

Pre-Enrollment Checklist

Before making an enrollment decision, review the plan's benefits and rules. If you have questions, you can call and speak to a Medicare Advisor.

You can reach our team by calling: **888-828-5500** (TTY: 711)

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

April 1 – September 30, 8 a.m. to 8 p.m. ET, 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 [MGBAdvantage.org](https://www.mgbadvantage.org) to view or call **888-828-5500** (TTY 711) to receive a copy of the EOC.

Review the provider directory (or ask your doctor) to see if 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 see if 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 see if 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, 2027.

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 may 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. Once you enroll in a Medicare Advantage plan, it's your choice whether to keep or drop your Medigap policy.

2026 Summary of Benefits

**Medicare Advantage Plans with Part D
Prescription Drug Coverage**

Mass General Brigham Advantage Secure (HMO-POS)

January 1, 2026 – December 31, 2026

SKUH001_2020_CMS Accepted H6847_1489PDT_M

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SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us at 1-855-833-3668 (TTY: 711) and ask for the “**Evidence of Coverage.**” You can also see the Evidence of Coverage on our website, MGBAdvantage.org.

You have choices about how to get your Medicare benefits

- One choice is to 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 a summary of what **Mass General Brigham Advantage Secure (HMO-POS)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on www.medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at 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.

Sections in this booklet

- Things to Know About **Mass General Brigham Advantage Secure (HMO-POS)**.
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital Benefits.
- Prescription Drug Benefits.

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

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Things to Know About Mass General Brigham Advantage Secure (HMO-POS)

Hours of Operation & Contact Information

- From October 1 to March 31, we're open 8 a.m. – 8 p.m., 7 days a week.
- From April 1 to September 30, we're open 8 a.m. – 8 p.m., Monday through Friday.
- If you are a member of this plan, call us at 1-855-833-3668, TTY: 711.
- If you are not a member of this plan, call us at 1-888-828-5500, TTY: 711.
- Our website: MGBAdvantage.org.

Who can join?

To join **Mass General Brigham Advantage Secure (HMO-POS)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area. Our service area includes these counties in Massachusetts: Bristol, Dukes, Essex, Middlesex, Nantucket, Norfolk, Plymouth, Suffolk and Worcester.

Which doctors, hospitals, and pharmacies can I use?

Mass General Brigham Advantage Secure (HMO-POS) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, you may pay more.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website MGBAdvantage.org.

Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

We cover everything that Original Medicare covers – and *more*. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, MGBAdvantage.org.
- Or, call us and we will send you a copy of the formulary.

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: Deductible, Initial Coverage, and Catastrophic Coverage.

If you have any questions about this plan's benefits or costs, please contact Mass General Brigham Health Plan

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SECTION II - SUMMARY OF BENEFITS

Mass General Brigham Advantage Secure (HMO-POS)

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

Premiums and Benefits	Mass General Brigham Advantage Secure (HMO-POS)
Monthly Plan Premium (includes both medical and drugs)	\$62 per month. In addition, you must continue to pay your Medicare Part B premium.
Deductible	Medical Deductible: This plan does not have a medical deductible. Prescription Drug Deductible: \$350 for Tiers 3, 4 and 5 except for covered insulin products and most adult Part D vaccines. Deductible is not applicable on tiers 1 and 2.
Maximum Out-of-Pocket Responsibility (does not include Part D prescription drugs)	Your yearly limit(s) in this plan: <ul style="list-style-type: none"> • \$3,350 for services you receive from in-network providers. • \$7,000 for services you receive from in-network and out-of-network providers combined. <p>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>

COVERED MEDICAL AND HOSPITAL BENEFITS

Benefits/Services	Mass General Brigham Advantage Secure (HMO-POS)
Inpatient Hospital	<p><u>In-Network:</u></p> <p>Days 1-5: \$250 copay per day for each admission.</p> <p>Days 6 and beyond: \$0 copay per day.</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p><u>Out-of-Network:</u></p> <p>30% of the total cost per stay.</p> <p>Prior authorization is required both in-network and out-of-network.</p>

<p>Outpatient Hospital</p>	<p><u>In-Network:</u></p> <p>Outpatient hospital: \$0 - \$200 copay.</p> <p>Outpatient Surgery: \$0 - \$200 copay.</p> <p>You pay \$0 copay for preventive colonoscopies that turn into diagnostic colonoscopies. All other procedures and services are a \$200 copay.</p> <p><u>Out-of-Network:</u></p> <p>Outpatient hospital: 30% of the total cost.</p> <p>Outpatient Surgery: 30% of the total cost.</p> <p>Prior authorization may be required both in-network and out-of-network.</p>
<p>Ambulatory Surgical Center</p>	<p><u>In-Network:</u></p> <p>Ambulatory Surgical Center: \$0 - \$200 copay.</p> <p>You pay \$0 copay for preventive colonoscopies that turn into diagnostic colonoscopies. All other procedures are a \$200 copay.</p> <p><u>Out-of-Network:</u></p> <p>Ambulatory Surgical Center: 30% of the total cost.</p> <p>Prior authorization may be required both in-network and out-of-network.</p>
<p>Doctor's Office Visits</p>	<p><u>In-Network:</u></p> <p>Primary care physician visit: \$0 copay</p> <p>Specialist visit: \$45 copay.</p> <p><u>Out-of-Network:</u></p> <p>Primary care physician visit: \$20 copay.</p> <p>Specialist visit: \$50 copay.</p>
<p>Preventive Care (e.g., flu vaccine, diabetic screenings)</p>	<p><u>In-Network:</u></p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p><u>Out-of-Network:</u></p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing.</p>

<p>Emergency Care</p>	<p><u>In-Network and Out-of-Network:</u></p> <p>\$130 copay per visit.</p> <p>Worldwide Emergency Coverage: \$130 copay (see details on maximum coverage limit under Worldwide Emergency Coverage, Worldwide Urgent Coverage and Worldwide Emergency Transportation).</p> <p>Your copay is waived if you are admitted to a hospital within 24 hours.</p>
<p>Urgently Needed Services</p>	<p><u>In-Network and Out-of-Network:</u></p> <p>\$50 copay per visit.</p> <p>Worldwide Urgent Coverage: \$50 copay (see details on maximum coverage limit under Worldwide Emergency Coverage, Worldwide Urgent Coverage and Worldwide Emergency Transportation).</p>
<p>Diagnostic Services / Labs/ Imaging</p>	<p><u>In-Network:</u></p> <p>Diagnostic tests and procedures: \$20 copay.</p> <p>Lab services: \$0 copay</p> <p>Diagnostic Radiology Services (such as MRI, CAT Scan): \$75 copay - \$160 copay</p> <p>X-rays: \$10 copay.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$60 copay.</p> <p><u>Out-of-Network:</u></p> <p>Diagnostic tests and procedures: 20% of the total cost.</p> <p>Lab services: 20% of the total cost.</p> <p>Diagnostic Radiology Services (such as MRI, CAT Scan): 20% of the total cost.</p> <p>X-rays: 20% of the total cost.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% of the total cost.</p> <p>Prior authorization may be required in-network and out-of-network.</p>
<p>Hearing Services</p>	<p><u>In-Network:</u></p> <p>Medicare-covered hearing exam: \$45 copay.</p> <p>Routine hearing exam (1 every calendar year): \$0 copay when using a TruHearing provider.</p> <p>Hearing Aids (up to 2 hearing aids every year): \$699 copayment per aid for TruHearing Advanced Aids or a \$999 copayment per aid for TruHearing Premium Aids.</p>

	<p><u>Out-of-Network:</u></p> <p>Medicare-covered hearing exam: \$50 copay.</p> <p>Routine hearing exam: Not covered.</p> <p>Hearing Aids: Not covered.</p>
<p>Dental Services</p>	<p><u>In-Network:</u></p> <p>Medicare-Covered dental exam: \$45 copay.</p> <p>Preventive Services: \$0 copay when using a DentaQuest provider.</p> <p>Comprehensive Services: \$0 copay when using a DentaQuest provider.</p> <p><u>Out-of-Network:</u></p> <p>Medicare-Covered dental exam: \$50 copay.</p> <p>Preventive Services: \$0 copay* when using a non-DentaQuest provider.</p> <p>Comprehensive Services: 20% coinsurance* when using a non-DentaQuest provider.</p> <p>*If an out of network provider is selected, you will be responsible for the applicable cost share plus the difference between the billed amount and the allowed amount.</p> <p>\$2,000 combined in-network and out-of-network maximum per calendar year for comprehensive services.</p> <p>Preventive and Comprehensive dental services are provided through DentaQuest. Refer to the Evidence of Coverage for complete details.</p> <p>Prior authorization may be required for certain services in-network and out-of-network. Clinical criteria guidelines are used when reviewing pre-treatment estimates, prior authorization requests and/or claims for in-network and out of network services. The criteria used are generally accepted dental standards and information gathered from practicing dentists and dental organizations such as the American Dental Association.</p>
<p>Vision Services</p>	<p><u>In-Network:</u></p> <p>Medicare-covered exam to diagnose and treat diseases and conditions of the eye: \$45 copay.</p> <p>Routine eye exam (1 every calendar year): \$0 copay when using an EyeMed provider.</p> <p>Eyeglasses or contact lenses after cataract surgery (for Medicare-covered standard eyewear): \$0 copay.</p> <p>Routine eyewear: Up to \$250 per calendar year for prescription eyewear or contact lenses purchased from an EyeMed provider.</p>

	<p><u>Out-of-Network:</u></p> <p>Medicare-covered exam to diagnose and treat diseases and conditions of the eye: \$50 copay.</p> <p>Routine eye exam (1 every calendar year): You will receive up to 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 to EyeMed for reimbursement.</p> <p>Eyeglasses or contact lenses after cataract surgery (for Medicare-covered standard eyewear): \$50 copay.</p> <p>Routine eyewear: You will receive up to a \$250 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 to EyeMed for reimbursement.</p>
<p>Mental Health Care</p>	<p><u>In-Network:</u></p> <p>Outpatient group therapy visit: \$20 copay.</p> <p>Individual therapy visit: \$20 copay.</p> <p>Inpatient Mental Health Care:</p> <p>Days 1-5: \$250 copay per day for each admission.</p> <p>Days 6 and beyond: \$0 copay per day.</p> <p><u>Out-of-Network:</u></p> <p>Outpatient group therapy visit: \$50 copay.</p> <p>Individual therapy visit: \$50 copay.</p> <p>Inpatient Mental Health Care:</p> <p>30% of the total cost per stay.</p> <p>Notification is required within 72 hours of admission.</p> <p>Before you receive in-network or out-of network inpatient services (except emergency and urgently needed services), your provider must first obtain prior authorization.</p>
<p>Skilled Nursing Facility (SNF)</p>	<p><u>In-Network:</u></p> <p>Days 1-20: \$0 copay per day.</p> <p>Days 21-44: \$160 copay per day.</p> <p>Days 45-100: \$0 copay per day.</p> <p><u>Out-of-Network:</u></p> <p>30% of the total cost per stay.</p>

	Prior authorization may be required in-network and out-of-network.
Outpatient Rehabilitation	<p><u>In-Network:</u></p> <p>Occupational therapy visit: \$15 copay.</p> <p>Physical therapy and speech and language therapy visit: \$15 copay.</p> <p><u>Out-of-Network:</u></p> <p>Occupational therapy visit: \$50 copay.</p> <p>Physical therapy and speech and language therapy visit: \$50 copay.</p> <p>Prior authorization is required after the 20th visit in-network and out-of-network.</p>
Ambulance	<p><u>In-Network and Out-of-Network:</u></p> <p>Ground Ambulance: \$300 copay.</p> <p>Air Ambulance: \$300 copay.</p> <p>Worldwide Emergency Transportation: \$300 copay (see details on maximum coverage limit under Worldwide Emergency Coverage, Worldwide Urgent Coverage and Worldwide Emergency Transportation).</p> <p>Prior authorization required for non-emergency ambulance services in-network and out-of-network.</p>
Transportation	Up to \$120 per quarter allowance for non-emergent transportation to medical visits and to pick up prescriptions from the pharmacy. Transportation includes but not limited to taxis, public transportation, rideshare and ferry boats. The quarterly allowance does not carry over quarter to quarter. The allowance will be automatically loaded onto your Flexible Benefit Mastercard. New members will receive their Flexible Benefit Mastercard upon their enrollment in the plan. Existing Medicare Advantage members continue to use their existing card until it expires or disenroll from the plan.
Medicare Part B Drugs (including chemotherapy)	<p><u>In-Network:</u></p> <p>For Part B drugs such as chemotherapy drugs: 0% - 20% of the total cost.</p> <p>Medicare Part B insulin: up to a \$35 copay.</p> <p>Other Part B drugs: 0% - 20% of the total cost.</p> <p><u>Out-of-Network:</u></p> <p>For Part B drugs such as chemotherapy drugs: 20% of the total cost.</p> <p>Medicare Part B insulin: up to a \$35 copay.</p> <p>Other Part B drugs: 20% of the total cost.</p> <p>Prior authorization for Part B drugs may be required in-network and out-of-network.</p>

	<p>Certain Part B prescription drugs may be subject to Part B step therapy* Refer to the list of covered drugs (Formulary). Visit our website at MGBAdvantage.org or call Customer Service at 1-855-833-3668 (TTY: 711).</p> <p>*Trying certain drugs for your medical condition before coverage of another drug for that same condition.</p>
Over-the-Counter Items (OTC)	<p>Up to \$95 per quarter allowance to purchase eligible OTC items at participating retailers. The quarterly allowance does not carry over quarter to quarter. The allowance is automatically loaded onto your Flexible Benefit Mastercard. New members will receive their Flexible Benefit Mastercard upon enrollment in the plan. Existing Medicare Advantage members continue to use their existing card until it expires or disenrolls from the plan. A mobile app is available to search for eligible products while shopping. Members may also ask to receive a catalog to purchase eligible items online, by phone or by mail.</p>
Wellness Benefit	<p>Up to \$450 combined annual allowance to use towards eligible fitness, weight loss programs or costs toward your prescription hearing aids. The annual allowance does not carry over. The allowance will be automatically loaded onto your Flexible Benefit Mastercard. New members will receive their Flexible Benefit Mastercard upon their enrollment in the plan. Existing Medicare Advantage members continue to use their existing card until it expires or disenroll from the plan. Members can use their Flexible Benefit Card where Mastercard® is accepted.</p>
Annual Wellness Visit Reward	<p>\$50 reward for completing your annual wellness visit*.</p> <p>The reward will be automatically loaded onto your Flexible Benefit Mastercard. New members will receive their Flexible Benefit Mastercard upon their enrollment in the plan. Existing Medicare Advantage members continue to use their existing card until it expires or disenroll from the plan.</p> <p>*Medicare-covered Annual Wellness Visit does not include your “Welcome to Medicare Visit.” The “Welcome to Medicare Visit” is a one-time appointment for new Medicare enrollees done in their first year. The Medicare-covered Annual Wellness Visit is scheduled every year, 12-months after your “Welcome to Medicare” visit. This exam is different from your physical because it focuses on preventative care and doesn’t include comprehensive examination which includes vital signs, blood tests and other diagnostic tests or valuation of other health concerns.</p>
Worldwide Emergency Coverage,	<p>\$50,000 maximum coverage limit.</p>

Worldwide Urgent Coverage and Worldwide Emergency Transportation	Limited services classified as emergency or post stabilization care had they been provided in the US or its territories. Part D prescription drugs obtained at a retail pharmacy not covered. Foreign taxes and fees (including but not limited to currency conversion or transaction fees) are not covered.
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PRESCRIPTION DRUG BENEFITS

Deductible	Prescription Drug Deductible: \$350 for Tiers 3, 4 and 5 except for covered insulin products and most adult Part D vaccines. Deductible is not applicable on tiers 1 and 2.			
Initial Coverage	You stay in the Initial Coverage Stage until your total out-of-pocket costs reach \$2,100. You then move on to the Catastrophic Coverage Stage.			
Standard Retail Cost-Sharing				
Tier	One-month supply	Two-month supply	Three-month supply	
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay	
Tier 2 (Generic)	\$5 copay	\$10 copay	\$15 copay	
Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	\$141 copay	
Tier 4 (Non-Preferred Drug)	25% coinsurance	25% coinsurance	25% coinsurance	
Tier 5 (Specialty Tier)	29% coinsurance	N/A	N/A	
Standard Mail Order				
Tier	One-month supply	Two-month supply	Three-month supply	
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay	
Tier 2 (Generic)	\$5 copay	\$10 copay	\$10 copay	
Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	\$94 copay	
Tier 4 (Non-Preferred Drug)	25% coinsurance	25% coinsurance	25% coinsurance	

PRESCRIPTION DRUG BENEFITS

	Tier 5 (Specialty Tier)	29% coinsurance	N/A	N/A
	If you reside in a long-term care facility, you pay the same as at a retail pharmacy.			
Catastrophic Coverage	After your yearly out-of-pocket drug costs reach \$2,100, you reach the catastrophic coverage stage: <ul style="list-style-type: none">• During this payment stage, you pay nothing for your covered Part D drugs.• You may have cost sharing for drugs that are covered under our enhanced benefit.			

DISCLAIMERS

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)
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Monday through Sunday

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Mass General Brigham Advantage Health Plan is an HMO-POS/PPO plan with a Medicare contract. Enrollment in Mass General Brigham Advantage Health Plan depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat Mass General Brigham Health Plan members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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.

2026 Summary of Benefits

Medicare Advantage Plans with Part D Prescription Drug Coverage

Mass General Brigham Advantage (PPO)

Mass General Brigham Advantage Premier (PPO)

Mass General Brigham Advantage Signature (PPO)

January 1, 2026 – December 31, 2026

SKUH001_2020_CMS Accepted H9485_1487PDT_M

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You have choices about how to get your Medicare benefits

- One choice is to 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 (PPO)**, **Mass General Brigham Advantage Premier (PPO)** and **Mass General Brigham Advantage Signature (PPO)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Mass General Brigham Advantage (PPO)**, **Mass General Brigham Advantage Premier (PPO)** and **Mass General Brigham Advantage Signature (PPO)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on www.medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at 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.

Sections in this booklet

- Things to Know About **Mass General Brigham Advantage (PPO)**, **Mass General Brigham Advantage Premier (PPO)** and **Mass General Brigham Advantage Signature (PPO)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

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This document may be available in a non-English language. For additional information, call us at 1-855- 833-3668 (TTY: 711).

Things to Know About Mass General Brigham Advantage (PPO), Mass General Brigham Advantage Premier (PPO) and Mass General Brigham Advantage Signature (PPO)

Hours of Operation & Contact Information

- From October 1 to March 31 we're open 8 a.m. – 8 p.m., 7 days a week.
- From April 1 to September 30, we're open 8 a.m. – 8 p.m., Monday through Friday.
- If you are a member of this plan, call us at 1-855- 833-3668, TTY: 711.
- If you are not a member of this plan, call us at 1-888-828-5500, TTY: 711.
- Our website: MGBAdvantage.org.

Who can join?

To join **Mass General Brigham Advantage (PPO), Mass General Brigham Advantage Premier (PPO) and Mass General Brigham Advantage Signature (PPO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area. The service area for Mass General Brigham Advantage (PPO), Mass General Brigham Advantage Premier (PPO) and Mass General Brigham Advantage Signature (PPO) includes the following counties in Massachusetts: Bristol, Dukes, Essex, Middlesex, Nantucket, Norfolk, Plymouth, Suffolk and Worcester.

Which doctors, hospitals, and pharmacies can I use?

Mass General Brigham Advantage (PPO), Mass General Brigham Advantage Premier (PPO) and Mass General Brigham Advantage Signature (PPO) have a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, you may pay more.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website at MGBAdvantage.org.

Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

We cover everything that Original Medicare covers – and *more*. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, MGBAdvantage.org.
- Or, call us and we will send you a copy of the formulary.

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: Deductible, Initial Coverage, and Catastrophic Coverage.

If you have any questions about this plan's benefits or costs, please contact Mass General Brigham Health Plan

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SECTION II - SUMMARY OF BENEFITS

Mass General
Brigham Advantage
(PPO)

Mass General
Brigham Advantage
Premier (PPO)

Mass General
Brigham Advantage
Signature (PPO)

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

<p>Monthly Plan Premium (includes both medical and drugs)</p>	<p>\$0 per month. You do not pay a separate monthly plan premium for Mass General Brigham Advantage (PPO). You must continue to pay your Medicare Part B premium.</p>	<p>\$150 per month. In addition, you must continue to pay your Medicare Part B premium.</p>	<p>\$325 per month. In addition, you must continue to pay your Medicare Part B premium.</p>
<p>Deductible</p>	<p>Medical Deductible: This plan does not have a medical deductible. Prescription Drug Deductible: \$350 for Tiers 3, 4 and 5 except for covered insulin products and most adult Part D vaccines. Deductible is not applicable on tiers 1 and 2.</p>	<p>Medical Deductible: This plan does not have a medical deductible. Prescription Drug Deductible: \$350 for Tiers 3, 4 and 5 except for covered insulin products and most adult Part D vaccines. Deductible is not applicable on tiers 1 and 2.</p>	<p>Medical Deductible: This plan does not have a medical deductible. Prescription Drug Deductible: \$350 for Tiers 3, 4 and 5 except for covered insulin products and most adult Part D vaccines. Deductible is not applicable on tiers 1 and 2.</p>
<p>Maximum Out-of-Pocket Responsibility (does not include Part D prescription drugs)</p>	<p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$5,500 for services you receive from 	<p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$3,150 for services you receive from 	<p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$0 for services you receive from in-network providers.

	<p>in-network providers.</p> <ul style="list-style-type: none"> • \$9,550 for services you receive from in-network and out-of-network providers combined. <p>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>in-network providers.</p> <ul style="list-style-type: none"> • \$5,450 for services you receive from in-network and out-of-network providers combined. <p>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>	<ul style="list-style-type: none"> • \$0 for services you receive from in-network and out-of-network providers combined. <p>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>
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COVERED MEDICAL AND HOSPITAL BENEFITS

Benefits/Services	Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Premier (PPO)	Mass General Brigham Advantage Signature (PPO)
Inpatient Hospital	<p><u>In-Network:</u></p> <p>Days 1-5: \$350 copay per day for each admission.</p> <p>Days 6 and beyond: \$0 copay per day.</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p><u>Out-of-Network:</u></p> <p>30% of the total cost per stay.</p> <p>May require prior authorization in-network.</p>	<p><u>In-Network:</u></p> <p>Days 1-3: \$150 copay per day for each admission.</p> <p>Days 4 and beyond: \$0 copay per day.</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p><u>Out-of-Network:</u></p> <p>20% of the total cost per stay.</p> <p>May require prior authorization in-network.</p>	<p><u>In-Network:</u></p> <p>\$0 copay per stay.</p> <p><u>Out-of-Network:</u></p> <p>\$0 copay per stay.</p> <p>May require prior authorization in-network.</p>

Benefits/Services	Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Premier (PPO)	Mass General Brigham Advantage Signature (PPO)
Outpatient Hospital	<p><u>In-Network:</u></p> <p>Outpatient hospital: \$0 - \$300 copay.</p> <p>Outpatient Surgery: \$0 - \$300 copay.</p> <p>You pay \$0 copay for preventive colonoscopies that turn into diagnostic colonoscopies. All other procedures are a \$300 copay.</p> <p><u>Out-of-Network:</u></p> <p>Outpatient hospital: 40% of the total cost.</p> <p>Outpatient Surgery: 40% of the total cost.</p> <p>May require prior authorization in-network.</p>	<p><u>In-Network:</u></p> <p>Outpatient hospital: \$0 - \$125 copay.</p> <p>Outpatient Surgery: \$0 - \$125 copay.</p> <p>You pay \$0 copay for preventive colonoscopies that turn into diagnostic colonoscopies. All other procedures are a \$125 copay.</p> <p><u>Out-of-Network:</u></p> <p>Outpatient hospital: 20% of the total cost.</p> <p>Outpatient Surgery: 20% of the total cost.</p> <p>May require prior authorization in-network.</p>	<p><u>In-Network:</u></p> <p>Outpatient hospital: \$0 copay.</p> <p>Outpatient Surgery: \$0 copay.</p> <p><u>Out-of-Network:</u></p> <p>Outpatient hospital: \$0 copay.</p> <p>Outpatient Surgery: \$0 copay.</p> <p>May require prior authorization in-network.</p>
Ambulatory Surgical Center	<p><u>In-Network:</u></p> <p>Ambulatory Surgical Center: \$0 - \$300 copay.</p> <p>You pay \$0 copay for preventive colonoscopies that turn into diagnostic colonoscopies. All other procedures are a \$300 copay.</p>	<p><u>In-Network:</u></p> <p>Ambulatory Surgical Center: \$0 - \$125 copay.</p> <p>You pay \$0 copay for preventive colonoscopies that turn into diagnostic colonoscopies. All other procedures are a \$125 copay.</p>	<p><u>In-Network:</u></p> <p>Ambulatory Surgical Center: \$0 copay</p> <p><u>Out-of-Network:</u></p> <p>Ambulatory Surgical Center: \$0 copay.</p> <p>May require prior authorization in-network.</p>

Benefits/Services	Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Premier (PPO)	Mass General Brigham Advantage Signature (PPO)
	<p><u>Out-of-Network:</u></p> <p>Ambulatory Surgical Center: 40% of the total cost.</p> <p>May require prior authorization in-network.</p>	<p><u>Out-of-Network:</u></p> <p>Ambulatory Surgical Center: 20% of the total cost.</p> <p>May require prior authorization in-network.</p>	
<p>Doctor's Office Visits</p>	<p><u>In-Network:</u></p> <p>Primary care physician visit: \$0 copay</p> <p>Specialist visit: \$50 copay.</p> <p><u>Out-of-Network:</u></p> <p>Primary care physician visit: \$20 copay.</p> <p>Specialist visit: \$65 copay.</p>	<p><u>In-Network:</u></p> <p>Primary care physician visit: \$0 copay</p> <p>Specialist visit: \$25 copay.</p> <p><u>Out-of-Network:</u></p> <p>Primary care physician visit: \$10 copay.</p> <p>Specialist visit: \$40 copay.</p>	<p><u>In-Network:</u></p> <p>Primary care physician visit: \$0 copay</p> <p>Specialist visit: \$0 copay.</p> <p><u>Out-of-Network:</u></p> <p>Primary care physician visit: \$0 copay.</p> <p>Specialist visit: \$0 copay.</p>
<p>Preventive Care <i>(e.g., flu vaccine, diabetic screenings)</i></p>	<p><u>In-Network:</u></p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p><u>Out-of-Network:</u></p> <p>\$0 copay for all preventive services</p>	<p><u>In-Network:</u></p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p><u>Out-of-Network:</u></p> <p>\$0 copay for all preventive services</p>	<p><u>In-Network:</u></p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p><u>Out-of-Network:</u></p> <p>\$0 copay for all preventive services</p>

Benefits/Services	Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Premier (PPO)	Mass General Brigham Advantage Signature (PPO)
	covered under Original Medicare at zero cost sharing.	covered under Original Medicare at zero cost sharing.	covered under Original Medicare at zero cost sharing.
Emergency Care	<p><u>In-Network and Out-of-Network:</u></p> <p>\$130 copay per visit.</p> <p>Worldwide Emergency Coverage: \$130 copay (see details on maximum coverage limit under Worldwide Emergency Coverage, Worldwide Urgent Coverage and Worldwide Emergency Transportation).</p> <p>Your copay is waived if you are admitted to the hospital within 24 hours.</p>	<p><u>In-Network and Out-of-Network:</u></p> <p>\$150 copay per visit.</p> <p>Worldwide Emergency Coverage: \$150 copay (see details on maximum coverage limit under Worldwide Emergency Coverage, Worldwide Urgent Coverage and Worldwide Emergency Transportation).</p> <p>Your copay is waived if you are admitted to the hospital within 24 hours.</p>	<p><u>In-Network and Out-of-Network:</u></p> <p>\$0 copay</p> <p>Worldwide Emergency Coverage: \$0 copay (see details on maximum coverage limit under Worldwide Emergency Coverage, Worldwide Urgent Coverage and Worldwide Emergency Transportation).</p>
Urgently Needed Services	<p><u>In-Network and Out-of-Network:</u></p> <p>\$50 copay per visit.</p> <p>Worldwide Urgent Coverage: \$50 copay (see details on maximum coverage limit under Worldwide Emergency Coverage, Worldwide Urgent Coverage and Worldwide Emergency Transportation).</p>	<p><u>In-Network and Out-of-Network:</u></p> <p>\$30 copay per visit.</p> <p>Worldwide Urgent Coverage: \$30 copay (see details on maximum coverage limit under Worldwide Emergency Coverage, Worldwide Urgent Coverage and Worldwide Emergency Transportation).</p>	<p><u>In-Network and Out-of-Network:</u></p> <p>\$0 copay</p> <p>Worldwide Urgent Coverage: \$0 copay (see details on maximum coverage limit under Worldwide Emergency Coverage, Worldwide Urgent Coverage and Worldwide Emergency Transportation).</p>

Benefits/Services	Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Premier (PPO)	Mass General Brigham Advantage Signature (PPO)
<p>Diagnostic Services / Labs/ Imaging</p>	<p><u>In-Network:</u></p> <p>Diagnostic tests and procedures: \$20 copay.</p> <p>Lab services: \$0 copay</p> <p>Diagnostic Radiology Services (such as MRI, CAT Scan): \$75 copay - \$160 copay</p> <p>X-rays: \$15 copay.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$60 copay.</p> <p><u>Out-of-Network:</u></p> <p>Diagnostic tests and procedures: 40% of the total cost.</p> <p>Lab services: 40% of the total cost.</p> <p>Diagnostic Radiology Services (such as MRI, CAT Scan): 40% of the total cost.</p> <p>X-rays: 40% of the total cost.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 40% of the total cost.</p>	<p><u>In-Network:</u></p> <p>Diagnostic tests and procedures: \$0 copay</p> <p>Lab services: \$0 copay.</p> <p>Diagnostic Radiology Services (such as MRI, CAT Scan): \$75 copay - \$150 copay</p> <p>X-rays: \$0 copay</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$60 copay.</p> <p><u>Out-of-Network:</u></p> <p>Diagnostic tests and procedures: \$10 copay.</p> <p>Lab services: \$10 copay.</p> <p>Diagnostic Radiology Services (such as MRI, CAT Scan): 20% of the total cost.</p> <p>X-rays: \$10 copay.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% of the total cost.</p> <p>May require prior authorization in-network.</p>	<p><u>In-Network:</u></p> <p>Diagnostic tests and procedures: \$0 copay</p> <p>Lab services: \$0 copay</p> <p>Diagnostic Radiology Services (such as MRI, CAT Scan): \$0 copay</p> <p>X-rays: \$0 copay</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$0 copay</p> <p><u>Out-of-Network:</u></p> <p>Diagnostic tests and procedures: \$0 copay.</p> <p>Lab services: \$0 copay.</p> <p>Diagnostic Radiology Services (such as MRI, CAT Scan): \$0 copay.</p> <p>X-rays: \$0 copay.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$0 copay.</p> <p>May require prior authorization in-network.</p>

Benefits/Services	Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Premier (PPO)	Mass General Brigham Advantage Signature (PPO)
	May require prior authorization in-network.		
Hearing Services	<p><u>In-Network:</u></p> <p>Medicare-covered hearing exam: \$50 copay.</p> <p>Routine hearing exam (1 every calendar year): \$0 copay when using a TruHearing provider.</p> <p>Hearing Aids (up to 2 hearing aids every year): \$699 copayment per aid for TruHearing Advanced Aids or a \$999 copayment per aid for TruHearing Premium Aids.</p> <p><u>Out-of-Network:</u></p> <p>Medicare-covered hearing exam: \$65 copay.</p> <p>Routine hearing exam (1 every calendar year): \$65 copay by a non TruHearing provider.</p> <p>Hearing Aids (up to 2 hearing aids every year): \$699 copayment per aid for TruHearing Advanced Aids or a \$999 copayment per aid for</p>	<p><u>In-Network:</u></p> <p>Medicare-covered hearing exam: \$25 copay.</p> <p>Routine hearing exam (1 every calendar year): \$0 copay when using a TruHearing provider.</p> <p>Hearing Aids (up to 2 hearing aids every year): \$699 copayment per aid for TruHearing Advanced Aids or a \$999 copayment per aid for TruHearing Premium Aids.</p> <p><u>Out-of-Network:</u></p> <p>Medicare-covered hearing exam: \$40 copay.</p> <p>Routine hearing exam (1 every calendar year): \$40 copay by a non TruHearing provider.</p> <p>Hearing Aids (up to 2 hearing aids every year): \$699 copayment per aid for TruHearing Advanced Aids or a \$999 copayment per aid for</p>	<p><u>In-Network:</u></p> <p>Medicare-covered hearing exam: \$0 copay.</p> <p>Routine hearing exam (1 every calendar year): \$0 copay when using a TruHearing provider.</p> <p>Hearing Aids (up to 2 hearing aids every year): \$699 copayment per aid for TruHearing Advanced Aids or a \$999 copayment per aid for TruHearing Premium Aids.</p> <p><u>Out-of-Network:</u></p> <p>Medicare-covered hearing exam: \$0 copay.</p> <p>Routine hearing exam (1 every calendar year): \$40 copay by a non TruHearing provider.</p> <p>Hearing Aids (up to 2 hearing aids every year): \$699 copayment per aid for TruHearing Advanced Aids or a \$999 copayment per aid for TruHearing Premium Aids.</p>

Benefits/Services	Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Premier (PPO)	Mass General Brigham Advantage Signature (PPO)
	TruHearing Premium Aids.	TruHearing Premium Aids.	
Dental Services	<p><u>In-Network:</u></p> <p>Medicare-Covered dental exam: \$50 copay.</p> <p>Preventive Services: \$0 copay when using a DentaQuest provider.</p> <p>Comprehensive Services: \$0 copay when using a DentaQuest provider.</p> <p>Prior authorization may be required for certain services in-network. Clinical criteria guidelines are used when reviewing pre-treatment estimates, prior authorization requests and/or claims for in-network. The criteria used are generally accepted dental standards and information gathered from practicing dentists and dental organizations such as the American Dental Association.</p> <p><u>Out-of-Network:</u></p> <p>Medicare-Covered dental exam: \$65 copay.</p>	<p><u>In-Network:</u></p> <p>Medicare-Covered dental exam: \$25 copay.</p> <p>Preventive Services: \$0 copay when using a DentaQuest provider.</p> <p>Comprehensive Services: \$0 copay when using a DentaQuest provider.</p> <p>Prior authorization may be required for certain services in-network. Clinical criteria guidelines are used when reviewing pre-treatment estimates, prior authorization requests and/or claims for in-network. The criteria used are generally accepted dental standards and information gathered from practicing dentists and dental organizations such as the American Dental Association.</p> <p><u>Out-of-Network:</u></p> <p>Medicare-Covered dental exam: \$40 copay.</p>	<p><u>In-Network:</u></p> <p>Medicare-Covered dental exam: \$0 copay.</p> <p>Preventive Services: \$0 copay when using a DentaQuest provider.</p> <p>Comprehensive Services: \$0 copay when using a DentaQuest provider.</p> <p>Prior authorization may be required for certain services in-network. Clinical criteria guidelines are used when reviewing pre-treatment estimates, prior authorization requests and/or claims for in-network. The criteria used are generally accepted dental standards and information gathered from practicing dentists and dental organizations such as the American Dental Association.</p> <p><u>Out-of-Network:</u></p> <p>Medicare-Covered dental exam: \$0 copay.</p>

Benefits/Services	Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Premier (PPO)	Mass General Brigham Advantage Signature (PPO)
	<p>Preventive Services: \$0 copay* when using a non-DentaQuest provider.</p> <p>Comprehensive Services: 20% coinsurance* when using a non-DentaQuest provider.</p> <p>*If an out of network provider is selected, you will be responsible for the applicable cost share plus the difference between the billed amount and the allowed amount.</p> <p>\$1,500 combined in-network and out-of-network maximum per calendar year for comprehensive services.</p> <p>Preventive and Comprehensive dental services are provided through DentaQuest. Refer to the Evidence of Coverage for complete details.</p>	<p>Preventive Services: \$0 copay* when using a non-DentaQuest provider.</p> <p>Comprehensive Services: 20% coinsurance* when using a non-DentaQuest provider.</p> <p>*If an out of network provider is selected, you will be responsible for the applicable cost share plus the difference between the billed amount and the allowed amount.</p> <p>\$2,500 combined in-network and out-of-network maximum per calendar year for comprehensive services.</p> <p>Preventive and Comprehensive dental services are provided through DentaQuest. Refer to the Evidence of Coverage for complete details.</p>	<p>Preventive Services: \$0 copay* when using a non-DentaQuest provider.</p> <p>Comprehensive Services: 20% coinsurance* when using a non-DentaQuest provider.</p> <p>*If an out of network provider is selected, you will be responsible for the applicable cost share plus the difference between the billed amount and the allowed amount.</p> <p>\$3,000 combined in-network and out-of-network maximum per calendar year for comprehensive services.</p> <p>Preventive and Comprehensive dental services are provided through DentaQuest. Refer to the Evidence of Coverage for complete details.</p>

Benefits/Services	Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Premier (PPO)	Mass General Brigham Advantage Signature (PPO)
<p>Vision Services</p>	<p><u>In-Network:</u></p> <p>Medicare covered eye exam to diagnose and treat diseases and conditions of the eye: \$50 copay.</p> <p>Routine eye exam (1 every calendar year): \$0 copay when using an EyeMed provider.</p> <p>Eyeglasses or contact lenses after cataract surgery (for Medicare-covered standard eyewear): \$0 copay</p> <p>Routine eyewear: Up to \$200 per calendar year for prescription eyewear or contact lenses purchased from an EyeMed provider.</p> <p><u>Out-of-Network:</u></p> <p>Medicare covered eye exam to diagnose and treat diseases and conditions of the eye: \$65 copay.</p> <p>Routine eye exam (1 every calendar year): You will receive up to a \$40 reimbursement for a routine vision exam received from an out-of-network provider. You</p>	<p><u>In-Network:</u></p> <p>Medicare covered eye exam to diagnose and treat diseases and conditions of the eye: \$25 copay.</p> <p>Routine eye exam (1 every calendar year): \$0 copay when using an EyeMed provider.</p> <p>Eyeglasses or contact lenses after cataract surgery (for Medicare-covered standard eyewear): \$0 copay</p> <p>Routine eyewear: Up to \$300 per calendar year for prescription eyewear or contact lenses purchased from an EyeMed provider.</p> <p><u>Out-of-Network:</u></p> <p>Medicare covered eye exam to diagnose and treat diseases and conditions of the eye: \$40 copay.</p> <p>Routine eye exam (1 every calendar year): You will receive up to a \$40 reimbursement for a routine vision exam received from an out-of-network provider. You</p>	<p><u>In-Network:</u></p> <p>Medicare covered eye exam to diagnose and treat diseases and conditions of the eye: \$0 copay</p> <p>Routine eye exam (1 every calendar year): \$0 copay when using an EyeMed provider.</p> <p>Eyeglasses or contact lenses after cataract surgery (for Medicare-covered standard eyewear): \$0 copay</p> <p>Routine eyewear: Up to \$300 per calendar year for prescription eyewear or contact lenses purchased from an EyeMed provider.</p> <p><u>Out-of-Network:</u></p> <p>Medicare covered eye exam to diagnose and treat diseases and conditions of the eye: \$0 copay.</p> <p>Routine eye exam (1 every calendar year): You will receive up to a \$40 reimbursement for a routine vision exam received from an out-of-network provider. You</p>

Benefits/Services	Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Premier (PPO)	Mass General Brigham Advantage Signature (PPO)
	<p>will need to pay out of pocket and submit to EyeMed for reimbursement.</p> <p>Eyeglasses or contact lenses after cataract surgery (for Medicare-covered standard eyewear): \$65 copay.</p> <p>Routine eyewear: 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 to EyeMed for reimbursement.</p>	<p>will need to pay out of pocket and submit to EyeMed for reimbursement.</p> <p>Eyeglasses or contact lenses after cataract surgery (for Medicare-covered standard eyewear): \$40 copay.</p> <p>Routine eyewear: 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 to EyeMed for reimbursement.</p>	<p>will need to pay out of pocket and submit to EyeMed for reimbursement.</p> <p>Eyeglasses or contact lenses after cataract surgery (for Medicare-covered standard eyewear): \$0 copay.</p> <p>Routine eyewear: 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 to EyeMed for reimbursement.</p>

Benefits/Services	Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Premier (PPO)	Mass General Brigham Advantage Signature (PPO)
Mental Health Care	<p><u>In-Network:</u></p> <p>Outpatient group therapy visit: \$30 copay.</p> <p>Individual therapy visit: \$30 copay.</p> <p>Inpatient Mental Health Care:</p> <p>Days 1-5: \$350 copay per day for each admission.</p> <p>Days 6 and beyond: \$0 copay per day.</p> <p><u>Out-of-Network:</u></p> <p>Outpatient group therapy visit: \$65 copay.</p> <p>Individual therapy visit: \$65 copay.</p> <p>Inpatient Mental Health Care:</p> <p>30% of the total cost per stay.</p> <p>Notification is required within 72 hours of admission.</p> <p>Before you receive in-network inpatient services (except emergency and urgently needed services), your network provider must first obtain prior authorization.</p>	<p><u>In-Network:</u></p> <p>Outpatient group therapy visit: \$10 copay.</p> <p>Individual therapy visit: \$10 copay.</p> <p>Inpatient Mental Health Care:</p> <p>Days 1-3: \$150 copay per day for each admission.</p> <p>Days 4 and beyond: \$0 copay per day.</p> <p><u>Out-of-Network:</u></p> <p>Outpatient group therapy visit: \$40 copay.</p> <p>Individual therapy visit: \$40 copay.</p> <p>Inpatient Mental Health Care:</p> <p>20% of the total cost per stay.</p> <p>Notification is required within 72 hours of admission.</p> <p>Before you receive in-network inpatient services (except emergency and urgently needed services), your network provider must first obtain prior authorization.</p>	<p><u>In-Network:</u></p> <p>Outpatient group therapy visit: \$0 copay</p> <p>Individual therapy visit: \$0 copay</p> <p>Inpatient Mental Health Care: \$0 copay</p> <p><u>Out-of-Network:</u></p> <p>Outpatient group therapy visit: \$0 copay.</p> <p>Individual therapy visit: \$0 copay.</p> <p>Inpatient Mental Health Care: \$0 copay</p> <p>Notification is required within 72 hours of admission.</p> <p>Before you receive in-network inpatient services (except emergency and urgently needed services), your network provider must first obtain prior authorization.</p>

Benefits/Services	Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Premier (PPO)	Mass General Brigham Advantage Signature (PPO)
Skilled Nursing Facility (SNF)	<p><u>In-Network:</u></p> <p>Days 1-20: \$0 copay per day.</p> <p>Days 21-44: \$160 copay per day.</p> <p>Days 45-100: \$0 copay per day.</p> <p><u>Out-of-Network:</u></p> <p>30% of the total cost per stay.</p> <p>May require prior authorization in-network.</p>	<p><u>In-Network:</u></p> <p>Days 1-20: \$0 copay per day.</p> <p>Days 21-44: \$160 copay per day.</p> <p>Days 45-100: \$0 copay per day.</p> <p><u>Out-of-Network:</u></p> <p>20% of the total cost per stay.</p> <p>May require prior authorization in-network.</p>	<p><u>In-Network:</u></p> <p>\$0 copay per stay.</p> <p><u>Out-of-Network:</u></p> <p>\$0 copay per stay.</p> <p>May require prior authorization in-network.</p>
Outpatient Rehabilitation	<p><u>In-Network:</u></p> <p>Occupational therapy visit: \$40 copay.</p> <p>Physical therapy and speech and language therapy visit: \$40 copay.</p> <p><u>Out-of-Network:</u></p> <p>Occupational therapy visit: \$65 copay.</p> <p>Physical therapy and speech and language therapy visit: \$65 copay.</p> <p>Prior authorization is required after the 20th visit in-network.</p>	<p><u>In-Network:</u></p> <p>Occupational therapy visit: \$20 copay.</p> <p>Physical therapy and speech and language therapy visit: \$20 copay.</p> <p><u>Out-of-Network:</u></p> <p>Occupational therapy visit: \$40 copay.</p> <p>Physical therapy and speech and language therapy visit: \$40 copay.</p> <p>Prior authorization is required after the 20th visit in-network.</p>	<p><u>In-Network:</u></p> <p>Occupational therapy visit: \$0 copay</p> <p>Physical therapy and speech and language therapy visit: \$0 copay</p> <p><u>Out-of-Network:</u></p> <p>Occupational therapy visit: \$0 copay.</p> <p>Physical therapy and speech and language therapy visit: \$0 copay.</p> <p>Prior authorization is required after the 20th visit in-network.</p>

Benefits/Services	Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Premier (PPO)	Mass General Brigham Advantage Signature (PPO)
Ambulance	<p><u>In-Network and Out-of-Network:</u></p> <p>Ground Ambulance: \$330 copay.</p> <p>Air Ambulance: \$330 copay.</p> <p>Worldwide Emergency Transportation: \$330 copay (see details on maximum coverage limit under Worldwide Emergency Coverage, Worldwide Urgent Coverage and Worldwide Emergency Transportation).</p> <p>Prior authorization required for non-emergency ambulance services in-network.</p>	<p><u>In-Network and Out-of-Network:</u></p> <p>Ground Ambulance: \$300 copay.</p> <p>Air Ambulance: \$300 copay.</p> <p>Worldwide Emergency Transportation: \$300 copay (see details on maximum coverage limit under Worldwide Emergency Coverage, Worldwide Urgent Coverage and Worldwide Emergency Transportation).</p> <p>Prior authorization required for non-emergency ambulance services in-network.</p>	<p><u>In-Network and Out-of-Network:</u></p> <p>Ground Ambulance: \$0 copay</p> <p>Air Ambulance: \$0 copay</p> <p>Worldwide Emergency Transportation: \$0 copay (see details on maximum coverage limit under Worldwide Emergency Coverage, Worldwide Urgent Coverage and Worldwide Emergency Transportation).</p> <p>Prior authorization required for non-emergency ambulance services in-network.</p>
Transportation	<p>Up to \$120 per quarter allowance for non-emergent transportation to medical visits and to pick up prescriptions from the pharmacy. Transportation includes but not limited to taxis, public transportation, rideshare and ferry boats. The quarterly allowance does not carry over quarter to quarter. The allowance will be automatically loaded</p>	<p>Up to \$120 per quarter allowance for non-emergent transportation to medical visits and to pick up prescriptions from the pharmacy. Transportation includes but not limited to taxis, public transportation, rideshare and ferry boats. The quarterly allowance does not carry over quarter to quarter. The allowance will be automatically loaded</p>	<p>Up to \$120 per quarter allowance for non-emergent transportation to medical visits and to pick up prescriptions from the pharmacy. Transportation includes but not limited to taxis, public transportation, rideshare and ferry boats. The quarterly allowance does not carry over quarter to quarter. The allowance will be automatically loaded</p>

Benefits/Services	Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Premier (PPO)	Mass General Brigham Advantage Signature (PPO)
	<p>onto your Flexible Benefit Mastercard. New members will receive their Flexible Benefit Mastercard upon their enrollment in the plan. Existing Medicare Advantage members continue to use their existing card until it expires or disenroll from the plan.</p>	<p>onto your Flexible Benefit Mastercard. New members will receive their Flexible Benefit Mastercard upon their enrollment in the plan. Existing Medicare Advantage members continue to use their existing card until it expires or disenroll from the plan.</p>	<p>onto your Flexible Benefit Mastercard. New members will receive their Flexible Benefit Mastercard upon their enrollment in the plan. Existing Medicare Advantage members continue to use their existing card until it expires or disenroll from the plan.</p>
<p>Medicare Part B Drugs (including chemotherapy)</p>	<p><u>In-Network:</u></p> <p>For Part B drugs such as chemotherapy drugs: 0% - 20% of the total cost.</p> <p>Medicare Part B insulin: up to a \$35 copay.</p> <p>Other Part B drugs: 0% - 20% of the total cost.</p> <p><u>Out-of-Network:</u></p> <p>For Part B drugs such as chemotherapy drugs: 40% of the total cost.</p> <p>Medicare Part B insulin: up to a \$35 copay.</p> <p>Other Part B drugs: 40% of the total cost.</p> <p>Certain Part B prescription drugs may be subject to Part B step therapy.* Refer to the list of covered drugs</p>	<p><u>In-Network:</u></p> <p>For Part B drugs such as chemotherapy drugs: 0% - 20% of the total cost.</p> <p>Medicare Part B insulin: up to a \$35 copay.</p> <p>Other Part B drugs: 0% - 20% of the total cost.</p> <p><u>Out-of-Network:</u></p> <p>For Part B drugs such as chemotherapy drugs: 20% of the total cost.</p> <p>Medicare Part B insulin: up to a \$35 copay.</p> <p>Other Part B drugs: 20% of the total cost.</p> <p>Certain Part B prescription drugs may be subject to Part B step therapy.* Refer to the list of covered drugs</p>	<p><u>In-Network:</u></p> <p>For Part B drugs such as chemotherapy drugs: \$0 copay</p> <p>Medicare Part B insulin: \$0 copay</p> <p>Other Part B drugs: \$0 copay</p> <p><u>Out-of-Network:</u></p> <p>For Part B drugs such as chemotherapy drugs: \$0 copay.</p> <p>Medicare Part B insulin: \$0 copay.</p> <p>Other Part B drugs: \$0 copay.</p> <p>Certain Part B prescription drugs may be subject to Part B step therapy.* Refer to the list of covered drugs</p>

Benefits/Services	Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Premier (PPO)	Mass General Brigham Advantage Signature (PPO)
	<p>(Formulary). Visit our website at MGBAdvantage.org or call Customer Service at 1-855- 833-3668 (TTY: 711).</p> <p>*Trying certain drugs for your medical condition before coverage of another drug for that same condition. May require prior authorization for Part B drugs in-network.</p>	<p>(Formulary). Visit our website at MGBAdvantage.org or call Customer Service at 1-855- 833-3668 (TTY: 711).</p> <p>*Trying certain drugs for your medical condition before coverage of another drug for that same condition. May require prior authorization for Part B drugs in-network.</p>	<p>(Formulary). Visit our website at MGBAdvantage.org or call Customer Service at 1-855- 833-3668 (TTY: 711).</p> <p>*Trying certain drugs for your medical condition before coverage of another drug for that same condition. May require prior authorization for Part B drugs in-network.</p>
<p>Over-the-Counter Items (OTC)</p>	<p>Up to \$65 per quarter allowance to purchase eligible OTC items at participating retailers. The quarterly allowance does not carry over quarter to quarter. The allowance is automatically loaded onto your Flexible Benefit Mastercard. New members will receive their Flexible Benefit Mastercard upon their enrollment in the plan. Existing Medicare Advantage members continue to use their existing card until it expires or disenroll from the plan. A mobile app is available to search for</p>	<p>Up to \$120 per quarter allowance to purchase eligible OTC items at participating retailers. The quarterly allowance does not carry over quarter to quarter. The allowance is automatically loaded onto your Flexible Benefit Mastercard. New members will receive their Flexible Benefit Mastercard upon their enrollment in the plan. Existing Medicare Advantage members continue to use their existing card until it expires or disenroll from the plan. A mobile app is available to search for</p>	<p>Up to \$130 per quarter allowance to purchase eligible OTC items at participating retailers. The quarterly allowance does not carry over quarter to quarter. The allowance is automatically loaded onto your Flexible Benefit Mastercard. New members will receive their Flexible Benefit Mastercard upon their enrollment in the plan. Existing Medicare Advantage members continue to use their existing card until it expires or disenroll from the plan. A mobile app is available to search for</p>

Benefits/Services	Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Premier (PPO)	Mass General Brigham Advantage Signature (PPO)
	eligible products while shopping. Members may also ask to receive a catalog to purchase eligible items online, phone or by mail.	eligible products while shopping. Members may also ask to receive a catalog to purchase eligible items online, phone or by mail.	eligible products while shopping. Members may also ask to receive a catalog to purchase eligible items online, phone or by mail.
Wellness Benefit	Up to \$450 combined annual allowance to use towards eligible fitness, weight loss programs or costs toward your prescription hearing aids. The annual allowance does not carry over. The allowance will be automatically loaded onto your Flexible Benefit Mastercard. New members will receive their Flexible Benefit Mastercard upon their enrollment in the plan. Existing Medicare Advantage members continue to use their existing card until it expires or disenroll from the plan.	Up to \$450 combined annual allowance to use towards eligible fitness, weight loss programs or costs toward your prescription hearing aids. The annual allowance does not carry over. The allowance will be automatically loaded onto your Flexible Benefit Mastercard. New members will receive their Flexible Benefit Mastercard upon their enrollment in the plan. Existing Medicare Advantage members continue to use their existing card until it expires or disenroll from the plan.	Up to \$450 combined annual allowance to use towards eligible fitness, weight loss programs or costs toward your prescription hearing aids. The annual allowance does not carry over. The allowance will be automatically loaded onto your Flexible Benefit Mastercard. New members will receive their Flexible Benefit Mastercard upon their enrollment in the plan. Existing Medicare Advantage members continue to use their existing card until it expires or disenroll from the plan.
Annual Wellness Visit Reward	\$50 reward for completing your annual wellness visit*. The reward will be automatically loaded onto your Flexible	\$50 reward for completing your annual wellness visit*. The reward will be automatically loaded onto your Flexible	\$50 reward for completing your annual wellness visit*. The reward will be automatically loaded onto your Flexible

Benefits/Services	Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Premier (PPO)	Mass General Brigham Advantage Signature (PPO)
	<p>Benefit Mastercard. New members will receive their Flexible Benefit Mastercard upon their enrollment in the plan. Existing Medicare Advantage members continue to use their existing card until it expires or disenroll from the plan.</p> <p>*Medicare-covered Annual Wellness Visit does not include your “Welcome to Medicare Visit.” The “Welcome to Medicare Visit” is a one-time appointment for new Medicare enrollees done in their first year. The Medicare-covered Annual Wellness Visit is scheduled every year, 12-months after your “Welcome to Medicare” visit. This exam is different from your physical because it focuses on preventative care and doesn’t include comprehensive examination which includes vital signs, blood tests and other diagnostic tests or</p>	<p>Benefit Mastercard. New members will receive their Flexible Benefit Mastercard upon their enrollment in the plan. Existing Medicare Advantage members continue to use their existing card until it expires or disenroll from the plan.</p> <p>*Medicare-covered Annual Wellness Visit does not include your “Welcome to Medicare Visit.” The “Welcome to Medicare Visit” is a one-time appointment for new Medicare enrollees done in their first year. The Medicare-covered Annual Wellness Visit is scheduled every year, 12-months after your “Welcome to Medicare” visit. This exam is different from your physical because it focuses on preventative care and doesn’t include comprehensive examination which includes vital signs, blood tests and other diagnostic tests or</p>	<p>Benefit Mastercard. New members will receive their Flexible Benefit Mastercard upon their enrollment in the plan. Existing Medicare Advantage members continue to use their existing card until it expires or disenroll from the plan.</p> <p>*Medicare-covered Annual Wellness Visit does not include your “Welcome to Medicare Visit.” The “Welcome to Medicare Visit” is a one-time appointment for new Medicare enrollees done in their first year. The Medicare-covered Annual Wellness Visit is scheduled every year, 12-months after your “Welcome to Medicare” visit. This exam is different from your physical because it focuses on preventative care and doesn’t include comprehensive examination which includes vital signs, blood tests and other diagnostic tests or</p>

Benefits/Services	Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Premier (PPO)	Mass General Brigham Advantage Signature (PPO)
	valuation of other health concerns.	valuation of other health concerns.	valuation of other health concerns.
Worldwide Emergency Coverage, Worldwide Urgent Coverage and Worldwide Emergency Transportation	<p>\$50,000 maximum coverage limit.</p> <p>Limited services classified as emergency or post stabilization care had they been provided in the US or its territories. Part D prescription drugs obtained at a retail pharmacy not covered. Foreign taxes and fees (including but not limited to currency conversion or transaction fees) are not covered.</p>	<p>\$50,000 maximum coverage limit.</p> <p>Limited services classified as emergency or post stabilization care had they been provided in the US or its territories. Part D prescription drugs obtained at a retail pharmacy not covered. Foreign taxes and fees (including but not limited to currency conversion or transaction fees) are not covered.</p>	<p>\$50,000 maximum coverage limit.</p> <p>Limited services classified as emergency or post stabilization care had they been provided in the US or its territories. Part D prescription drugs obtained at a retail pharmacy not covered. Foreign taxes and fees (including but not limited to currency conversion or transaction fees) are not covered.</p>

PRESCRIPTION DRUG BENEFITS

Benefits/Services

Mass General
Brigham Advantage
(PPO)

Mass General
Brigham Advantage
Premier (PPO)

Mass General
Brigham Advantage
Signature (PPO)

Deductible

Prescription Drug Deductible: \$350 for Tiers 3, 4 and 5 except for covered insulin products and most adult Part D vaccines. Deductible is not applicable on tiers 1 and 2.

Initial Coverage

You stay in the Initial Coverage Stage until your total out-of-pocket costs reach \$2,100. You then move on to the Catastrophic Coverage Stage.

	Standard Retail Cost-Sharing	Standard Retail Cost-Sharing	Standard Retail Cost-Sharing
Tier	One-month supply	One-month supply	One-month supply
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay
Tier 2 (Generic)	\$5 copay	\$5 copay	\$5 copay
Tier 3 (Preferred Brand)	\$47 copay	\$47 copay	\$47 copay
Tier 4 (Non-Preferred Drug)	25% Coinsurance	25% Coinsurance	25% Coinsurance
Tier 5 (Specialty Tier)	29% Coinsurance	29% Coinsurance	29% Coinsurance
Tier	Two-month supply	Two-month supply	Two-month supply
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay
Tier 2 (Generic)	\$10 copay	\$10 copay	\$10 copay
Tier 3 (Preferred Brand)	\$94 copay	\$94 copay	\$94 copay
Tier 4 (Non-Preferred Drug)	25% Coinsurance	25% Coinsurance	25% Coinsurance
Tier 5 (Specialty Tier)	Not Applicable	Not Applicable	Not Applicable
Tier	Three-month supply	Three-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay

Tier 2 (Generic)	\$15 copay	\$15 copay	\$15 copay
Tier 3 (Preferred Brand)	\$141 copay	\$141 copay	\$141 copay
Tier 4 (Non-Preferred Drug)	25% Coinsurance	25% Coinsurance	25% Coinsurance
Tier 5 (Specialty Tier)	Not Applicable	Not Applicable	Not Applicable
	Standard Mail Order	Standard Mail Order	Standard Mail Order
Tier	One-month supply	One-month supply	One-month supply
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay
Tier 2 (Generic)	\$5 copay	\$5 copay	\$5 copay
Tier 3 (Preferred Brand)	\$47 copay	\$47 copay	\$47 copay
Tier 4 (Non-Preferred Drug)	25% Coinsurance	25% Coinsurance	25% Coinsurance
Tier 5 (Specialty Tier)	29% Coinsurance	29% Coinsurance	29% Coinsurance
Tier	Two-month supply	Two-month supply	Two-month supply
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay
Tier 2 (Generic)	\$10 copay	\$10 copay	\$10 copay
Tier 3 (Preferred Brand)	\$94 copay	\$94 copay	\$94 copay
Tier 4 (Non-Preferred Drug)	25% Coinsurance	25% Coinsurance	25% Coinsurance
Tier 5 (Specialty Tier)	Not Applicable	Not Applicable	Not Applicable
Tier	Three-month supply	Three-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay
Tier 2 (Generic)	\$10 copay	\$10 copay	\$10 copay
Tier 3 (Preferred Brand)	\$94 copay	\$94 copay	\$94 copay
Tier 4 (Non-Preferred Drug)	25% Coinsurance	25% Coinsurance	25% Coinsurance
Tier 5 (Specialty Tier)	Not Applicable	Not Applicable	Not Applicable
If you reside in a long-term care facility, you pay the same as at a retail pharmacy.			

Catastrophic Coverage

After your yearly out-of-pocket drug costs reach \$2,100, you reach the catastrophic coverage stage:

- During this payment stage, you pay nothing for your covered Part D drugs,
- You may have cost sharing for drugs that are covered under our enhanced benefit.

DISCLAIMERS

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

Customer Service also has free language interpreter services available for non-English speakers.

This document is available in other alternate formats.

Mass General Brigham Advantage Health Plan is an HMO-POS/PPO plan with a Medicare contract. Enrollment in Mass General Brigham Advantage Health Plan depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat Mass General Brigham Health Plan members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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.

IMPORTANT INFORMATION:

2026 Medicare Star Ratings

Mass General Brigham Health Plan - H6847

For 2026, Mass General Brigham Health Plan - H6847 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★☆
Health Services Rating: ★★★★★☆
Drug Services Rating: ★★★★★☆

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.

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).

The number of stars show how well a plan performs.

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

IMPORTANT INFORMATION:

2026 Medicare Star Ratings

Mass General Brigham Health Plan - H9485

For 2026, Mass General Brigham Health Plan - H9485 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★
Health Services Rating: ★★★★★
Drug Services Rating: ★★★★★

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.

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).

The number of stars show how well a plan performs.

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

Multi-language Interpreter Services

Form Approved OMB# 0938-1421

English: ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats, for example large print, braille, or audio, are also available free of charge. Call **1-855-833-3668 (TTY: 711)** or speak to your provider.

Español (Spanish): ATENCIÓN: Tiene a su disposición servicios de asistencia lingüística sin cargo. También hay disponibles, sin cargo, ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles, como letra grande, braille o audio. Llame al **1-855-833-3668 (TTY: 711)** o hable con su proveedor.

Português (Portuguese): ATENÇÃO: você tem à disposição serviços gratuitos de assistência em diferentes idiomas. Além disso, estão disponíveis gratuitamente assistência e serviços auxiliares adequados para apresentar informações em formatos acessíveis, por exemplo, em letras grandes, braile ou áudio. Ligue para **1-855-833-3668 (TTY: 711)** ou fale com seu prestador.

简体中文 (Chinese Mandarin): 注意：您可享受免费语言协助服务。我们还免费提供适当的辅助工具和服务，用于以无障碍格式（例如大字印刷文本、盲文或音频）提供信息。请拨打 **1-855-833-3668 (TTY: 711)** 或咨询您的医疗服务提供者。

繁體中文 (Chinese Cantonese): 注意：您可以使用免費的語言協助服務。另外，也可免費獲得相應的輔助工具和服務，以諸如大字印刷版、盲文版或語音版等無障礙格式了解資訊。請致電 **1-855-833-3668 (TTY: 711)**（聽語障專線: 711）或聯絡您的服務提供者。

Français (French): ATTENTION : des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles, par exemple en gros caractères, en braille ou en audio, sont également disponibles gratuitement. Appelez le **1-855-833-3668 (TTY: 711)** ou consultez votre fournisseur.

Kreyòl Ayisyen (Haitian/French Creole): ATANSYON: Gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou, pa egzanp an gwo karaktè, bray oswa odyo. Rele nan **1-855-833-3668 (TTY: 711)** oswa pale avèk founisè w la.

Tiếng Việt (Vietnamese): CHÚ Ý: Dịch vụ hỗ trợ ngôn ngữ miễn phí được cung cấp cho quý vị. Các dịch vụ và thiết bị hỗ trợ bổ sung thích hợp để cung cấp thông tin ở các định dạng dễ tiếp cận, ví dụ như chữ in lớn, chữ nổi hoặc âm thanh, cũng được cung cấp miễn phí. Hãy gọi **1-855-833-3668 (TTY: 711)** hoặc nói chuyện với nhà cung cấp của quý vị.

العربية (Arabic): تنبيه: خدمات المساعدة اللغوية المجانية متاحة لك مجاناً. كما تتوفر مجاناً الوسائل والخدمات المساعدة المناسبة لتوفير المعلومات بتنسيقات يسهل استخدامها، مثل الطباعة بحروف الكبيرة أو طريقة برايل أو الصوت. اتصل على الرقم **1-855-833-3668 (TTY: 711)** أو تحدث إلى مقدم الرعاية الصحية المتابع لك.

Русский (Russian): ВНИМАНИЕ! Вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах, например, крупным шрифтом, шрифтом Брайля или в аудиоформате, также доступны бесплатно. Позвоните по телефону **1-855-833-3668 (TTY: 711)** или обратитесь к своему поставщику услуг.

हिंदी (Hindi): ध्यान दें: आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ फॉर्मेट्स में जानकारी उपलब्ध कराने के लिए उपयुक्त सहायक उपकरण और सेवाएँ, उदाहरण के लिए बड़े प्रिंट, ब्रेल या ऑडियो, भी निःशुल्क उपलब्ध हैं। **1-855-833-3668 (TTY: 711)** पर कॉल करें या अपने प्रदाता से बात करें।

한국어 (Korean): 수신: 무료 언어 지원 서비스를 이용하실 수 있습니다. 큰 활자, 점자 또는 오디오와 같이 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구 및 서비스도 무료로 이용할 수 있습니다. **1-855-833-3668 (TTY: 711)** 번으로 전화하거나 서비스 제공자와 상의하십시오.

Italiano (Italian): ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente adeguati servizi e supporti ausiliari per fornire informazioni in formati accessibili, ad esempio caratteri grandi, braille o audio. Chiama il numero **1-855-833-3668 (TTY: 711)** o parla con il tuo fornitore.

Ελληνικά (Greek): ΠΡΟΣΟΧΗ: Διατίθενται για εσάς δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Διατίθενται επίσης δωρεάν κατάλληλα βοηθήματα και υπηρεσίες που παρέχουν πληροφορίες σε προσβάσιμες μορφές, για παράδειγμα μεγάλη γραμματοσειρά, μπράιλι ή ήχο. Καλέστε το **1-855-833-3668 (TTY: 711)** ή μιλήστε με τον πάροχό σας.

ខ្មែរ/កម្ពុជា (Khmer/Cambodian) សម្គាល់: មានផ្តល់ជូនដល់អ្នកនូវសេវាជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ។ ជំនួយបន្ថែម និងសេវាបន្ថែមដែលមានលក្ខណៈសមស្រប ដើម្បីផ្តល់ព័ត៌មាននៅក្នុងទម្រង់ដែលអាចប្រើប្រាស់បានដូចជា ការព្រីនអក្សរធំ អក្សរស្តាប ឬសំឡេង ក៏មានផ្តល់ជូនដោយឥតគិតថ្លៃដែរ។ ទូរសព្ទទៅលេខ **1-855-833-3668 (TTY: 711)** ឬ និយាយទៅកាន់អ្នកផ្តល់សេវាកម្មរបស់អ្នក។

Deutsch (German): ACHTUNG: Kostenlose Sprachunterstützung steht Ihnen zur Verfügung. Geeignete Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in zugänglichen Formaten, z. B. Großdruck, Blindenschrift oder Audio, sind ebenfalls kostenlos erhältlich. Rufen Sie **1-855-833-3668 (TTY: 711)** an oder sprechen Sie mit Ihrem Anbieter.

Polski (Polish): UWAGA: Dostępne są bezpłatne usługi pomocy językowej. Odpowiednie pomoce i usługi w celu dostarczania informacji w dostępnych formatach, na przykład dużym drukiem, alfabetem Braille'a lub audio, są również dostępne bezpłatnie. Zadzwoń pod numer **1-855-833-3668 (TTY: 711)** lub porozmawiaj ze swoim świadczeniodawcą.

Soomaali (Somali): FIIRO GAAR AH: Waxaad heli kartaa adeeg bilaash ah oo la xiriira taageerada luuqadda. Sidoo kale waxaa bilaash lagu heli karaa taageerada iyo adeegyo habboon oo bilaash ah kuwaasoo la xiriira helitaanka qaababka xogta macluumaadka, tusaale ahaan sida daabacaadda waaweyn, nooca daabacaadda ee loogu talo-galey indhoolayaasha, ama maqalka. Fadlan soo wac lanbarkal **1-855-833-3668 (TTY: 711)** ama la hadal bixiyaha qaabbilsan adeegga daryeelkaaga.

ગુજરાતી (Gujarati): ધ્યાન આપો: તમારા માટે નિ:શુલ્ક ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. મોટી પ્રિન્ટ, બ્રેઇલ અથવા ઓડિઓ જેવા સુલભ ફોર્મેટમાં માહિતી પૂરી પાડવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ નિ:શુલ્ક ઉપલબ્ધ છે. **1-855-833-3668 (TTY: 711)** પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

Tagalog (Tagalog): ATENSYON: Available ang mga libreng serbisyong tulong sa wika para sa iyo. Available din ang mga libreng naaangkop na auxiliary na tulong at serbisyo upang makapagbigay ng impormasyon sa mga naa-access na format, halimbawa malalaking print, braille, o audio. Tumawag sa **1-855-833-3668 (TTY: 711)** o makipag-usap sa iyong tagapagbigay ng serbisyo.

ລາວ (Laotian): ກະລຸນາຮັບຊາບ: ມີບໍລິການພາສາແບບບໍ່ຮຸ້ນຮຸ້ນໃຫ້ແກ່ທ່ານ. ເຄື່ອງຊ່ວຍເຫຼືອ ແລະ ບໍລິການເສີມທິດໝາະສົມ ໃນການໃຫ້ຂໍ້ມູນໃນຮູບແບບເຂົ້າເຖິງໄດ້ ເຊັ່ນ: ຕົວອັກສອນຂະໜາດໃຫຍ່, ຕົວໜັງສືພູນ ຫຼື ສຽງ ກໍ່ມີໃຫ້ແບບບໍ່ຮຸ້ນຮຸ້ນກັນ. ໂທຫາເບີ **1-855-833-3668 (TTY: 711)** ຫຼື ວົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

日本語 (Japanese): 注意：無料の言語サポートサービスをご利用いただけます。大きい活字、点字、音声など、アクセスしやすい形で情報を提供するための適切な補助器具やサービスも無料でご利用いただけます。 **1-855-833-3668 (TTY: 711)** までお電話いただくか、ご利用のプロバイダーにお問い合わせください。

MGBAdvantage.org

This plan is underwritten by Mass General Brigham Health Plan, Inc
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14414-1225-04
Form CMS-10802 (Expires 12/31/25)

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**