

Monthly premium				
This is paid in addition to your regular Part B premium.	\$0	\$52	\$140	\$299
Doctor visits				
Primary care	IN \$0 copay; OUT \$20 copay	IN \$0 copay; OUT \$20 copay	IN \$0 copay; OUT \$10 copay	IN and OUT: \$0 copay
Specialist	IN \$50 copay; OUT \$65 copay	IN \$45 copay; OUT \$50 copay	IN \$25 copay; OUT \$40 copay	IN and OUT: \$0 copay
Emergency care				
Emergency care (in and out of network)	\$90 copay	\$105 copay	\$90 copay	\$0 copay
Urgent care (in and out of network)	\$50 copay	\$50 copay	\$30 copay	\$0 copay
Emergency ambulance (ground transportation)	\$275 copay	\$200 copay	\$200 copay	\$0 copay
Hospital, surgery and rehabilitation services				
Inpatient hospital stays	IN: \$350 days 1-5; \$0 days 6-90; OUT: 30% coinsurance	IN: \$250 days 1-5; \$0 days 6-90; OUT: 30% coinsurance	IN: \$150 days 1-3; \$0 days 4-90 OUT: 20% coinsurance	IN and OUT: \$0 copay
Outpatient hospital	IN: \$0-\$300 copay; OUT: 40% coinsurance	IN: \$0-\$200 copay; OUT: 30% coinsurance	IN: \$0-\$125 copay; OUT: 20% coinsurance	IN and OUT: \$0 copay
Outpatient physical, occupational, and speech therapy	IN: \$40 copay; OUT: \$65 copay	IN: \$15 copay; OUT: \$50 copay	IN: \$20 copay; OUT: \$40 copay	IN and OUT: \$0 copay
Cardiac rehabilitation	IN: \$0 copay; OUT \$65 copay	IN and OUT: \$0 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	IN and OUT: \$0 copay
Outpatient CT scans, PET scans, and MRIs	IN: \$75-\$160 copay; OUT: 40% coinsurance	IN: \$75-\$160 copay; OUT: 20% coinsurance	IN: \$75-\$150 copay; OUT: 20% coinsurance	IN and OUT: \$0 copay
Lab	IN: \$0 copay; OUT 40% coinsurance	IN: \$0 copay; OUT 20% coinsurance	IN: \$0 copay; OUT: \$10 copay	IN and OUT: \$0 copay
Plus more value				
Dental services allowance / preventive services	\$1,500 / \$0 copay	\$2,000 / \$0 copay	\$2,500 / \$0 copay	\$3,000 / \$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	\$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	\$300 per year / \$0 copay
Fitness, weight loss, and prescription hearing aid allowance (Flexible Benefit Card)	\$450 per year	\$450 per year	\$450 per year	\$450 per year
Transportation allowance (Flexible Benefit Card)	\$120 per quarter	\$120 per quarter	\$120 per quarter	\$120 per quarter
Over-the-counter purchases (Flexible Benefit Card)	\$85 allowance per quarter	\$95 allowance per quarter	\$120 allowance per quarter	\$130 allowance per quarter
Maximum out-of-pocket				

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 = In-network providers, OUT = out-of-network providers

¹per hearing aid per year

IN: \$5,500;
IN and OUT combined: \$9,550

IN: \$3,350;
IN and OUT combined: \$7,000

IN: \$3,150;
IN and OUT combined: \$5,450

IN and OUT: \$0

Prescription drug benefits

Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Secure (HMO-POS)	Mass General Brigham Advantage Premier (PPO)	Mass General Brigham Advantage Signature (PPO)
No deductible	No deductible	No deductible	No deductible
Initial coverage: When your coverage begins, 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 copays. Refer to the Mass General Brigham Health Plan Formulary for details.			
Tier 1 \$0	Tier 1 \$0	Tier 1 \$0	Tier 1 \$0
Tier 2 \$5	Tier 2 \$5	Tier 2 \$5	Tier 2 \$5
Tier 3 \$47	Tier 3 \$47	Tier 3 \$47	Tier 3 \$47
Tier 4 \$100	Tier 4 \$100	Tier 4 \$100	Tier 4 \$100
Tier 5 33%	Tier 5 33%	Tier 5 33%	Tier 5 33%
Catastrophic Coverage: Beginning in 2025, if your out-of-pocket cost for Part D drugs reaches \$2,000, you reach the Catastrophic Coverage Stage and pay nothing for covered Part D drugs. You may have cost sharing for drugs that are covered under our enhanced benefit.			

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 [MGBAdvantage.org](https://www.massgeneralbrigham.org/advantage)