2026

Summary of BENEFITS

MASS ADVANTAGE PREMIERE (PPO)

MASS ADVANTAGE EXTRA (PPO)

MASS ADVANTAGE

A Medicare Advantage Plan

H9904_260032_M Accepted

MASS ADVANTAGE

A Medicare Advantage Plan

2026 Summary of Benefits

Mass Advantage Premiere (PPO) H9904-001

Mass Advantage Extra (PPO) H9904-002

January 1, 2026 – December 31, 2026

H9904_260032_M Accepted

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.

With Mass Advantage Premiere (PPO) and Mass Advantage Extra (PPO) plans, 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. Referrals are not required to see specialists, giving you more direct access to the care you need. You can see our plan's provider and pharmacy directory on our website at www.MassAdvantage.com.

This Mass Advantage Premiere (PPO) and Mass Advantage Extra (PPO) 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 Premiere (PPO)	Mass Advantage Extra (PPO)
Monthly Premium	$0	$0
	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: • $6,000 for services you receive from in-network providers. • $9,500 combined in and out-of-network annually	Your yearly limit(s) in this plan: • $6,750 for services you receive from in-network providers. • $10,000 combined in and out-of-network annually
	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. Not all services apply to the Maximum Out-of-Pocket. Please refer to the Evidence of Coverage for more information.	
Inpatient Hospital Coverage*	For each Medicare-covered inpatient stay: **In-Network:** • Days 1-5: $350 copay per day • Days 6-180: $0 copay per day **Out-of-Network:** • Days 1-5: $350 copay per day • Days 6-90: 20% coinsurance • Days 91-180: $0 copay per day	For each Medicare-covered inpatient stay: **In-Network:** • Days 1-6: $380 copay per day • Days 7-180: $0 copay per day **Out-of-Network:** • Days 1-90: 35% coinsurance • Days 91-180: $0 copay per day

	Mass Advantage Premiere (PPO)	Mass Advantage Extra (PPO)
Outpatient Hospital Coverage*	**In-Network:** • Outpatient Hospital: $175 copay per visit • Observation Services: $250 copay per stay **Out-of-Network:** • Outpatient Hospital: 35% coinsurance • Observation Services: 35% coinsurance	**In-Network:** • Outpatient Hospital: $300 copay per visit • Observation Services: $300 copay per stay **Out-of-Network:** • Outpatient Hospital: 40% coinsurance • Observation Services: 40% coinsurance
Ambulatory Surgical Center*	**In-Network:** $175 copay per visit **Out-of-Network:** 35% coinsurance	**In-Network:** $300 copay per visit **Out-of-Network:** 40% coinsurance
Doctor Visits	**In-Network:** • Primary Care Provider: $0 copay per visit • Specialist: $30 copay per visit **Out-of-Network:** • Primary Care Provider: $20 copay per visit • Specialist: $50 copay per visit	**In-Network:** • Primary Care Provider: $0 copay per visit • Specialist: $45 copay per visit **Out-of-Network:** • Primary Care Provider: $20 copay per visit • Specialist: $65 copay per visit
Preventive Care	**In-Network and Out-of-Network:** There is no coinsurance, copayment or deductible for Medicare-covered preventive services.	
Emergency Care & Worldwide Emergency Coverage	**In-Network and Out-of-Network:** $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.	**In-Network and Out-of-Network:** $130 copay per visit
Urgently Needed Services	**In-Network and Out-of-Network:** $30 copay per visit	**In-Network and Out-of-Network:** $40 copay per visit

	Mass Advantage Premiere (PPO)	Mass Advantage Extra (PPO)
Lab Services	**In-Network:** $0 copay **Out-of-Network:** 30% coinsurance	**In-Network:** $0 copay **Out-of-Network:** 40% coinsurance
Diagnostic Tests and Procedures	**In-Network:** $20 copay **Out-of-Network:** 30% coinsurance	**In-Network:** $30 copay **Out-of-Network:** 40% coinsurance
Outpatient X-Ray Services	**In-Network:** $0 copay **Out-of-Network:** $10 copay	**In-Network:** $15 copay **Out-of-Network:** 40% coinsurance
Diagnostic Radiology Services*	**In-Network:** $100 copay **Out-of-Network:** 30% coinsurance	**In-Network:** $150 copay **Out-of-Network:** 40% coinsurance
Hearing Services	**In-Network:** • Medicare-covered Hearing exam: $30 copay • Non-Medicare covered routine Hearing exam: $0 copay **Out-of-Network:** • Medicare-covered Hearing exam: $45 copay • Non-Medicare covered routine Hearing exam: $65 copay	**In-Network:** • Medicare-covered Hearing exam: $45 copay • Non-Medicare covered routine Hearing exam: $0 copay **Out-of-Network:** • Medicare-covered Hearing exam: $65 copay • Non-Medicare covered routine Hearing exam: $65 copay
	Hearing Aids: • $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 Premiere (PPO)	Mass Advantage Extra (PPO)
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	**In-Network:** Medicare-covered Dental: $30 copay **Out-of-Network:** Medicare-covered Dental: $45 copay **In-Network and Out-of-Network:** 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.	**In-Network:** Medicare-covered Dental: $45 copay **Out-of-Network:** Medicare-covered Dental: $65 copay **In-Network and Out-of-Network:** 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)	

	Mass Advantage Premiere (PPO)	Mass Advantage Extra (PPO)
Dental Services *Continued*	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.	
Vision Services	**In-Network:** • Medicare-covered vision exam: $30 copay • Non-Medicare covered Routine Eye Exam: $0 copay (one per calendar year) **Out-of-Network:** • Medicare-covered vision exam: $45 copay • Non-Medicare covered Routine Eye Exam: $45 copay (one per calendar year)	**In-Network:** • Medicare-covered vision exam: $45 copay • Non-Medicare covered Routine Eye Exam: $0 copay (one per calendar year) **Out-of-Network:** • Medicare-covered vision exam: $65 copay • Non-Medicare covered Routine Eye Exam: $65 copay (one per calendar year)
	$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). Eyewear allowance must be received from an EyeMed Access Network participating provider or retail location. Prepaid Benefits Card Wellness Allowance can be used for additional eyewear costs.	

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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, per stay: • Days 1-5: $350 copay per day • Days 6-90: $0 copay per day **Out-of-Network:** Mental Health and Psychiatric Services: • Outpatient group therapy: $50 copay per session • Outpatient individual therapy: $50 copay per session Inpatient Psychiatric care, per stay: • Days 1-5: $350 copay per day • Days 6-90: 20% coinsurance	**In-Network:** Mental Health and Psychiatric Services: • Outpatient group therapy: $30 copay per session • Outpatient individual therapy: $30 copay per session Inpatient Psychiatric care, per stay: • Days 1-6: $375 copay per day • Days 7-90: $0 copay per day **Out-of-Network:** Mental Health and Psychiatric Services: • Outpatient group therapy: $65 copay per session • Outpatient individual therapy: $65 copay per session Inpatient Psychiatric care, per stay: • Days 1-90: 40% coinsurance
Skilled Nursing Facility (SNF)*	For each Medicare-covered stay: **In-Network:** • Days 1-20: $0 copay per day • Days 21-51: $190 copay per day • Days 52-100: $0 copay per day **Out-of-Network:** • Days 1-100: 20% coinsurance	

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Physical Therapy	**In-Network:** $30 copay per visit **Out-of-Network:** $60 copay per visit	**In-Network:** $40 copay per visit **Out-of-Network:** 45% coinsurance per visit
Ambulance*	**In-Network and Out-of-Network:** Ground and Air Ambulance: $275 copay per ride If you are admitted to the hospital, your copay is waived.	
Transportation*	$0 copay for 6 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*	**In-Network and Out-of-Network:** Up to 20% coinsurance Insulin (when used in an insulin pump): $35 copay for a one-month supply	
Prepaid Benefits Card	Wellness: $550 annually	Wellness: $750 annually
	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. 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.	

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Over-the-Counter (OTC) Items	$100 quarterly allowance	$120 quarterly allowance
	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. 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.	
Personal Emergency Response System (PERS)	$0 copay for one PERS device and monthly monitoring. PERS devices must be ordered through NationsBenefits. Both in-home and on-the-go device options are available.	
Meals	$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. 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.	
Online Fitness and Wellness Program	$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.	

	Mass Advantage Premiere (PPO)		Mass Advantage Extra (PPO)	
Part D Prescription Drugs				
Deductible Stage	$250 per year for Tiers 3, 4, 5		$200 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)	$42 copay	$84 copay	$37 copay	$74 copay
Tier 4 (Non-Preferred Drug)	40% coinsurance	40% coinsurance	30% coinsurance	30% 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) 915-0234, 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) 915-0234, TTY: 711.

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