 for services you receive from in-network providers.	Your yearly limit(s) in this plan: \$4,750 for services you receive from in-network providers.
	<p>This is the most you will pay in copays and coinsurance for covered medical services this 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>For each Medicare-covered inpatient stay:</p> <ul style="list-style-type: none"> • Days 1-5: \$350 copay per day • Days 6-180: \$0 copay per day 	<p>For each Medicare-covered inpatient stay:</p> <ul style="list-style-type: none"> • Days 1-6: \$210 copay per day • Days 7-180: \$0 copay per day
Outpatient Hospital Coverage*	<ul style="list-style-type: none"> • Outpatient Hospital: \$175 copay per visit • Observation Services: \$275 copay per stay 	<ul style="list-style-type: none"> • Outpatient Hospital: \$100 copay per visit • Observation Services: \$150 copay per stay
Ambulatory Surgical Center*	\$175 copay per visit	\$90 copay per visit
Doctor Visits	<ul style="list-style-type: none"> • Primary Care Provider: \$0 copay per visit • Specialist: \$30 copay per visit 	<ul style="list-style-type: none"> • Primary Care Provider: \$0 copay per visit • Specialist: \$15 copay per visit

	Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)
Preventive Care	There is no coinsurance, copayment or deductible for Medicare-covered preventive services.	
Emergency Care & Worldwide Emergency Coverage	\$130 copay per visit	\$130 copay per visit
	If you are admitted to the hospital within 24 hours, your emergency care copay is waived. This does not apply to worldwide emergency coverage.	
Urgently Needed Services	\$20 copay per visit	\$15 copay per visit
Lab Services	\$0 copay	\$0 copay
Diagnostic Tests and Procedures	\$15 copay	\$0 copay
Outpatient X-Ray Services	\$5 copay	\$0 copay
Diagnostic Radiology Services*	\$100 copay	\$90 copay
Hearing Services	Medicare-covered Hearing exam: \$25 copay	Medicare-covered Hearing exam: \$15 copay
	Non-Medicare covered Routine Hearing exam: \$0 copay Hearing Aids: <ul style="list-style-type: none"> • \$600 per Entry level hearing aid • \$775 per Basic level hearing aid • \$1,075 per Prime level hearing aid • \$1,375 per Preferred level hearing aid • \$1,675 per Advanced level hearing aid • \$2,075 per Premium level hearing aid 	

**Mass Advantage
Basic (HMO)**

**Mass Advantage
Plus (HMO)**

Hearing Services
Continued

Limit of two hearing aids per benefit year, one per ear. Routine hearing exam and hearing aids must be received from a NationsBenefits Hearing provider. Coverage will not be provided for hearing aids purchased from a non-participating provider.

Prepaid Benefits Card Wellness Allowance can be used to assist with hearing aid costs.

Dental Services

- Medicare-covered Dental: \$25 copay
- Non-Medicare covered Dental: \$0 copay for Diagnostic and Preventive Dental.
- \$0 copay up to the calendar year maximum of \$1,000 for Comprehensive Dental

- Medicare-covered Dental: \$15 copay
- Non-Medicare covered Dental: \$0 copay for Diagnostic and Preventive Dental.
- \$0 copay up to the calendar year maximum of \$1,500 for Comprehensive Dental.

Diagnostic and Preventive Dental services include:

- Prophylaxis (cleanings) – limited to 2 per calendar year
- Evaluations
- X-rays
- Fluoride Treatment

Comprehensive Dental services include:

- Restorative Services (fillings, inlays, onlays, and crowns)
- 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. Please refer to the Evidence of Coverage document for a full listing of covered services. Dental services are administered by Dominion Dental Services, Inc. You can access the Dental Provider directory at www.MassAdvantage.com or by contacting Member Services.

	Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)
Vision Services	<ul style="list-style-type: none"> • Medicare-covered vision exam: \$25 copay • Non-Medicare covered Routine Eye Exam: \$0 copay (one per calendar year) 	<ul style="list-style-type: none"> • Medicare-covered vision exam: \$15 copay • Non-Medicare covered Routine Eye Exam: \$0 copay (one per calendar year)
	<p>\$200 allowance per 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>Eyewear allowance must be received from an EyeMed Access Network participating provider or retail location.</p> <p>Prepaid Benefits Card Wellness Allowance 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, per stay:</p> <ul style="list-style-type: none"> • Days 1-5: \$350 copay per day • Days 6-90: \$0 copay per day 	<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, per stay:</p> <ul style="list-style-type: none"> • Days 1-6: \$210 copay per day • Days 7-90: \$0 copay per day
Skilled Nursing Facility (SNF)*	<p>For each Medicare-covered stay:</p> <ul style="list-style-type: none"> • Days 1-20: \$0 copay per day • Days 21-51: \$188 copay per day • Days 52-100: \$0 copay per day 	<p>For each Medicare-covered stay:</p> <ul style="list-style-type: none"> • Days 1-20: \$0 copay per day • Days 21-51: \$140 copay per day • Days 52-100: \$0 copay per day
Physical Therapy	\$20 copay per visit	\$10 copay per visit

	Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)
Ambulance*	Ground and Air Ambulance: \$295 copay per ride	Ground and Air Ambulance: \$200 copay per ride
	If you are admitted to the hospital, your copay is waived.	
Transportation*	\$0 copay for 12 one-way rides per year for non-emergency, plan approved health-related locations. Rides are only covered when using the plan's contracted transportation providers.	
Medicare Part B Drugs*	Up to 20% coinsurance	Up to 15% coinsurance
	Insulin (when used in an insulin pump): \$35 copay for a one-month supply	
Prepaid Benefits Card	Wellness: \$650 annually Healthy Food and Produce:** \$75 quarterly	Wellness: \$850 annually Healthy Food and Produce:** \$75 quarterly
	Wellness Allowance: annual allowance to be used for fees required at fitness facilities for memberships, fitness-related items purchased through NationsBenefits, weight management support programs like Weight Watchers, mental health and mindfulness applications such as Calm and Headspace, eyewear costs, and hearing aid costs for hearing aids purchased through NationsBenefits Hearing providers.	
	Healthy Food and Produce Allowance:** quarterly allowance to spend on healthy food and produce through plan approved retail locations as well as through mail order using NationsBenefits.	
	The Prepaid Benefits Card is preloaded with the full benefit amount by allowance and members can choose where to use it based on plan-approved locations. The Prepaid Benefits Card is not eligible for cost sharing for covered benefits or prescription drugs.	
	**The Healthy Food and Produce benefit is part of the Special Supplemental Benefits designed for individuals with chronic illnesses. A few eligible conditions include Cardiovascular disorders, Diabetes, Cancer, Chronic lung disorders, 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.	

**Mass Advantage
Basic (HMO)**

**Mass Advantage
Plus (HMO)**

	\$100 quarterly allowance	\$110 quarterly allowance
Over-the-Counter (OTC) Items	<p>The quarterly allowance can be used to purchase OTC items through plan approved retail locations as well as through mail order using NationsBenefits. The OTC quarterly allowance will be loaded onto your Prepaid Benefits Card.</p> <p>Unused balances at the end of each benefit period (calendar quarter) will be carried over to the next benefit period. Unused balances at the end of the benefit year will be forfeited.</p>	
Personal Emergency Response System (PERS)	<p>\$0 copay for one PERS device and monthly monitoring.</p> <p>PERS devices must be ordered through NationsBenefits. Both in-home and on-the-go device options are available.</p>	
Meals	<p>\$0 copay for two meals per day for 14 calendar days (28 meals total) post-discharge from an inpatient stay at a hospital or following surgery.</p> <p>Those eligible for the benefit include those post-discharge from an inpatient stay (acute/SNF/long-term acute care) of 3 days or greater. The Mass Advantage team will authorize and help coordinate each member's meal benefit if the criteria is met. This benefit is administered by a plan approved vendor.</p>	
Online Fitness and Wellness Program	<p>\$0 copay for access to online fitness and wellness services through membership with Age Bold. Age Bold provides individuals with personalized programs designed to support healthy aging. To learn more about Age Bold, please visit agebold.com/massadvantage/ or contact Member Services.</p>	

**Mass Advantage
Basic (HMO)**

**Mass Advantage
Plus (HMO)**

Part D Prescription Drugs				
Deductible Stage	\$200 per year for Tiers 3, 4, 5		\$150 per year for Tiers 3, 4, 5	
Initial Coverage Stage	You pay the following until your total out-of-pocket drug costs reach \$2,100:			
	30-Day Supply	100-Day Supply	30-Day Supply	100-Day Supply
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2 (Generic)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	\$47 copay	\$94 copay
Tier 4 (Non-Preferred Drug)	40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance
Tier 5 (Specialty)	30% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance
	Prescriptions filled at a Long-Term Care Pharmacy for a 31-day supply are covered 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 \$2,100 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	If you qualify for “Extra Help”, your cost-share may differ from the amounts shown above. To find out if you qualify for “Extra Help,” please contact the Social Security Office at (800) 772-1213, TTY: (800) 325-0778 Monday through Friday, 7 a.m. to 7 p.m.			

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: (844) 918-0114, TTY: 711

Prospective members should call: (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 (844) 918-0114, TTY: 711.



MASS ADVANTAGE

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