



	Mass General Brigham <b>Advantage</b> (PPO)	Mass General Brigham Advantage <b>Secure</b> (HMO-POS)	Mass General Brigham Advantage <b>Premier</b> (PPO)	Mass General Brigham Advantage <b>Signature</b> (PPO)
<b>Monthly premium</b>				
This is paid in addition to your regular Part B premium.	<b>\$0</b>	<b>\$62</b>	<b>\$150</b>	<b>\$325</b>
<b>Doctor visits</b>				
<b>Primary care</b>	IN \$0 copay; OUT \$20 copay	IN \$0 copay; OUT \$20 copay	IN \$0 copay; OUT \$10 copay	IN and OUT: \$0 copay
<b>Specialist</b>	IN \$50 copay; OUT \$65 copay	IN \$45 copay; OUT \$50 copay	IN \$25 copay; OUT \$40 copay	IN and OUT: \$0 copay
<b>Emergency care</b>				
<b>Emergency care</b> (in and out of network)	\$130 copay	\$130 copay	\$150 copay	\$0 copay
<b>Urgent care</b> (in and out of network)	\$50 copay	\$50 copay	\$30 copay	\$0 copay
<b>Emergency ambulance</b> (ground transportation)	\$330 copay	\$300 copay	\$300 copay	\$0 copay
<b>Hospital, surgery and rehabilitation services</b>				
<b>Inpatient hospital stays</b>	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
<b>Outpatient hospital</b>	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
<b>Outpatient physical, occupational, and speech therapy</b>	IN: \$40 copay; OUT: \$65 copay	IN: \$15 copay; OUT: \$50 copay	IN: \$20 copay; OUT: \$40 copay	IN and OUT: \$0 copay
<b>Diagnostic services</b>				
<b>Outpatient X-ray</b> (radiology)	IN: \$15 copay; OUT: 40% coinsurance	IN: \$10 copay; OUT: 20% coinsurance	IN: \$0 copay; OUT: \$10 copay	IN and OUT: \$0 copay
<b>Outpatient CT scans, PET scans, and MRIs</b>	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
<b>Lab</b>	IN: \$0 copay; OUT 40% coinsurance	IN: \$0 copay; OUT 20% coinsurance	IN: \$0 copay; OUT: \$10 copay	IN and OUT: \$0 copay
<b>Plus more value</b>				
<b>Dental services allowance / preventive services</b> <sup>1</sup>	\$1,500 / \$0 copay	\$2,000 / \$0 copay	\$2,500 / \$0 copay	\$3,000 / \$0 copay
<b>Hearing aids / routine hearing exam</b>	\$699-\$999 copay <sup>2</sup> / \$0 copay	\$699-\$999 copay <sup>2</sup> / \$0 copay	\$699-\$999 copay <sup>2</sup> / \$0 copay	\$699-\$999 copay <sup>2</sup> / \$0 copay
<b>Eyewear allowance / routine eye exam</b>	\$200 per year / \$0 copay	\$250 per year / \$0 copay	\$300 per year / \$0 copay	\$300 per year / \$0 copay
<b>Fitness, weight loss, and prescription hearing aid allowance</b> (Flexible Benefit Card)	\$450 per year	\$450 per year	\$450 per year	\$450 per year
<b>Transportation allowance</b> (Flexible Benefit Card)	\$120 per quarter	\$120 per quarter	\$120 per quarter	\$120 per quarter
<b>Over-the-counter purchases</b> (Flexible Benefit Card)	\$65 per quarter	\$95 per quarter	\$120 per quarter	\$130 per quarter
<b>Maximum out-of-pocket</b>				
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	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

<sup>1</sup> For out-of-network (OON) providers, you will be required to pay the difference between the in-network rate and the fee being charged by your provider as well as any applicable OON cost-sharing. <sup>2</sup> Per hearing aid per year

## Prescription drug benefits

**Deductible:** For select Part D prescriptions in tiers 3, 4, and 5, a \$350 deductible applies.

**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. If you need a long-term fill of a maintenance medication, you can request a 100-day supply. When you use Optum Home Delivery Pharmacy, a 100-day supply costs only two copays. Refer to the Mass General Brigham Health Plan Formulary for details.

Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Secure (HMO-POS)	Mass General Brigham Advantage Premier (PPO)	Mass General Brigham Advantage Signature (PPO)
Tier 1 <b>\$0</b>	Tier 1 <b>\$0</b>	Tier 1 <b>\$0</b>	Tier 1 <b>\$0</b>
Tier 2 <b>\$5</b>	Tier 2 <b>\$5</b>	Tier 2 <b>\$5</b>	Tier 2 <b>\$5</b>
Tier 3 <b>\$47</b>	Tier 3 <b>\$47</b>	Tier 3 <b>\$47</b>	Tier 3 <b>\$47</b>
Tier 4 <b>25%</b>	Tier 4 <b>25%</b>	Tier 4 <b>25%</b>	Tier 4 <b>25%</b>
Tier 5 <b>29%</b>	Tier 5 <b>29%</b>	Tier 5 <b>29%</b>	Tier 5 <b>29%</b>

**Catastrophic Coverage:** If your out-of-pocket cost for Part D drugs reaches \$2,100, 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 866-478-7137 (TTY: 711)  
Want more benefit details? Visit [MGBAdvantage.org](https://www.massgeneralbrigham.org/advantage)