

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 a customer service representative.

You can reach our Customer Service team by calling: **855-833-3668** (TTY: 711)

October 1 – March 31, 8:00 AM to 8:00 PM EST, Monday through Sunday

April 1 – September 30, 8:00 AM to 8:00 PM EST, Monday through Friday

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 **MassGeneralBrighamAdvantage.org** or call **855-833-3668** (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 drugs are covered.

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, 2025.
- 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 co-pay for services received by non-contracted providers.
- Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

2024 Summary of Benefits

Mass General Brigham Advantage Secure (HMO-POS)

This Summary of Benefits covers plans in the following counties in Massachusetts: Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester

This booklet gives you a summary of drug and health services covered by Mass General Brigham Advantage Secure (HMO-POS) and what you pay.

This information is not a complete description of benefits.

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Summary of Benefits

January 1, 2024 – December 31, 2024

You have choices about how to get your Medicare benefits

You can get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.

Another choice is to get your Medicare benefits by joining a Medicare health plan (such as Mass General Brigham Advantage Secure (HMO-POS)).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you an overview of what Mass General Brigham Advantage Secure (HMO-POS) covers, and what you pay.

To compare our plan with other Medicare health plans, ask the other plans' representatives for their Summary of Benefits booklets or use the Medicare Plan Finder on **medicare.gov**.

To learn more about the coverage and costs of Original Medicare, look in your current *Medicare & You* handbook. View it online at [medicare.gov](https://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**.

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call Customer Service at the number shown in the next section.



Things to know about our plans

Contact information and hours of operation

Members

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8:00 AM to 8:00 PM, EST

Monday through Sunday

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Our website: **MassGeneralBrighamAdvantage.org**

Who can join?

To join Mass General Brigham Advantage Secure (HMO-POS) you must be eligible for Medicare Part A, be enrolled in Medicare Part B, and live in our service area. You must continue to pay your Medicare Part B premium.

Our service area includes the following counties in Massachusetts: Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, Worcester.

Which doctors, hospitals, and pharmacies can I use?

Mass General Brigham Advantage Secure (HMO-POS) members have access to providers in the Mass General Brigham system, in addition to a wide network of doctors, hospitals, pharmacies, and other providers throughout Massachusetts. If you use the providers that are in our network, you will pay less for your covered services. But if you want to, you can also use providers that are not in our network and may pay more for your covered services.

You can see our plan's provider directory and pharmacy directory at

MassGeneralBrighamAdvantage.org or call us and we will provide you with the provider and pharmacy directory information you need. The pharmacy network, and/or provider network may change at any time.



What do we cover?

We cover everything that Original Medicare covers — and more.

- Our plan members get all the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.
- Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.
- We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions at **MassGeneralBrighamAdvantage.org** or call us and we'll send you a copy of the formulary. The formulary may change at any time. You will receive notice when necessary.

How will I determine my drug costs?

Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document, we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.



Summary of Benefits

January 1, 2024 – December 31, 2024

Mass General Brigham Advantage Secure (HMO-POS)	
Monthly plan premium	Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties: \$52 per month
	You must continue to pay your Medicare Part B premium.
Deductibles and Maximum out-of-Pocket	
Medical	This plan does not have a medical deductible.
Prescription drugs	This plan does not have a prescription drug deductible.
Maximum Out-of-Pocket responsibility (Does not include costs related to prescription drugs)	<p>Your yearly limit(s) in this plan: \$3,350 for services you receive from In-Network providers. \$7,000 for services you receive from Out-of-Network providers</p> <p>The In-Network cost sharing will be applied to the In-Network and Out-of-Network Maximum Out of Pocket amounts but the cost sharing for Out-of-Network will not apply to the In-Network Maximum Out of Pocket amount. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your Medicare Part B premium, your plan premium, and any cost sharing for your Part D prescription drugs.</p>
Inpatient and Outpatient Hospital Services	
Inpatient hospital coverage	<p>Our plan covers an unlimited number of days for an inpatient hospital stay</p> <p>In-Network: \$230 copay per day for days 1 to 5 \$0 copay per day for days 6 through 90 \$0 copay per day for days 91 and beyond Out-of-Network: 30% coinsurance per stay</p> <p>Prior Authorization is required in-network.</p>
Outpatient hospital coverage	<p>In-Network: \$0 to \$200 copay per visit You pay \$0 for preventive colonoscopies that turn into diagnostic colonoscopies. All other procedures and services are a \$200 copay. Out-of-Network: 30% coinsurance per visit</p> <p>Authorization rules may apply.</p>
Ambulatory surgery center	<p>In-Network: \$0 to \$200 copay per visit You pay \$0 for preventive colonoscopies that turn into diagnostic colonoscopies. All other procedures and services are a \$200 copay. Out-of-Network: 30% coinsurance per visit</p> <p>Authorization rules may apply.</p>



Mass General Brigham Advantage Secure (HMO-POS)

Doctor's office visits (including telehealth visits)

Primary care physician	In-Network: \$0 copay per visit Out-of-Network: \$20 copay per visit
Specialist	In-Network: \$40 copay per visit Out-of-Network: \$50 copay per visit
Preventive care	In-Network and Out-of-Network: \$0 copay
	Our plans cover many preventive services including

Preventive care	<ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)* • Depression screening • Diabetes screenings • HIV screening • Medical nutrition therapy services • Obesity screening and counseling 	<ul style="list-style-type: none"> • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Lung cancer screening (low dose computed tomography [LDCT]) • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Flu shots, pneumococcal shots, Hepatitis B shots (limitations may apply) • “Welcome to Medicare” preventive visit (one-time) • Any additional preventive services approved by Medicare during the contract year will be covered.
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* If any other medical condition including polyp or other tissue is found and removed during the procedure your cost sharing will remain \$0 copay.

Annual physical exam	In-Network: \$0 copay. Out-of-Network: \$20 copay per visit This includes a detailed medical/family history and a head-to-toe assessment with hands-on examination of all body systems to assess overall general health.
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Emergency / Urgent Care

Emergency Care	In- and Out-of-Network: \$105 copay
	Your copay is waived if you are admitted to the hospital within 24 hours. Your plan includes worldwide coverage for emergency care.
Urgently Needed Services	In- and Out-of-Network: \$50 copay per visit Your plan includes worldwide coverage for urgently needed services



Mass General Brigham Advantage Secure (HMO-POS)

Diagnostic services/labs/imaging

Diagnostic radiology (such as MRIs, CT scans)	<p>In-Network: \$75 - \$160 copay Ultrasounds are a \$75 copay. Outpatient CT, PET, and MRI scans are a \$160 copay.</p> <p>Out-of-Network: 20% coinsurance</p>
Diagnostic tests and procedure	<p>In-Network: \$20 copay</p> <p>Out-of-Network: 20% coinsurance</p>
Lab services	<p>In-Network: \$0 copay Out-of-Network: 20% coinsurance</p>
Outpatient x-ray	<p>In-Network: \$10 copay Out-of-Network: 20% coinsurance</p>
<p>Authorization rules may apply in each of the categories under diagnostic services/labs/imaging.</p>	

Hearing services

Medicare-covered hearing exam	<p>In-Network: \$40 copay</p> <p>Out-of-Network: \$50 copay</p>
Routine exam – up to one per year	<p>In-Network: \$0 copay</p>
Hearing aids	<p>In-Network: \$699 - \$999 copay per hearing aid per year</p> <p>You must use a TruHearing network provider for all routine hearing exams and the purchase of covered hearing aids. There is no coverage for out-of-network providers.</p>

Dental services

Limited Medicare-covered dental services	<p>In-Network: \$40 copay per visit</p> <p>Out-of-Network: \$50 copay per visit</p>
Non-Medicare-Covered Dental Services	<p>Preventive Services In-and Out-of-Network: No copayment or coinsurance for covered preventive services</p> <p>Comprehensive Services In-Network: no copayment or coinsurance for covered comprehensive services Out-of-Network: 20% coinsurance for covered comprehensive services. If an out of network provider is selected, you will be responsible for the applicable coinsurance plus the difference between the billed amount and the allowed amount.</p> <p>There is a \$2,000 annual maximum for comprehensive services received in-network and out of network combined.</p> <p>In-network preventive and comprehensive dental services are provided through Liberty Dental. Refer to the Evidence of Coverage for complete details.</p>



Mass General Brigham Advantage Secure (HMO-POS)

Vision services

Medicare-covered eye exam	<p>In-Network: \$40 copay per visit</p> <p>Out-of-Network: \$50 copay per visit</p>
Eyewear after cataract surgery (for Medicare-covered standard eyewear)	<p>In-Network: \$0 Copay</p> <p>Out-of-Network: \$50 copay</p>
Routine eye exam (1 every calendar year)	<p>In-Network: \$0 Copay when using an EyeMed Provider</p> <p>Out-of-Network: You will receive a \$40 reimbursement for a routine vision exam received from an out-of-network provider. You will need to pay out of pocket and submit for reimbursement. You must file a claim with EyeMed Vision Care to get reimbursed.</p> <p>The claim form can be found on MassGeneralBrighamAdvantage.org/forms or by calling Customer Service for the claim form.</p>
Eyewear (for covered eyewear you pay any balance in excess of the limit)	<p>In-Network: Up to \$250 per calendar year for prescription eyewear or contact lenses purchased from an EyeMed provider.</p> <p>Out-of-Network: You will receive up to a \$250 reimbursement for prescription eyewear or contact lenses when purchased from an out-of-network (from a non-EyeMed provider). You will need to pay out of pocket and submit for reimbursement. You must file a claim with EyeMed Vision Care to get reimbursed.</p> <p>The claim form can be found on MassGeneralBrighamAdvantage.org/forms or by calling Customer Service for the claim form.</p>

Mental health services

Inpatient mental health care	<p>In-Network: \$230 copay per day for days 1 to 5 \$0 copay per day for days 6 to 90 \$0 copay per day for days 91 and beyond</p> <p>Out-of-Network: 30% coinsurance per stay</p> <p>Authorization rules may apply.</p> <p>There is a Medicare 190-day lifetime limit for care in a free-standing psychiatric hospital for both in-network and out-of-network services.</p> <p>Please see your Evidence of Coverage for additional important information.</p>
Outpatient individual and group therapy visit	<p>In-Network: \$20 copay per visit</p> <p>Out-of-Network: \$50 copay per visit</p>



Mass General Brigham Advantage Secure (HMO-POS)

Additional services

<p>Skilled nursing facility (SNF) (covered up to 100 days).</p>	<p>In-Network: \$0 copay per day for days 1 to 20. \$160 copay per day for days 21 through 44 \$0 copay per day for days 45 through 100 Out-of-Network: 30% coinsurance per stay. Authorization rules may apply.</p>
<p>Physical therapy</p>	<p>In-Network: \$15 copay Out-of-Network: \$50 copay Prior Authorization is required after the 20th visit</p>
<p>Ambulance</p>	<p>In-Network and Out-of-Network: \$200 copay per trip</p>
<p>Transportation – nonemergency (including chair vans)</p>	<p>Not covered</p>
<p>Medicare Part B drugs (including chemotherapy)</p>	<p>In-Network: Medicare Part B Insulin : \$35 copay All other Medicare Part B drugs: 0% to 20% coinsurance Part B drugs that are rebate eligible may be subject to a lower coinsurance. Out-of-Network: 20% coinsurance Authorization rules may apply.</p>
<p>Foot care (Podiatry services)</p>	<p>In-Network: \$30 copay Out-of-Network: \$50 copay Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.</p>
<p>Over-the-counter items (OTC)</p>	<p>In-Network: Up to \$95 per quarter toward over-the-counter health & wellness products. Convey Health Solutions will manage the OTC benefit. Convey Health Solutions will mail the OTC catalog for a list of eligible items. Purchase OTC items by mail, phone, or online. If you have questions or to order by phone please call: 1-800-695-5306 (TTY: 711) Monday – Friday 8 am to 11 pm, EST There is no coverage for out-of-network providers.</p>



Mass General Brigham Advantage Secure (HMO-POS)

Diabetes supplies and services

Diabetes monitoring supplies	In-Network: \$0 copay Out-of-Network: 20% coinsurance Authorization rules may apply.
Diabetes self-management training	In-Network and Out-of-Network: \$0 copay
Therapeutic shoes or inserts	In-Network and Out-of-Network: 20% coinsurance
Durable medical Equipment (wheelchairs, oxygen, etc.)	In-Network and Out-of-Network: 20% coinsurance Authorization rules may apply.

Prosthetic devices (braces, artificial limbs, etc.)

Prosthetic devices	In-Network and Out-of-Network: 20% coinsurance Authorization rules may apply.
Related medical supplies	In-Network and Out-of-Network: 20% coinsurance Authorization rules may apply.

Wellness programs (see below for more details)

Fitness	Up to \$300 reimbursement per calendar year
Weight loss	Up to \$150 reimbursement per calendar year



Wellness programs

Take control of your health with our fitness and weight-loss benefits

What is the Fitness Benefit?

Enroll in a qualified fitness facility, program, or activity and receive up to \$300 per calendar year toward your club membership fees.

What programs qualify?

- Virtual/online fitness memberships, subscriptions, programs, or classes that provide cardiovascular and strength training using a digital platform.
- Health clubs with a variety of cardiovascular and strength-training exercise equipment, e.g., traditional health clubs, YMCAs, YWCAs, and community fitness centers.
- Fitness classes at participating Councils on Aging (COA) facilities; fitness studios with instructor-led groups such as yoga, Pilates, Zumba®, kickboxing, CrossFit®, and indoor cycling/spinning and other exercise classes.
- Activity trackers, e.g., Fitbit, Garmin.
- Home fitness equipment such as weights, stationary bikes, or treadmills.

What is the weight-loss benefit?

Enroll in a qualified weight-loss program and receive up to \$150 per calendar year toward your program fees.

What kinds of programs qualify?

Traditional WW, (formerly known as Weight Watchers®) meetings, WW Online, Jenny Craig, NOOM, and hospital-based and other non-hospital based, weight-loss programs that combine healthy eating, exercise, and coaching sessions.

Programs that DO NOT qualify

For the fitness benefit, non-eligible facilities, programs, or activities include but is not limited to country clubs and social clubs, spas, and 1-on-1 sessions. DVDs, and YouTube subscriptions are not covered.

The weight loss program benefit does not cover food, nutritional supplements, or enrollment/registration fees.

Rewarding you for healthy choices

Get reimbursed up to \$450 per year when you enroll in qualified fitness and weight-loss programs.

- \$300 fitness reimbursement
- \$150 weight-loss reimbursement



Prescription drug benefits

Mass General Brigham Advantage Secure (HMO-POS)	
Deductible	This plan does not have a prescription drug deductible.
Initial coverage	You pay the following cost sharing amounts until your total yearly drug costs reach \$5,030. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.

Tier 1: Preferred Generic

Tier 2: Generic

Tier 3: Preferred Brand

Tier 4: Non-Preferred Drug

Tier 5: Specialty Tier

Note: Cost sharing may differ based on the pharmacy type (retail pharmacy, mail order, long-term Care (LTC)) or home infusion, and 30-day or 90-day supply.

Retail cost sharing			
Drug tier	30-day supply	60-day supply	90-day supply
Tier 1 - Preferred generic	\$0 copay	\$0 copay	\$0 copay
Tier 2 - Generic	\$3 copay	\$6 copay	\$9 copay
Tier 3 - Preferred brand	\$37 copay	\$74 copay	\$111 copay
Tier 4 - Non-preferred drug	\$100 copay	\$200 copay	\$300 copay
Tier 5 - Specialty tier	33% coinsurance	N/A	N/A

Mail order cost sharing			
Drug tier	30-day supply	60-day supply	90-day supply
Tier 1 - Preferred generic	\$0 copay	\$0 copay	\$0 copay
Tier 2 - Generic	\$3 copay	\$6 copay	\$6 copay
Tier 3 - Preferred brand	\$37 copay	\$74 copay	\$74 copay
Tier 4 - Non-preferred drug	\$100 copay	\$200 copay	\$200 copay
Tier 5 - Specialty tier	33% coinsurance	N/A	N/A

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.



Coverage gap	Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$5,030. After you enter the coverage gap, you pay 25% of the plan’s cost for covered brand-name drugs and 25% of the plan’s cost for covered generic drugs until your costs total \$8,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.
Catastrophic coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$8,000, the plan pays the full cost for your covered Part D drugs. You pay nothing. For excluded drugs covered under our enhanced benefit, you pay the same cost sharing as in the Initial Coverage Phase. You may get your drugs at network retail pharmacies and mail order pharmacies.



Mass General Brigham Health Plan Medicare Advantage
399 Revolution Drive, Suite 850
Somerville, MA 02145

Contact information and hours of operation

Members

October 1-March 31

1-855-833-3668 (TTY: 711)

8:00 AM to 8:00 PM, EST

Monday through Sunday

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Mass General Brigham Health Plan is an HMO-POS/PPO plan 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 Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

This is not a complete description of benefits. Contact the plan for more information.

14574-0923-00



2024 Summary of Benefits

Mass General Brigham Advantage (PPO)

Mass General Brigham Advantage Premier (PPO)

This Summary of Benefits covers plans in the following counties in Massachusetts:
Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester.

This booklet gives you a summary of drug and health services covered by Mass General Brigham Advantage (PPO) and Mass General Brigham Advantage Premier (PPO), and what you pay.

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You have choices about how to get your Medicare benefits

You can get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.

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Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you an overview of what Mass General Brigham Advantage (PPO) and Mass General Brigham Advantage Premier (PPO) cover and what you pay.

To compare our plan with other Medicare health plans, ask the other plans' representatives for their Summary of Benefits booklets or use the Medicare Plan Finder on **medicare.gov**.

To learn more about the coverage and costs of Original Medicare, look in your current *Medicare & You* handbook. View it online at [medicare.gov](https://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**.

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Who can join?

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Which doctors, hospitals, and pharmacies can I use?

Mass General Brigham Advantage (PPO) and Mass General Brigham Advantage Premier (PPO) members have access to providers in the Mass General Brigham system, in addition to a wide network of doctors, hospitals, pharmacies, and other providers throughout Massachusetts. If you use the providers that are in our network, you will pay less for your covered services. But if you want to, you can also use providers that are not in our network and may pay more for your covered services.

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- Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.
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You must continue to pay your Medicare Part B premium.		
Deductibles and Maximum Out of Pocket		
Medical	This plan does not have a medical deductible.	This plan does not have a medical deductible.
Prescription drugs	This plan does not have a prescription drug deductible.	This plan does not have a prescription drug deductible.
Maximum Out-of-Pocket responsibility (Does not include costs related to prescription drugs)	<p>Your yearly limit(s) in this plan:</p> <p>\$6,400 for services you receive from in-network providers.</p> <p>\$9,700 for services you receive from out-of-network providers and in-network providers combined.</p>	<p>Your yearly limit(s) in this plan:</p> <p>\$3,150 for services you receive from in-network providers.</p> <p>\$5,450 for services you receive from out-of-network providers and in-network providers combined.</p>
<p>The In-Network cost sharing will be applied to the In-Network and the Out-of-Network Maximum Out-of-Pocket amounts but the cost sharing for Out-of-Network will not apply to the In-Network Maximum Out-of-Pocket amount. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the calendar year.</p>		
Please note that you will still need to pay your Medicare Part B premium, your plan premium, and any cost sharing for your Part D prescription drugs.		
Inpatient and Outpatient Hospital Services		
Inpatient hospital coverage	<p>Our plan covers an unlimited number of days for an inpatient hospital stay</p> <p>In-Network:</p> <p>\$335 copay per day for days 1 to 5.</p> <p>\$0 copay per day for day 6 through 90.</p> <p>\$0 copay per day for days 91 and beyond.</p> <p>Out-of-Network:</p> <p>40% of the cost per stay</p>	<p>In-Network:</p> <p>\$125 copay per day for days 1 to 3.</p> <p>\$0 copay per day for day 4 through 90.</p> <p>\$0 copay per day for days 91 and beyond.</p> <p>Out-of-Network:</p> <p>20% of the cost per stay</p>
Prior Authorization is required in-network.		



	Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Premier (PPO)
Outpatient hospital coverage	<p>In-Network: \$0 to \$300 copay per visit You pay \$0 for preventive colonoscopies that turn into diagnostic colonoscopies. All other procedures and services are a \$300 copay.</p> <p>Out-of-Network: 40% coinsurance per visit</p>	<p>In-Network: \$0 to \$125 copay per visit You pay \$0 for preventive colonoscopies that turn into diagnostic colonoscopies. All other procedures and services are a \$125 copay.</p> <p>Out-of-Network: 20% coinsurance per visit</p>
Prior Authorization is required for certain services in-network. Please see your Evidence of Coverage for more information.		
Ambulatory surgery center	<p>In-Network: \$0 to \$300 copay per visit You pay \$0 for preventive colonoscopies that turn into diagnostic colonoscopies. All other procedures and services are a \$300 copay.</p> <p>Out-of-Network: 40% coinsurance per visit</p>	<p>In-Network: \$0 to \$125 copay per visit You pay \$0 for preventive colonoscopies that turn into diagnostic colonoscopies. All other procedures and services are a \$125 copay.</p> <p>Out-of-Network: 20% coinsurance per visit</p>
Prior Authorization is required in-network.		
Doctor's office visits (including telehealth visits)		
Primary care physician	<p>In-Network: \$0 copay per visit</p> <p>Out-of-Network: \$20 copay per visit</p>	<p>In-Network: \$0 copay</p> <p>Out-of-Network: \$10 copay</p>
Specialist	<p>In-Network: \$45 copay</p> <p>Out-of-Network: \$65 copay</p>	<p>In-Network: \$20 copay</p> <p>Out-of-Network: \$40 copay</p>
Preventive Care	<p>In-Network and Out-of-Network: \$0 copay per visit</p>	<p>In-Network and Out-of-Network: \$0 copay per visit</p>
Our plans cover many preventive services including		
<ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) * • Depression screening • Diabetes screenings • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Lung cancer screening (low dose computed tomography [LDCT]) • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Flu shots, pneumococcal shots, Hepatitis B shots (limitations may apply) • "Welcome to Medicare" preventive visit (one-time) • Any additional preventive services approved by Medicare during the calendar year will be covered. 		
*If any other medical condition including polyp or other tissue is found and removed during the procedure your cost sharing will remain \$0 copay.		



	Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Premier (PPO)
Annual physical exam		
Annual physical exam	In-Network: \$0 copay Out-of-Network: \$20 copay	In-Network: \$0 copay Out-of-Network: \$10 copay
This exam includes a detailed medical/family history and a head-to-toe assessment with hands-on examination of all body systems to assess overall general health.		
Emergency services		
Emergency care	In- and Out-of-Network: \$90 copay	In- and Out-of-Network: \$90 copay
Your copay is waived if you are admitted to the hospital within 24 hours. Your plan includes worldwide coverage for emergency care.		
Urgently needed services	In- and Out-of-Network: \$50 copay per visit	In- and Out-of-Network: \$30 copay per visit
Your plan includes worldwide coverage for urgently needed services.		
Diagnostic services/labs/imaging		
Diagnostic radiology (such as MRIs, CT scans)	In-Network: \$75 - \$160 copay per visit Ultrasounds are a \$75 copay. Outpatient CT, PET, and MRI scans are a \$160 copay Out-of-Network: 40% coinsurance per visit	In-Network: \$75 - \$150 copay per visit Ultrasounds are a \$75 copay. Outpatient CT, PET, and MRI scans are a \$150 copay Out-of-Network: 20% coinsurance per visit
Prior Authorization is required in-network.		
Diagnostic tests and procedure	In-Network: \$20 copay per visit Out-of-Network: 40% coinsurance per visit	In-Network: \$0 copay per visit Out-of-Network: \$10 copay per visit
Prior Authorization is required in-network.		
Lab services	In-Network: \$0 copay per visit Out-of-Network: 40% coinsurance per visit	In-Network: \$0 copay per visit Out-of-Network: \$10 copay per visit
Prior Authorization is required in-network.		
Outpatient x-ray	In-Network: \$15 copay per visit Out-of-Network: 40% coinsurance per visit	In-Network: \$0 copay per visit Out-of-Network: \$10 copay per visit
Prior Authorization is required in-network.		



	Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Premier (PPO)
Hearing services		
Medicare covered hearing exam	In-Network: \$45 copay per visit Out-of-Network: \$65 copay per visit	In-Network: \$20 copay per visit Out-of-Network: \$40 copay per visit
Routine hearing exam – up to one per calendar year	In-Network: \$0 copay when using a TruHearing provider Out-of-Network: \$65 copay for a routine hearing exam by an out-of-network (non TruHearing) hearing provider	In-Network: \$0 copay when using a TruHearing provider Out-of-Network: \$40 copay for a routine hearing exam by an out-of-network (non TruHearing) hearing provider
Hearing aids	In-Network: \$699 - \$999 copay per hearing aid per calendar year Out-of-Network: \$699 - \$999 copay per hearing aid per calendar year	In-Network: \$699 - \$999 copay per hearing aid per calendar year Out-of-Network: \$699 - \$999 copay per hearing aid per calendar year
	TruHearing provider must be used for in- and out-of-network hearing aid benefit.	
Dental services		
Limited Medicare-covered dental services	In-Network: \$45 copay per visit Out-of-Network: \$65 copay per visit	In-Network: \$20 copay per visit Out-of-Network: \$40 copay per visit
Non-Medicare-covered dental services	Preventive Services: In- and Out-of-Network: No copayment or coinsurance for covered preventive services Comprehensive Services: In-Network: No copayment or coinsurance for covered comprehensive services Out-of-Network: 20% coinsurance for covered comprehensive services If an out of network provider is selected, you will be responsible for the applicable coinsurance plus the difference between the billed amount and the allowed amount. \$1,500 combined in-network and out-of-network maximum per calendar year for comprehensive services.	Preventive Services: In- and Out-of-Network: No copayment or coinsurance for covered preventive services Comprehensive Services: In-Network: No copayment or coinsurance for covered comprehensive services. Out-of-Network: 20% coinsurance for covered comprehensive services If an out of network provider is selected, you will be responsible for the applicable coinsurance plus the difference between the billed amount and the allowed amount. \$2,500 combined in-network and out-of-network maximum per calendar year for comprehensive services.
	Preventive and comprehensive dental services are provided through Liberty Dental. Refer to the Evidence of Coverage for complete details.	



	Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Premier (PPO)
Vision services		
Medicare-covered eye exam	In-Network: \$45 copay per visit Out-of-Network: \$65 copay per visit	In-Network: \$20 copay per visit Out-of-Network: \$40 copay per visit
Eyewear after cataract surgery (for Medicare-covered standard eyewear)	In-Network: \$0 copay Out-of-Network: \$65 copay	In-Network: \$0 copay Out-of-Network: \$40 copay
Routine eye exam (1 every calendar year)	In-Network: \$0 copay when using an EyeMed Provider Out-of-Network: You will receive a \$40 reimbursement for a routine vision exam received from an out-of-network provider. You will need to pay out of pocket and submit for reimbursement.	In-Network: \$0 copay when using an EyeMed provider Out-of-Network: You will receive a \$40 reimbursement for a routine vision exam received from an out-of-network provider. You will need to pay out of pocket and submit for reimbursement.
To receive reimbursement for an out-of-network routine vision exam, you must file a claim with EyeMed Vision Care. The claim form can be found on MassGeneralBrighamAdvantage.org/forms or by calling Customer Service for the claim form.		
Eyewear (for covered eyewear you pay any balance in excess of the limit)	In-Network: Up to \$200 per calendar year for prescription eyewear or contact lenses purchased from an EyeMed provider Out-of-Network: You will receive up to a \$200 reimbursement for prescription eyewear or contact lenses when purchased from an out-of-network provider. You will need to pay out of pocket and submit for reimbursement.	In-Network: Up to \$300 per calendar year for prescription eyewear or contact lenses purchased from an EyeMed provider Out-of-Network: You will receive up to a \$300 reimbursement for prescription eyewear or contact lenses when purchased from an out-of-network provider. You will need to pay out of pocket and submit for reimbursement.
To receive reimbursement for eyewear purchased out-of-network (from a non-EyeMed provider), you must file a claim with EyeMed Vision Care. The claim form can be found on MassGeneralBrighamAdvantage.org/forms or by calling Customer Service for the claim form.		



	Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Premier (PPO)
Mental health services		
Inpatient mental health care	<p>In-Network: \$335 copay per day for days 1-5 \$0 copay per day for days 6 to 90 \$0 copay per day for days 91 and beyond</p> <p>Out of Network: 40% coinsurance per stay</p>	<p>In-Network: \$125 copay per day for days 1 to 3 \$0 copay per day for days 4 to 90 \$0 copay per day for days 91 and beyond</p> <p>Out-of-Network: 20% coinsurance per stay</p>
Authorization rules may apply to in-network services. There is a Medicare 190-day lifetime limit for care in a free-standing psychiatric hospital for both in-network and out-of-network services. Please see your Evidence of Coverage for additional important information.		
Outpatient individual and group therapy	<p>In-Network: \$30 copay per visit Out-of-Network: \$65 copay per visit</p>	<p>In-Network: \$10 copay per visit Out-of-Network: \$40 copay per visit</p>
Additional services		
Skilled nursing facility (SNF) (covered up to 100 days)	<p>In-Network: \$0 copay per day for days 1 to 20 \$160 copay per day for days 21 to 44 \$0 copay per day for days 45 to 100</p> <p>Out-of-Network: 40% coinsurance per stay.</p>	<p>In-Network: \$0 copay per day for days 1 to 20 \$160 copay per day for days 21 to 44 \$0 copay per day for days 45 to 100</p> <p>Out-of-Network: 20% coinsurance per stay</p>
Prior Authorization is required in-network.		
Physical therapy	<p>In-Network: \$40 copay per visit Out-of-Network: \$65 copay per visit</p>	<p>In-Network: \$20 copay per visit Out-of-Network: \$40 copay per visit</p>
Prior Authorization is required in-network after the 20 th visit.		
Ambulance	In-Network and Out-of-Network: \$275 copay per trip	In-Network and Out-of-Network: \$200 copay per trip
Transportation – nonemergency (including chair vans)	Not covered	Not covered
Medicare Part B drugs (including chemotherapy)	<p>In-Network: Medicare Part B insulin: \$35</p> <p>All other Medicare Part B drugs: 0% to 20% coinsurance. Part B drugs that are rebate eligible may be subject to a lower coinsurance.</p> <p>Out-of-Network: 40% coinsurance</p>	<p>In-Network: Medicare Part B insulin: \$35</p> <p>All other Medicare Part B drugs: 0% to 20% coinsurance. Part B drugs that are rebate eligible may be subject to a lower coinsurance.</p> <p>Out of Network: 20% coinsurance</p>
Prior Authorization may apply for Part B drugs in-network.		



	Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Premier (PPO)
Foot care (Podiatry services)	In-Network: \$40 copay Out-of-Network: \$65 copay	In-Network: \$20 copay Out-of-Network: \$40 copay
	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.	
Over-the-counter items (OTC)	In-Network: Up to \$85 per quarter toward over-the-counter health & wellness products.	In-Network: Up to \$120 per quarter toward over-the-counter health & wellness products.
	Convey Health Solutions will manage the OTC benefit. Convey Health Solutions will mail the OTC catalog for a list of eligible items. Purchase OTC items by mail, phone, or online. If you have questions or to order by phone please call: 1-800-695-5306 (TTY: 711) Monday – Friday 8 am to 11 pm, EST There is no coverage for out-of-network providers.	
Diabetes supplies and services		
Diabetes monitoring and supplies	In-Network: \$0 copay Out-of-Network: 40% coinsurance	In-Network: \$0 copay Out-of-Network: 20% coinsurance
	Authorization rules may apply in-network.	
Diabetes self-management training	In-Network and Out-of-Network: \$0 copay	In-Network and Out-of-Network: \$0 copay
Therapeutic shoes or inserts	In-Network: 20% coinsurance Out-of-Network: 40% coinsurance	In-Network: \$0 copay Out-of-Network: 20% coinsurance
Durable medical equipment (wheelchairs, oxygen, etc.)	In-Network: 20% coinsurance Out-of-Network: 40% coinsurance	In-Network: 20% coinsurance Out-of-Network: 20% coinsurance
	Authorization rules may apply in-network	
Prosthetic devices (braces, artificial limbs, etc.)		
Prosthetic devices	In-Network: 20% coinsurance Out-of-Network: 40% coinsurance	In-Network: 20% coinsurance Out-of-Network: 20% coinsurance
	Authorization rules may apply in-network	
Related medical supplies	In-Network: 20% coinsurance Out-of-Network: 40% coinsurance	In-Network: 20% coinsurance Out-of-Network: 20% coinsurance
	Authorization rules may apply in-network	
Wellness programs (see back of booklet for more details)		
Fitness	Up to \$300 reimbursement per calendar year	Up to \$300 reimbursement per calendar year
Weight loss	Up to \$150 reimbursement per calendar year	Up to \$150 reimbursement per calendar year



Wellness programs

Take control of your health with our fitness and weight-loss benefits

What is the fitness benefit?

Enroll in a qualified fitness facility, program, or activity and receive up to \$300 per calendar year toward your club membership fees.

What programs qualify?

- Virtual/online fitness memberships, subscriptions, programs, or classes that provide cardiovascular and strength training using a digital platform.
- Health clubs with a variety of cardiovascular and strength-training exercise equipment, e.g., traditional health clubs, YMCAs, YWCAs, and community fitness centers.
- Fitness classes at participating Councils on Aging (COA) facilities; fitness studios with instructor-led groups such as yoga, Pilates, Zumba®, kickboxing, CrossFit®, and indoor cycling/spinning and other exercise classes.
- Activity trackers, e.g., Fitbit, Garmin.
- Home fitness equipment such as weights, stationary bikes, or treadmills.

What is the weight-loss benefit?

Enroll in a qualified weight-loss program and receive up to \$150 per calendar year toward your membership fees.

What kinds of programs qualify?

Traditional WW, (formerly known as Weight Watchers®) meetings, WW Online, Jenny Craig, NOOM, and hospital-based and other non-hospital-based weight-loss programs that combine healthy eating, exercise, and coaching sessions.

Programs that DO NOT qualify

For the fitness benefit, non-eligible facilities, programs, or activities include but are not limited to country clubs and social clubs, spas, and 1-on-1 sessions. DVDs, and YouTube subscriptions are not covered.

The weight loss program benefit does not cover food, nutritional supplements, or enrollment/registration fees.

Rewarding you for healthy choices

Get reimbursed up to \$450 per year when you enroll in qualified fitness and weight-loss programs.

- \$300 fitness reimbursement
- \$150 weight-loss reimbursement



Prescription drug benefits

	Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Premier (PPO)
Deductible	This plan does not have a prescription drug deductible.	This plan does not have a prescription drug deductible.
Initial coverage	You pay the following until your total yearly drug costs reach \$5,030. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.	

Tier 1: Preferred Generic
Tier 2: Generic
Tier 3: Preferred Brand

Tier 4: Non-Preferred Drug
Tier 5: Specialty Tier

Note: Cost sharing may differ based on the pharmacy type (retail pharmacy, mail order, long-term care (LTC)) or home infusion, and 30-day or 90-day supply.

Retail Cost Sharing			
Mass General Brigham Advantage (PPO)			
Mass General Brigham Advantage Premier (PPO)			
Drug tier	30-day supply	60-day supply	90-day supply
Tier 1 Preferred generic	\$0 copay	\$0 copay	\$0 copay
Tier 2 Generic	\$3 copay	\$6 copay	\$9 copay
Tier 3 Preferred brand	\$37 copay	\$74 copay	\$111 copay
Tier 4 Non-preferred drug	\$100 copay	\$200 copay	\$300 copay
Tier 5 Specialty tier	33% coinsurance	N/A	N/A



Mail Order Cost Sharing
Mass General Brigham Advantage (PPO)
Mass General Brigham Advantage Premier (PPO)

Drug tier	30-day supply	60-day supply	90-day supply
Tier 1 Preferred generic	\$0 copay	\$0 copay	\$0 copay
Tier 2 Generic	\$3 copay	\$6 copay	\$6 copay
Tier 3 Preferred brand	\$37 copay	\$74 copay	\$74 copay
Tier 4 Non-preferred drug	\$100 copay	\$200 copay	\$200 copay
Tier 5 Specialty tier	33% coinsurance	N/A	N/A

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

Coverage gap	Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$5,030. After you enter the coverage gap, you pay 25% of the plan’s cost for covered brand-name drugs and 25% of the plan’s cost for covered generic drugs until your costs total \$8,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.
Catastrophic coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$8,000, the plan pays the full cost for your covered Part D drugs. You pay nothing. For excluded drugs covered under our enhanced benefit, you pay the same cost sharing as in the Initial Coverage Phase. You may get your drugs at network retail pharmacies and mail order pharmacies.



Mass General Brigham Health Plan Medicare Advantage
399 Revolution Drive, Suite 850
Somerville, MA 02145

Contact information and hours of operation

Members

October 1-March 31

1-855-833-3668 (TTY: 711)

8:00 AM to 8:00 PM, EST

Monday through Sunday

April 1–September 30

1-855-833-3668 (TTY: 711)

8:00 AM to 8:00 PM, EST

Monday through Friday

If you call after business hours, you may leave a message that includes your name and phone number, and a representative will return your call no later than one business day after you leave a message. Customer Service also has free language interpreter services available for non-English speakers.

Non-members

October 1-March 31

1-888-828-5500 (TTY: 711)

8:00 AM to 8:00 PM, EST

Monday through Sunday

April 1–September 30

1-888-828-5500 (TTY: 711)

8:00 AM to 8:00 PM, EST

Monday through Friday

Mass General Brigham Health Plan is an HMO-POS/ PPO plan 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 Plan members, except in emergency situations.

Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services

This is not a complete description of benefits. Contact the plan for more information.

14575-0923-03



IMPORTANT INFORMATION:

2024 Medicare Star Ratings

Mass General Brigham Health Plan - H6847

For 2024, Mass General Brigham Health Plan - H6847 received the following Star Ratings from Medicare:

Overall Star Rating:	Plan too new to be measured
Health Services Rating:	Plan too new to be measured
Drug Services Rating:	Plan too new to be measured

**Some plans do not have enough data to rate performance.*

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.

The number of stars show how well a plan performs.

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

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 General Brigham Health Plan 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 888-828-5500 (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 855-833-3668 (toll-free) or 711 (TTY).

IMPORTANT INFORMATION:

2024 Medicare Star Ratings

Mass General Brigham Health Plan - H9485

For 2024, Mass General Brigham Health Plan - H9485 received the following Star Ratings from Medicare:

Overall Star Rating:	Plan too new to be measured
Health Services Rating:	Plan too new to be measured
Drug Services Rating:	Plan too new to be measured

**Some plans do not have enough data to rate performance.*

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.

The number of stars show how well a plan performs.

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

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 General Brigham Health Plan 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 888-828-5500 (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 855-833-3668 (toll-free) or 711 (TTY).

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-833-3668. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-855-833-3668. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-855-833-3668。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-855-833-3668。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-833-3668. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-833-3668. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-855-833-3668 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-833-3668. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-833-3668 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-833-3668. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك. هذه خدمة مجانية فوري، ليس عليك سوى الاتصال بنا على [1-855-833-3668]. سيقوم شخص ما يتحدث العربية

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-855-833-3668 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-833-3668. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-833-3668. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan

medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-833-3668. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-833-3668. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには 1-855-833-3668 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Mass General Brigham Health Plan Non-Discrimination Notice

Discrimination is Against the Law

Mass General Brigham Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). Mass General Brigham Health Plan does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Mass General Brigham Health Plan:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages

If you need these services

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact **Medicare Advantage Customer Service**.

Mass General Brigham Health Plan
Medicare Advantage Customer Service
399 Revolution Drive, Suite 850
Somerville, MA 02145

You can reach our Customer Service team by calling: **855-833-3668** (TTY: 711)

October 1 – March 31
8:00 a.m. to 8:00 p.m. ET
Monday through Sunday

April 1 – September 30
8:00 a.m. to 8:00 p.m. ET
Monday through Friday

Email:

HealthPlanMedAdvCustomerService@mgb.org

If you believe that Mass General Brigham Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with **Appeals and Grievances Coordinator**.

MASS GENERAL BRIGHAM HEALTH PLAN
APPEALS AND GRIEVANCES DEPARTMENT
399 REVOLUTION DRIVE
SOMERVILLE, MA 02145

Phone: **855-833-3668** (TTY 711)

Fax: **617-526-1980**

Email: **HealthPlanAppealsGrievance@mgb.org**

You can file a grievance in person, or by mail, fax, or email. If you need help filing a grievance, **Appeals and Grievances Coordinator** is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

US DEPARTMENT OF HEALTH & HUMAN SERVICES
ROOM 509F, HHH BLDG
200 INDEPENDENCE AVE, SW
WASHINGTON DC 20201

Phone: **800-368-1019**

800-537-7697 (TDD)

Complaint forms are available at:

hhs.gov/ocr/office/file/index.html

This notice is available at Mass General Brigham Health Plan website: **MGBAdvantage.org**