

Expert care when and where you need it

- Extensive regional network of doctors and hospitals
- Worldwide coverage for urgent and emergency care, and emergency hospitalization
- Out-of-network coverage for non-emergency care with Medicare providers anywhere in the United States
- No specialist referrals—we make it simple
- Access to On Demand—24/7 virtual urgent care services featuring \$0 cost sharing

Something to smile about



Our Medicare Advantage plans include preventive dental benefits for oral exams, routine cleanings, and X-rays with all plans. Plus, you can get up to a \$1,500 dental allowance.

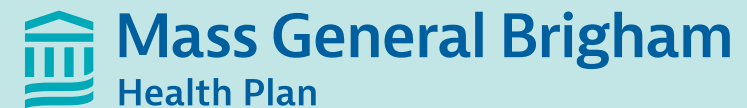
We're here to help.

Call 1-866-478-7137 (TTY: 711)

Oct 1 – Mar 31
8:00 AM to 8:00 PM ET, Mon–Sun

Apr 1 – Sep 30
8:00 AM to 8:00 PM ET, Mon–Fri

Or visit MassGeneralBrighamAdvantage.org.



2023 Medicare Advantage Plans

Find the plan that best fits your needs.

Plan Comparison



MassGeneralBrighamAdvantage.org

© 2022 AllWays Health Partners, Inc. d/b/a Mass General Brigham Health Plan. Mass General Brigham Health Plan is an HMO-POS/PPO organization with a Medicare contract. Enrollment in Mass General Brigham Health Plan depends on contract renewal. Out-of-network/non-contracted providers are under no obligation to treat Mass General Brigham Health Plan members, except in emergency situations. Other providers/pharmacies are included in our network. H6847_0514MKT_M H9485_0514MKT_M

Valuable benefits and extras

- **Premiums as low as \$0**
- **\$300 fitness reimbursement and \$150 weight loss reimbursement**, plus special care management programs for conditions such as diabetes and heart disease
- **Quarterly allowance** for over-the-counter pharmacy purchases
- **FREE meals** delivered to your home after an eligible hospital stay
- **Up to \$300** annual eyewear allowance
- **Discounts** on hearing aid purchases





Mass General Brigham
Advantage (PPO)

Mass General Brigham Advantage
Secure (HMO-POS)

Mass General Brigham Advantage
Premier (PPO)

Monthly premium			
This is paid in addition to your regular Part B premium.	\$0	\$52	\$140
Doctor visits			
Primary care	IN \$0 copay; OUT \$20 copay	IN \$0 copay; OUT \$20 copay	IN \$0 copay; OUT \$10 copay
Specialist	IN \$45 copay; OUT \$65 copay	IN \$40 copay; OUT \$50 copay	IN \$20 copay; OUT \$40 copay
Emergency care			
Emergency care (in and out of network)	\$90 copay	\$105 copay	\$90 copay
Urgent care (in and out of network)	\$50 copay	\$50 copay	\$30 copay
Emergency Ambulance (ground transportation)	\$275 copay	\$200 copay	\$200 copay
Hospital, surgery and rehabilitation services			
Inpatient hospital stays	IN: \$335 days 1-6; \$0 days 7-90; OUT: 40% coinsurance	IN: \$230 days 1-5; \$0 days 6-90; OUT: 30% coinsurance	IN: \$125 days 1-3; \$0 days 4 and beyond; OUT: 20% coinsurance
Outpatient hospital	IN: \$300 copay; OUT: 40% coinsurance	IN: \$200 copay; OUT: 30% coinsurance	IN: \$175 copay; OUT: 20% coinsurance
Outpatient Physical, Occupational, and Speech Therapy	IN: \$40 copay; OUT: \$65 copay	IN: \$15 copay; OUT: \$50 copay	IN: \$20 copay; OUT: \$40 copay
Cardiac rehabilitation	IN: \$20 copay; OUT \$65 copay	IN and OUT: \$0 copay	IN and OUT: \$0 copay
Diagnostic services			
Outpatient X-ray (radiology)	IN: \$15 copay; OUT: 40% coinsurance	IN: \$10 copay; OUT: 20% coinsurance	IN: \$0 copay; OUT: \$10 copay
Outpatient CT scans, PET scans, and MRIs	IN: \$160 copay; OUT: 40% coinsurance	IN: \$160 copay; OUT: 20% coinsurance	IN: \$150 copay; OUT: 20% coinsurance
Lab	IN: \$5 copay; OUT 40% coinsurance	IN: \$0 copay; OUT 20% coinsurance	IN: \$0 copay; OUT: \$10 copay
Plus more value			
Comprehensive dental services allowance / preventative services	\$750 / \$0 copay	\$1000 / \$0 copay	\$1500 / \$0 copay
Hearing aids / routine hearing exam	\$699-\$999 copay ¹ / \$0 copay	\$699-\$999 copay ¹ / \$0 copay	\$699-\$999 copay ¹ / \$0 copay
Eyewear allowance / routine eye exam	\$200 per year / \$0 copay	\$250 per year / \$0 copay	\$300 per year / \$0 copay
Over-the-counter purchases	\$50 allowance per quarter	\$60 allowance per quarter	\$75 allowance per quarter
Maximum out-of-pocket protection			
This is the most you pay for covered medical services in a calendar year (does not include Part D drug costs). If you reach the maximum amount, Mass General Brigham Health Plan pays 100% of the cost of covered services, including part B drugs, through December 31.			
	IN: \$8,300; IN and OUT Combined: \$12,450	IN: \$3,450; IN and OUT Combined: \$7,000	IN: \$3,450; IN and OUT Combined: \$5,450

IN = In-network providers, OUT = out-of-network providers ¹per hearing aid per year

Prescription drug benefits

Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Secure (HMO-POS)	Mass General Brigham Advantage Premier (PPO)
Deductible: \$275 Tiers 3-5	Deductible: \$200 Tiers 3-5	No deductible
Initial Coverage: After your deductible is met, you pay your cost share for covered prescription drugs. Your cost for a 30-day supply from a participating retail pharmacy is below. Or save money using the CVS Caremark Mail Service Pharmacy. A three-month supply of many prescriptions is available for only two co-pays. Refer to the Medicare Part D Formulary for details.		
Tier 1 \$0 no deductible	Tier 1 \$0 no deductible	Tier 1 \$0
Tier 2 \$3 no deductible	Tier 2 \$3 no deductible	Tier 2 \$3
Tier 3 \$37 after deductible	Tier 3 \$37 after deductible	Tier 3 \$37
Tier 4 \$100 after deductible	Tier 4 \$100 after deductible	Tier 4 \$100
Tier 5 28% after deductible	Tier 5 29% after deductible	Tier 5 33%
Coverage Gap: If your total drug costs in 2023 reach \$4,660, your cost for prescription drugs changes. You pay:		
25% for generic drugs and 25% for contracted brands	25% for generic drugs and 25% for contracted brands	25% for generic drugs and 25% for contracted brands
Catastrophic Coverage: If your true out-of-pocket costs reach \$7,400, your cost for prescriptions is reduced. You pay the greater of 5% or \$4.15 for generic and multi-source drugs, and \$10.35 for other drugs.		

Please note: Drugs purchased outside the U.S. are not Medicare approved and are not covered.

Ready to enroll? Call 1-866-478-7137 (TTY: 711)

Want more benefit details? Visit [MassGeneralBrighamAdvantage.org](https://www.massgeneralbrighamadvantage.org).