

## **Mass General Brigham Advantage Premier (PPO) offered by Mass General Brigham Health Plan**

### **Annual Notice of Changes for 2024**

You are currently enrolled as a member of Mass General Brigham Advantage Premier (PPO). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [MassGeneralBrighamAdvantage.org](https://www.massgeneralbrighamadvantage.org). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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#### **What to do now**

##### **1. ASK:** Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to Medical care costs (doctor, hospital).
  - Review the changes to our drug coverage, including authorization requirements and costs.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2024 "Drug List" to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

##### **2. COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2024* handbook.

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- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

### 3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in Mass General Brigham Advantage Premier (PPO).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with Mass General Brigham Advantage Premier (PPO).
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

### Additional Resources

- Please contact our Customer Service number at (855)833-3668 for additional information. (TTY users should call 711.) Hours are October 1 through March 31, seven days a week from 8:00 am – 8:00 pm EST and April 1 through September 30, Monday through Friday from 8:00 am – 8:00 pm EST. This call is free.
- This document is also available in braille and large print. Please contact Customer Service at the number above for more information.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### About Mass General Brigham Advantage Premier (PPO)

- Mass General Brigham Health Plan is an HMO-POS/ PPO organization with a Medicare contract. Enrollment in Mass General Brigham Plan depends on contract renewal.
- When this document says "we," "us," or "our," it means Mass General Brigham Health Plan. When it says "plan" or "our plan," it means Mass General Brigham Advantage Premier (PPO).

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**Summary of Important Costs for 2024**

The table below compares the 2023 costs and 2024 costs for Mass General Brigham Advantage Premier (PPO) in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<p><b>Monthly plan premium*</b></p> <p>* Your premium may be higher or lower than this amount. See Section 1.1 for details.</p>	\$140	\$140
<p><b>Maximum out-of-pocket amounts</b></p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	<p>From network providers: \$3,450</p> <p>From network and out-of-network providers combined: \$5,450</p>	<p>From network providers: \$3,150</p> <p>From network and out-of-network providers combined: \$5,450</p>
<p><b>Doctor office visits</b></p>	<p><b>In-Network</b></p> <p>Primary care visits: \$0 Copay per visit</p> <p>Specialist visits: \$20 Copay per visit</p> <p><b>Out-of-Network</b></p> <p>Primary care visits: \$10 Copay per visit</p> <p>Specialist visits: \$40 Copay per visit</p>	<p><b>In-Network</b></p> <p>Primary care visits: \$0 Copay per visit</p> <p>Specialist visits: \$20 Copay per visit</p> <p><b>Out-of-Network</b></p> <p>Primary care visits: \$10 Copay per visit</p> <p>Specialist visits: \$40 Copay per visit</p>

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Cost	2023 (this year)	2024 (next year)
<p><b>Inpatient hospital stays</b></p>	<p><b>In-Network</b></p> <p>\$125 Copay per day for days 1-3.</p> <p>\$0 Copay per day for days 4-90.</p> <p><b>Out-of-Network</b></p> <p>20% of the total cost per admission</p>	<p><b>In-Network</b></p> <p>\$125 Copay per day for days 1-3.</p> <p>\$0 Copay per day for days 4-90.</p> <p><b>Out-of-Network</b></p> <p>20% of the total cost per admission</p>
<p><b>Part D prescription drug coverage</b> (See Section 1.5 for details.)</p>	<p><b>Deductible: \$0</b></p> <p><b>During the Initial Coverage Stage:</b></p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0</li> <li>• Drug Tier 2: \$3</li> <li>• Drug Tier 3: \$37</li> </ul> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> <li>• Drug Tier 4: \$100</li> </ul> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> <li>• Drug Tier 5: 28%</li> </ul> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Catastrophic Coverage:</b></p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays most of the cost for your covered drugs.</li> </ul>	<p><b>Deductible: \$0</b></p> <p><b>During the Initial Coverage Stage:</b></p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0</li> <li>• Drug Tier 2: \$3</li> <li>• Drug Tier 3: \$37</li> </ul> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> <li>• Drug Tier 4: \$100</li> </ul> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> <li>• Drug Tier 5: 33%</li> </ul> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Catastrophic Coverage:</b></p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays the full cost for your covered Part D drugs.</li> </ul>

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Cost	2023 (this year)	2024 (next year)
	<ul style="list-style-type: none"> <li>For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called <b>coinsurance</b>), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs.)</li> </ul>	<ul style="list-style-type: none"> <li>You may have cost sharing for drugs that are covered under our enhanced benefit.</li> </ul>

**SECTION 1 Changes to Benefits and Costs for Next Year**

**Section 1.1 – Changes to the Monthly Premium**

Cost	2023 (this year)	2024 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$140	\$140  There is no change to your premium for the upcoming benefit year.

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 7 regarding “Extra Help” from Medicare.

**Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts**

Cost	2023 (this year)	2024 (next year)
<b>In-network maximum out-of-pocket amount</b>  Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$3,450	\$3,150  Once you have paid \$3,150 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.

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Cost	2023 (this year)	2024 (next year)
<p><b>Combined maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.</p>	<p>\$5,450</p>	<p>\$5,450</p> <p>Once you have paid \$5,450 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.</p>

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

### Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at [MassGeneralBrighamAdvantage.org](https://www.massgeneralbrighamadvantage.org). You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

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## Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
<p><b>Annual Physical Exam</b></p>	<p><b>In-Network:</b></p> <p>There is no copay for the annual physical exam.</p> <p><b>Out-of-Network:</b></p> <p>There is no copay for the annual physical exam.</p>	<p><b>In-Network:</b></p> <p>There is no copay for the annual physical exam.</p> <p><b>Out-of-Network:</b></p> <p>There is a \$10 copay for the annual physical exam.</p>
<p><b>Colorectal Cancer Screening</b></p>	<p>If a polyp or other tissue is found and removed during the colorectal cancer screening exam you may pay your outpatient surgery copayment.</p>	<p>If a polyp or other tissue is found and removed during the colorectal cancer screening exam you will pay \$0.</p>
<p><b>Coverage of excluded drugs</b></p>	<p>Not covered</p>	<p>Covered</p> <p>Enhanced Coverage includes select drugs from the following excluded categories:</p> <ul style="list-style-type: none"> <li>• Prescription Vitamins and Minerals</li> <li>• Sexual dysfunction</li> <li>• OTC Naloxone</li> </ul>

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Cost	2023 (this year)	2024 (next year)
<p><b>Dental Services</b></p>	<p>There is a \$1,500 annual maximum for comprehensive dental services received in-network and out-of-network combined. Any unused dollars will expire at the end of the calendar year.</p> <p><b>In-Network:</b></p> <p>Diagnostic and preventive services: There is no copayment for covered services. Comprehensive dental services: There is no copayment for covered services.</p> <p><b>Out-of-Network:</b></p> <p>Diagnostic and preventive services: There is no copayment for covered services. Comprehensive dental services: You pay 20% of the total cost for covered services.</p> <p><b>Dental x-rays:</b> Bitewing x-rays - one time per calendar year.</p>	<p>There is a \$2,500 annual maximum for comprehensive dental services received in-network and out-of-network combined. Any unused dollars will expire at the end of the calendar year.</p> <p><b>In-Network:</b></p> <p>Diagnostic and preventive services: There is no copayment for covered services. Comprehensive dental services: There is no copayment for covered services.</p> <p><b>Out-of-Network:</b></p> <p>Diagnostic and preventive services: There is no copayment for covered services. Comprehensive dental services: You pay 20% of the total cost for covered services.</p> <p>If an out of network provider is selected, you will be responsible for the applicable</p>

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Cost	2023 (this year)	2024 (next year)
	<p><b>Periodontal Services:</b></p> <p>Periodontal scaling and root planing - one per site/quadrant every three years.</p> <p>Full mouth debridement - one every three calendar years.</p> <p><b>Endodontic Services:</b></p> <p>One per tooth per calendar year.</p>	<p>coinsurance plus the difference between the billed amount and the allowed amount.</p> <p><b>Dental x-rays:</b> Bitewing x-rays - two times per calendar year.</p> <p><b>Periodontal Services:</b></p> <p>Periodontal scaling and root planing - two per site/quadrant every calendar year.</p> <p>Full mouth debridement - two every calendar year.</p> <p><b>Endodontic Services:</b></p> <p>Endodontic therapy, anterior tooth (excluding final restoration) – one per calendar year.</p> <p>Endodontic therapy, premolar tooth (excluding final restoration) – one per calendar year.</p> <p>Endodontic therapy, molar tooth (excluding final restoration) – one per calendar year.</p>
<p><b>Fitness Benefit</b></p>	<p>For eligible health club Membership, classes or Home Fitness Equipment, Mass General Brigham Advantage</p>	<p>For eligible health club Membership, classes or Home Fitness Equipment, Mass General Brigham Advantage</p>

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Cost	2023 (this year)	2024 (next year)
	<p>Premier (PPO) will reimburse you up to \$300 per calendar year. Any amount above \$300 is the responsibility of the member.</p> <p>Virtual/online fitness memberships, subscriptions, programs, or classes that provide cardiovascular and strength training using a digital platform.</p> <p>Health clubs with a variety of cardiovascular and strength-training exercise equipment, e.g., traditional health clubs, YMCAs, YWCAs, and community fitness centers.</p> <p>Fitness classes at participating Councils on Aging (COA) facilities; fitness studios with instructor-led groups such as yoga, Pilates, Zumba®, kickboxing, CrossFit®, indoor cycling/spinning and other exercise classes.</p>	<p>Premier (PPO) will reimburse you up to \$300 per calendar year. Any amount above \$300 is the responsibility of the member.</p> <p>Virtual/online fitness memberships, subscriptions, programs, or classes that provide cardiovascular and strength training using a digital platform.</p> <p>Health clubs with a variety of cardiovascular and strength-training exercise equipment, e.g., traditional health clubs, YMCAs, YWCAs, and community fitness centers.</p> <p>Fitness classes at participating Councils on Aging (COA) facilities; fitness studios with instructor-led groups such as yoga, Pilates, Zumba®, kickboxing, CrossFit®, indoor cycling/spinning and other exercise classes.</p> <p>Home fitness equipment such as weights, stationary bikes, or treadmills are covered as are activity trackers.</p>

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Cost	2023 (this year)	2024 (next year)
<p><b>Hearing Aids</b></p>	<p><b>In-Network:</b></p> <p>\$699 copayment per aid for Advanced Aids                      \$999 copayment per aid for Premium Aids</p> <p>\$50 additional cost per aid for optional hearing aid rechargeability</p> <p>TruHearing provider must be used for the hearing aid benefit.</p> <p><b>Out-of-Network:</b></p> <p>Not covered</p>	<p><b>In-Network:</b></p> <p>\$699 copayment per aid for Advanced Aids                      \$999 copayment per aid for Premium Aids</p> <p>\$50 additional cost per aid for optional hearing aid rechargeability</p> <p><b>Out-of-Network:</b></p> <p>\$699 copayment per aid for Advanced Aids                      \$999 copayment per aid for Premium Aids</p> <p>\$50 additional cost per aid for optional hearing aid rechargeability</p> <p>TruHearing provider must be used for the in- and out-of-network hearing aid benefit.</p>
<p><b>Home infusion therapy</b></p>	<p><b>In-Network:</b></p> <p>You pay 20% of the total cost for home infusion therapy.</p> <p><b>Out-of-Network:</b></p>	<p><b>In-Network:</b></p> <p>You pay 0 - 20% of the total cost for home infusion therapy.</p> <p>You pay a \$0 copay for Part B Prescription Drug</p>

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Cost	2023 (this year)	2024 (next year)
	<p>You pay 20% of the total cost for home infusion therapy.</p>	<p>Administration in the home setting.</p> <p><b>Out-of-Network:</b></p> <p>You pay 20% of the total cost for home infusion therapy.</p> <p>You pay a \$0 copay for Part B Prescription Drug Administration in the home setting.</p>
<p><b>Medicare Part B Prescription drugs</b></p>	<p><b>In-Network:</b></p> <p>You pay 20% of the total cost for Medicare Part B Chemotherapy and Other Medicare Part B Prescription drugs.</p> <p>Part B drugs that are rebate eligible may be subject to a lower coinsurance.</p> <p><b>Out-of-Network:</b></p> <p>You pay 20% of the total cost for Medicare Part B Chemotherapy and Other Medicare Part B Prescription drugs.</p>	<p><b>In-Network:</b></p> <p>You pay 0 - 20% of the total cost for Medicare Part B Chemotherapy and Other Medicare Part B Prescription drugs.</p> <p>Part B drugs that are rebate eligible may be subject to a lower coinsurance.</p> <p><b>Out-of-Network:</b></p> <p>You pay 20% of the total cost for Medicare Part B Chemotherapy and Other Medicare Part B Prescription drugs.</p>

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Cost	2023 (this year)	2024 (next year)
<p><b>Medicare-covered Vision Services</b></p>	<p><b>In-and Out-of-Network:</b></p> <p>There is no copayment, coinsurance, or deductible for Medicare-covered standard eyeglasses or contact lenses after cataract surgery.</p>	<p><b>In-Network:</b></p> <p>There is no copayment, coinsurance, or deductible for Medicare-covered standard eyeglasses or contact lenses after cataract surgery.</p> <p><b>Out-of-Network:</b></p> <p>You pay a \$40 copayment for Medicare-covered standard eyeglasses or contact lenses after cataract surgery.</p>
<p><b>Outpatient diagnostic tests and therapeutic services and supplies</b></p>	<p><b>In-Network:</b></p> <p>You pay 10% of the total cost for each Medicare-covered Therapeutic radiological service, including technician materials and supplies.</p> <p>You pay a \$150 copay for each Medicare-covered diagnostic radiological service, including technician materials and supplies.</p> <p><b>Out-of-Network:</b></p> <p>You pay 20% of the total cost for each Medicare-covered Therapeutic radiological</p>	<p><b>In-Network:</b></p> <p>You pay a \$60 copay for each Medicare-covered Therapeutic radiological service, including technician materials and supplies.</p> <p>You pay a \$75 - \$150 copay for each Medicare-covered diagnostic radiological service, including technician materials and supplies.</p> <p>Ultrasounds are a \$75 copay. Outpatient CT, PET, and MRI scans are a \$150 copay.</p>

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Cost	2023 (this year)	2024 (next year)
	<p>service, including technician materials and supplies.</p> <p>You pay 20% of the total cost for each Medicare-covered diagnostic radiological service, including technician materials and supplies.</p>	<p><b>Out-of-Network:</b></p> <p>You pay 20% of the total cost for each Medicare- covered Therapeutic radiological service, including technician materials and supplies.</p> <p>You pay 20% of the total cost for each Medicare-covered diagnostic radiological service, including technician materials and supplies.</p>
<p><b>Outpatient hospital observation</b></p>	<p><b>In-Network:</b></p> <p>You pay a \$175 copay for Outpatient hospital observation services.</p> <p><b>Out-of-Network:</b></p> <p>You pay 20% of the total cost for Outpatient hospital observation services.</p>	<p><b>In-Network:</b></p> <p>You pay a \$0 copay for Outpatient hospital observation services.</p> <p><b>Out-of-Network:</b></p> <p>You pay 20% of the total cost for Outpatient hospital observation services.</p>
<p><b>Outpatient Hospital Services</b></p>	<p><b>In-Network:</b></p> <p>You pay a \$175 copay for outpatient hospital services.</p>	<p><b>In-Network:</b></p> <p>You pay a \$0- \$125 copay for outpatient hospital services.</p> <p>You pay a \$0 copay for</p>

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Cost	2023 (this year)	2024 (next year)
	<p><b>Out-of-Network:</b></p> <p>You pay 20% of the total cost for outpatient hospital services.</p>	<p>preventive colonoscopies that turn into diagnostic colonoscopies.</p> <p>You pay a \$125 copay per day for other outpatient procedures and services, including, but not limited to, diagnostic and therapeutic endoscopy, and outpatient surgery performed in an outpatient hospital or ambulatory surgical center.</p> <p><b>Out-of-Network:</b></p> <p>You pay 20% of the total cost for outpatient hospital services.</p>
<p><b>Outpatient Mental Health Care</b></p>	<p><b>In-Network:</b></p> <p>You pay a \$20 copay for each individual or group therapy visit (including telehealth) for outpatient mental health care visits.</p> <p><b>Out-of-Network:</b></p> <p>You pay a \$40 copay for each individual or group therapy visit (including telehealth) for outpatient mental health care visits.</p>	<p><b>In-Network:</b></p> <p>You pay a \$10 copay for each individual or group therapy visit (including telehealth) for outpatient mental health care visits.</p> <p><b>Out-of-Network:</b></p> <p>You pay a \$40 copay for each individual or group therapy visit (including telehealth) for outpatient mental health care visits.</p>

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Cost	2023 (this year)	2024 (next year)
<p><b>Outpatient Substance Abuse Services</b></p>	<p><b>In-Network:</b></p> <p>You pay a \$20 copay for each individual or group therapy visit (including telehealth) for outpatient substance abuse services.</p> <p><b>Out-of-Network:</b></p> <p>You pay a \$40 copay for each individual or group therapy visit (including telehealth) for outpatient substance abuse services.</p>	<p><b>In-Network:</b></p> <p>You pay a \$10 copay for each individual or group therapy visit (including telehealth) for outpatient substance abuse services.</p> <p><b>Out-of-Network:</b></p> <p>You pay a \$40 copay for each individual or group therapy visit (including telehealth) for outpatient substance abuse services.</p>
<p><b>Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers</b></p>	<p><b>In-Network:</b></p> <p>You pay a \$175 copay for outpatient surgery.</p> <p>You pay a \$175 copay for preventive colonoscopies that turn into diagnostic colonoscopies.</p> <p><b>Out-of-Network:</b></p> <p>You pay 20% of the total cost for outpatient surgery.</p>	<p><b>In-Network:</b></p> <p>You pay a \$0- \$125 copay for outpatient surgery.</p> <p>You pay a \$0 copay for preventive colonoscopies that turn into diagnostic colonoscopies.</p> <p>You pay a \$125 copay per day for outpatient procedures and services including, but not limited to, diagnostic and therapeutic endoscopy, and outpatient surgery performed</p>

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Cost	2023 (this year)	2024 (next year)
		<p>in an outpatient hospital or ambulatory surgical center.</p> <p><b>Out-of-Network:</b></p> <p>You pay 20% of the total cost for outpatient surgery.</p>
<p><b>Over-The-Counter (OTC) Items</b></p>	<p><b>In-Network:</b></p> <p>Our plan covers up to \$75 per calendar quarter and items must be ordered through Convey Health Solutions. Unused balances at the end of the quarter cannot be carried over to the next quarter.</p> <p>Orders cannot exceed the quarterly amount.</p>	<p><b>In-Network:</b></p> <p>Our plan covers up to \$120 per calendar quarter and items must be ordered through Convey Health Solutions. Unused balances at the end of the quarter cannot be carried over to the next quarter.</p> <p>If your order total exceeds your quarterly amount, you may use a credit card to pay the remaining balance.</p>
<p><b>Part D Drugs - Out of Network</b></p>	<p>If you purchase drugs at an out of network pharmacy, you will be limited to a 10-day supply.</p> <p>You will need to pay in full and request reimbursement from CVS Caremark.</p>	<p>If you purchase drugs at an out of network pharmacy, you will be limited to a 30-day supply.</p> <p>You will need to pay in full and request reimbursement from CVS Caremark.</p>

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Cost	2023 (this year)	2024 (next year)
<p><b>Psychiatric Services</b></p>	<p><b>In-Network:</b></p> <p>You pay a \$20 copay for each individual or group therapy visit (including telehealth) with a psychiatrist.</p> <p><b>Out-of-Network:</b></p> <p>You pay a \$40 copay for each individual or group therapy visit (including telehealth) with a psychiatrist.</p>	<p><b>In-Network:</b></p> <p>You pay a \$10 copay for each individual or group therapy visit (including telehealth) with a psychiatrist.</p> <p><b>Out-of-Network:</b></p> <p>You pay a \$40 copay for each individual or group therapy visit (including telehealth) with a psychiatrist.</p>
<p><b>Remote Access Technologies (24x7 Nurse Advice Line)</b></p>	<p>Nurse Advice Line is not covered</p>	<p>You pay \$0 copay for the Nurse Advice Line.</p>
<p><b>Routine Hearing Exam</b></p>	<p><b>In-Network:</b></p> <p>You pay a \$0 copay for routine hearing exam by a TruHearing provider.</p> <p><b>Out-of-Network:</b></p> <p>Routine hearing exams are not covered. You must use a TruHearing provider for routine hearing benefit.</p>	<p><b>In-Network:</b></p> <p>You pay a \$0 copay for routine hearing exam by a TruHearing provider.</p> <p><b>Out-of-Network:</b></p> <p>You pay a \$40 copay for a routine hearing exam provided by an out of network (non-TruHearing) provider.</p>

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Cost	2023 (this year)	2024 (next year)
<p><b>Routine Vision Services</b></p>	<p><b>In-Network:</b></p> <p>You pay a \$0 copay for a routine eye exam through an EyeMed provider.</p> <p><b>Out-of-Network:</b></p> <p>For a routine vision exam with an out of network provider you will receive up to a \$50 reimbursement. You will need to pay out of pocket and submit for reimbursement.</p>	<p><b>In-Network:</b></p> <p>You pay a \$0 copay for a routine eye exam through an EyeMed provider.</p> <p><b>Out-of-Network:</b></p> <p>For a routine vision exam with an out of network provider you will receive up to a \$40 reimbursement. You will need to pay out of pocket and submit for reimbursement.</p>
<p><b>Supervised Exercise Therapy</b></p>	<p><b>In-Network:</b></p> <p>You pay a \$0 copay for Supervised Exercise Therapy (SET).</p> <p><b>Out-of-Network:</b></p> <p>You pay a \$40 copay for Supervised Exercise Therapy (SET).</p>	<p><b>In-Network:</b></p> <p>You pay a \$0 copay for Supervised Exercise Therapy (SET).</p> <p><b>Out-of-Network:</b></p> <p>You pay a \$0 copay for Supervised Exercise Therapy (SET).</p>
<p><b>Worldwide Emergency Coverage</b></p>	<p>1. Limited to services that would be classified as emergency or post stabilization care had they been provided in</p>	<p>1. Limited to services that would be classified as emergency or post stabilization care had they been provided in</p>

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Cost	2023 (this year)	2024 (next year)
	<p>the US. Or its territories</p> <p>2. Part D prescription drugs obtained at a retail pharmacy outside of the U.S. and its territories are not covered.</p> <p>3. Foreign taxes and fees (including but not limited to currency conversion or transaction fees) are not covered.</p> <p>4. Transportation back to the U.S. or its territories, from another country is not covered.</p>	<p>the US. Or its territories.</p> <p>2. Part D prescription drugs obtained at a retail pharmacy outside of the U.S. and its territories are not covered.</p> <p>3. Foreign taxes and fees (including but not limited to currency conversion or transaction fees) are not covered.</p> <p>4. Transportation back to the U.S. or its territories, from another country is not covered.</p> <p>5. Member will need to pay out of pocket and then submit to plan for reimbursement minus applicable copay.</p>

## Section 1.5 – Changes to Part D Prescription Drug Coverage

### Changes to Our “Drug List”

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our “Drug List” is provided electronically.

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-

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sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the “Drug List” are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

**Changes to Prescription Drug Costs**

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs does not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by September 30, 2023 please call Customer Service and ask for the LIS Rider.

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

**Changes to the Deductible Stage**

Stage	2023 (this year)	2024 (next year)
<b>Stage 1: Yearly Deductible Stage</b>	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

## Changes to Your Cost Sharing in the Initial Coverage Stage

Please see the following chart for the changes from 2023 to 2024.

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b></p> <p>Most adult Part D vaccines are covered at no cost to you.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our “Drug List”. To see if your drugs will be in a different tier, look them up on the “Drug List”.</p>	<p>Your cost for a one-month supply filled at a network pharmacy:</p> <p><b>Preferred Generics:</b> You pay \$0 per prescription</p> <p><b>Generics:</b> You pay \$3 per prescription</p> <p><b>Preferred Brand:</b> You pay \$37 per prescription You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Non-Preferred Drug:</b> You pay \$100 per prescription You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Specialty Tier:</b> You pay 28% of the total cost You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p>Your cost for a one-month supply filled at a network pharmacy:</p> <p><b>Preferred Generics:</b> You pay \$0 per prescription</p> <p><b>Generics:</b> You pay \$3 per prescription</p> <p><b>Preferred Brand:</b> You pay \$37 per prescription You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Non-Preferred Drug:</b> You pay \$100 per prescription You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Specialty Tier:</b> You pay 33% of the total cost You pay \$35 per month supply of each covered insulin product on this tier.</p>

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Stage	2023 (this year)	2024 (next year)
	Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).	Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).

**Changes to the Coverage Gap and Catastrophic Coverage Stages**

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

**Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.**

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

**SECTION 2 Administrative Changes**

Description	2023 (this year)	2024 (next year)
<b>Diabetic supplies and services</b>	Not limited to specific manufacturers	Mass General Brigham Health Plan provides coverage for the following blood glucose meters, test strips, needles, syringes, and continuous glucose monitors (CGM).  BD Needles and Syringes  Dexcom & FreeStyle Libre Medicare Eligible CGMs

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Description	2023 (this year)	2024 (next year)
		OneTouch Glucose Meters and Test Strips
<b>Inpatient services in a psychiatric hospital</b>	Prior Authorization is required In-Network	Prior Authorization is not required  Notification is required within 72 hours of admission.
<b>Meals Program – Post Hospitalization</b>	Prior Authorization is required	Prior Authorization is not required.  Referral is required
<b>Outpatient individual and group substance abuse services</b>	Prior Authorization is required In-Network	Prior Authorization is not required In-Network
<b>Podiatry Services</b>	Prior Authorization is required In-Network	Prior Authorization is not required In-Network

**SECTION 3 Deciding Which Plan to Choose**

**Section 3.1 – If you want to stay in Mass General Brigham Advantage Premier (PPO)**

To stay in our plan, you don’t need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Mass General Brigham Advantage Premier (PPO).

**Section 3.2 – If you want to change plans**

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

**Step 1: Learn about and compare your choices**

- You can join a different Medicare health plan,

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- – *OR*– You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a reminder, Mass General Brigham Health Plan, Inc. offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

## Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from *Mass General Brigham Advantage Premier*.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from *Mass General Brigham Advantage Premier*.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do so.
  - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage Plan for January 1, 2024, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Massachusetts, the SHIP is called SHINE.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHINE counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHINE at 1-800-243-4636. You can learn more about SHINE by visiting their website ([www.mass.gov/health-insurance-counseling](http://www.mass.gov/health-insurance-counseling)).

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or

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- Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** Massachusetts has a program called Prescription Advantage that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Massachusetts HIV Drug Assistance Program – HDAP. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-228-2714.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from Mass General Brigham Advantage Premier (PPO)

Questions? We’re here to help. Please call Customer Service at (855)833-3668. (TTY only, call 711.) We are available for phone calls October 1 through March 31, seven days a week from 8:00 am – 8:00 pm EST and April 1 through September 30, Monday through Friday from 8:00 am – 8:00 pm EST. This call is free.

#### **Read your 2024 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for Mass General Brigham Advantage Premier (PPO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [MassGeneralBrighamAdvantage.org](https://www.massgeneralbrighamadvantage.org). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

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## Visit our Website

You can also visit our website at [MassGeneralBrighamAdvantage.org](https://www.massgeneralbrighamadvantage.org). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/“Drug List”)*.

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## Section 7.2 – Getting Help from Medicare

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To get information directly from Medicare:

### Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### Visit the Medicare Website

Visit the Medicare website ([www.medicare.gov](https://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

### Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or 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.