

Summary of Benefits

January 2023

Mass General Brigham Advantage Secure (HMO-POS)

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

Other providers/pharmacies are included in our network.

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

This information is not a complete description of benefits.

Call **1-855-833-3668** (TTY: 711) for more information.

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

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

To get a complete list of services covered by your plan, call our Customer Service department and ask for the “Evidence of Coverage.” You can also access the “Evidence of Coverage” online at our website, **MassGeneralBrighamAdvantage.org**.



Summary of Benefits

January 1, 2023 – December 31, 2023

You have choices about how to get your Medicare benefits

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

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

Tips for comparing your Medicare choices

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

To compare our plan with other Medicare health plans, ask the other plans' representatives for their Summary of Benefits booklets or use the Medicare Plan Finder on [medicare.gov](https://www.medicare.gov).

To learn more about the coverage and costs of Original Medicare, look in your current *Medicare & You* handbook. View it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1- 800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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

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



Things to know about our plans

Contact information and hours of operation

Members

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 a.m. to 8:00 p.m., 7 days a week

April 1 - September 30

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

8:00 a.m. to 8:00 p.m., 5 days a week,
Monday - Friday

Our website: **MassGeneralBrighamAdvantage.org**

Who can join?

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

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

Which doctors, hospitals, and pharmacies can I use?

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

As a member of our Mass General Brigham Advantage Secure (HMO-POS), you must choose a Primary Care Physician (PCP). Your PCP will provide most of your care and will coordinate or help you arrange the rest of the covered services you get as a member of our plan.

Referrals from your PCP are not required for specialist services or for emergency care or urgently needed services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's provider directory and pharmacy directory at **MassGeneralBrighamAdvantage.org** or call us and we will send you a copy of the provider and pharmacy directories. The pharmacy network, and/or provider network may change at any time.



What do we cover?

We cover everything that Original Medicare covers—and more.

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

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

How will I determine my drug costs?

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

Important Message About What you Pay for Vaccines - Our plan covers most Part D Vaccines at no cost to you, even if you haven't paid your deductible (if applicable). Call Member Services for more information.

Important Message About What you Pay for Insulin - You won't pay more than \$35 for a one-month (30-day) supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible (if applicable).



Summary of Benefits

January 1, 2023 – December 31, 2023

Mass General Brigham Advantage Secure (HMO-POS)	
Monthly plan premium	Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties: \$52 per month
	You must continue to pay your Medicare Part B premium.
Deductibles and Maximum out-of-Pocket	
Medical	This plan does not have a medical deductible.
Prescription drugs	\$200 per year for Tiers 3, 4, 5
Maximum Out-of-Pocket responsibility (Does not include costs related to prescription drugs)	<p>Your yearly limit(s) in this plan:</p> <p>\$3,450 for services you receive from in-network providers.</p> <p>\$7,000 for services you receive from Out-of-Network providers</p> <p>The In-Network cost sharing will be applied to the In-Network and Out-of-Network Maximum Out of Pocket amounts but the cost sharing for Out-of-Network will not apply to the In - Network Maximum Out of Pocket amount. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your Medicare Part B premium, your plan premium, and any cost sharing for your Part D prescription drugs.</p>
Inpatient and Outpatient Hospital Services	
Inpatient hospital coverage	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>In-Network: \$230 copay per day for days 1 to 5. \$0 copay per day for days 6 and beyond.</p> <p>Out-of-Network: 30% coinsurance per admission</p> <p>Authorization rules may apply.</p>
Outpatient hospital coverage	<p>In-Network: up to a \$200 copay per visit</p> <p>Out-of-Network: 30% coinsurance per visit</p> <p>Authorization rules may apply.</p>
Ambulatory surgery center	<p>In-Network: up to a \$200 copay per visit</p> <p>Out-of-Network: 30% coinsurance per visit</p> <p>Authorization rules may apply.</p>



Mass General Brigham Advantage Secure (HMO-POS)

Doctor's office visits (including telehealth visits)

Primary care physician	In-Network: \$0 copay per visit Out-of-Network: \$20 copay per visit
Specialist	In-Network: \$40 copay per visit Out-of-Network: \$50 copay per visit
Preventive care	In-Network and Out-of-Network: \$0 copay Our plans cover many preventive services including
Preventive care	<ul style="list-style-type: none"> Abdominal aortic aneurysm screening Alcohol misuse counseling Bone mass measurement Breast cancer screening (mammogram) Cardiovascular screenings Cervical and vaginal cancer screening Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)* Depression screening Diabetes screenings HIV screening Medical nutrition therapy services Obesity screening and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screening and counseling Lung cancer screening (low-dose computed tomography [LDCT]) Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Flu shots, pneumococcal shots, Hepatitis B shots (limitations may apply) "Welcome to Medicare" preventive visit (one-time) Any additional preventive services approved by Medicare during the contract year will be covered. <p>* If any other medical condition including polyp or other tissue is found and removed during the procedure this would be considered minimally invasive surgery. Refer to the Outpatient Surgery category for appropriate member cost-share.</p>
Annual physical exam	In-Network: \$0 copay. Out-of-Network: \$20 copay per visit This includes a detailed medical/family history and a head-to-toe assessment with hands-on examination of all body systems to assess overall general health.



Mass General Brigham Advantage Secure (HMO-POS)

Emergency / Urgent Care

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

Diagnostic services/labs/imaging

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

Hearing services

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

Dental services

Limited Medicare-covered dental services	In-Network: \$40 copay per visit Out-of-Network: \$50 copay per visit
Non-Medicare-Covered Dental Services	Preventive Services: In-and Out-of-Network: No copayment or coinsurance for covered preventive services
	Comprehensive Services: In-Network: no copayment or coinsurance for covered comprehensive services Out-of-Network: 20% coinsurance for covered comprehensive services. There is a \$250 rolling quarterly maximum for comprehensive services received in-network and out of network combined.
	In-network preventive and comprehensive dental services are provided through Liberty Dental. Refer to the Evidence of Coverage for complete details.



Mass General Brigham Advantage Secure (HMO-POS)

Vision services

Medicare-covered eye exam	In-Network: \$40 copay per visit Out-of-Network: \$50 copay per visit
Eyewear after cataract surgery (for Medicare-covered standard eyewear)	In and Out-of-Network: \$0 Copay
Routine eye exam (up to 1 every 12 months)	In-Network: \$0 Copay Out-of-Network: You will receive a \$50 reimbursement for a routine vision exam received from an out-of-network provider. You will need to pay out of pocket and submit for reimbursement. You must file a claim with EyeMed Vision Care to get reimbursed. The claim form can be found on MassGeneralBrighamAdvantage.org/forms or by calling Customer Service for the claim form.
Eyewear* (for covered eyewear you pay any balance in excess of the limit)	In-Network: Up to \$250 per calendar year for prescription eyewear or contact lenses. Out-of-Network: 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 for reimbursement. You must file a claim with EyeMed Vision Care to get reimbursed. The claim form can be found on MassGeneralBrighamAdvantage.org/forms or by calling Customer Service for the claim form.

Mental health services

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



Mass General Brigham Advantage Secure (HMO-POS)	
Additional services	
Skilled nursing facility (SNF) (covered up to 100 days).	<p>In-Network: \$0 copay per day for days 1 to 20. \$160 copay per day for days 21 through 44 \$0 copay per day for days 45 through 100 Out-of-Network: 30% coinsurance per stay.</p> <p>Authorization rules may apply.</p>
Physical therapy	<p>In-Network: \$15 copay Out-of-Network: \$50 copay</p> <p>Authorization rules may apply.</p>
Ambulance	In-Network and Out-of-Network: \$200 copay per trip
Transportation (including chair vans)	Not covered
Medicare Part B drugs (including chemotherapy)	<p>In-Network and Out-of-Network: 20% coinsurance</p> <p>Effective April 1, 2023 Part B drugs that are rebate-eligible may be subject to a lower coinsurance.</p> <p>Effective July 1, 2023 Part B insulin cost sharing is subject to a coinsurance cap of \$35 for one-month's supply of insulin.</p> <p>Authorization rules may apply.</p>
Foot care (Podiatry services)	<p>In-Network: \$30 copay Out-of-Network: \$50 copay</p> <p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions. Authorization may be required.</p>
Over-the-counter items (OTC)	<p>In-Network: Up to \$60 per quarter toward over-the-counter health & wellness products.</p> <p>Convey Health Solutions will manage the OTC benefit. Convey Health Solutions will mail the OTC catalog for a list of eligible items. Purchase OTC items by mail, phone, or online. If you have questions or to order by phone please call: 1-800-695-5306 (TTY:711) Monday – Friday 8 am to 11 pm, EST There is no coverage for out-of-network providers.</p>



Mass General Brigham Advantage Secure (HMO-POS)	
Diabetes supplies and services	
Diabetes monitoring supplies	In-Network and Out-of-Network: 20% coinsurance Authorization rules may apply
Diabetes self-management training	In-Network and Out-of-Network: \$0 copay
Therapeutic shoes or inserts	In-Network and Out-of-Network: 20% coinsurance
Durable medical Equipment (wheelchairs, oxygen, etc.)	In-Network and Out-of-Network: 20% coinsurance Authorization rules may apply.
Prosthetic devices (braces, artificial limbs, etc.)	
Prosthetic devices	In-Network and Out-of-Network: 20% coinsurance Authorization rules may apply.
Related medical supplies	In-Network and Out-of-Network: 20% coinsurance Authorization rules may apply.
Wellness programs (see below for more details)	
Fitness	Up to \$300 reimbursement per calendar year
Weight loss	Up to \$150 reimbursement per calendar year



Wellness programs

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

What is the Fitness Benefit?

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

What programs qualify?

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

What is the weight-loss benefit?

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

What kinds of programs qualify?

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

Programs that DO NOT qualify

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

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

Rewarding you for healthy choices

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

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



Prescription drug benefits

Mass General Brigham Advantage Secure (HMO-POS)	
Deductible	\$200 per year for Tiers 3, 4, 5
Initial coverage	After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$4,660. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.

Tier 1: Preferred Generic

Tier 2: Generic

Tier 3: Preferred Brand

Tier 4: Non-Preferred Drug

Tier 5: Specialty Tier

Note: Cost sharing may differ relative to the pharmacy's status as preferred or standard, mail order, Long-Term Care (LTC) or home infusion, and 30 day or 90 day supply.

Retail cost sharing			
Drug tier	30-day supply	60-day supply	90-day supply
Tier 1 - Preferred generic	\$0 copay	\$0 copay	\$0 copay
Tier 2 - Generic	\$3 copay	\$6 copay	\$9 copay
Tier 3 - Preferred brand	\$37 copay	\$74 copay	\$111 copay
Tier 4 - Non-preferred brand	\$100 copay	\$200 copay	\$300 copay
Tier 5 - Specialty tier	29% coinsurance	N/A	N/A

Mail order cost sharing			
Drug tier	30-day supply	60-day supply	90-day supply
Tier 1 - Preferred generic	\$0 copay	\$0 copay	\$0 copay
Tier 2 - Generic	\$3 copay	\$6 copay	\$6 copay
Tier 3 - Preferred brand	\$37 copay	\$74 copay	\$74 copay
Tier 4 - Non-preferred brand	\$100 copay	\$200 copay	\$200 copay
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. You may get drugs from an out-of-network pharmacy but may pay more than you pay at an in-network pharmacy.



Coverage gap	Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,660. After you enter the coverage gap, you pay 25% of the plan’s cost for covered brand-name drugs and 25% of the plan’s cost for covered generic drugs until your costs total \$7,400, which is the end of the coverage gap. Not everyone will enter the coverage gap.
Catastrophic coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,400, you pay the greater of: 5% of the cost, or \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copayment for all other drugs. You may get your drugs at network retail pharmacies and mail order pharmacies.



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

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

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

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations.

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

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

