

Summary of Benefits

January 2023

Mass General Brigham Advantage (PPO)

Mass General Brigham Advantage Premier (PPO)

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

Other providers/pharmacies are included in our network.

This plan is underwritten by Mass General Brigham Health Plan, Inc.

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

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 (PPO) and Mass General Brigham Advantage Premier (PPO)).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you an overview of what Mass General Brigham Advantage (PPO) and Mass General Brigham Advantage Premier (PPO) 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 a.m. to 8:00 p.m., 7 days a week	April 1–September 30 1-855-833-3668 (TTY: 711) 8:00 a.m. to 8:00 p.m., 5 days a week, Monday–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	
1-888-828-5500 (TTY: 711) 8:00 a.m. to 8:00 p.m., 7 days a week	Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
Our website: MassGeneralBrighamAdvantage.org	

Who can join?

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

You can see our plan's provider directory and pharmacy directory at **MassGeneralBrighamAdvantage.org**, or call us and we will 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 MemberServices 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 (PPO)	Mass General Brigham Advantage Premier (PPO)
Monthly plan premium	Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties: \$0 per month	Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk and Worcester counties: \$140 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	\$275 per year for Tiers 3, 4, 5	\$0 per year
Maximum Out-of-Pocket responsibility (Does not include costs related to prescription drugs)	Your yearly limit(s) in this plan: \$8,300 for services you receive from in-network providers. \$12,450 for services you receive from out-of-network providers and in-network providers combined.	Your yearly limit(s) in this plan: \$3,450 for services you receive from in-network providers. \$5,450 for services you receive from out-of-network providers and in-network providers combined.
	The In-Network cost sharing will be applied to the In-Network and the Out-of-Network Maximum Out-of-Pocket amounts but the cost sharing for Out-of-Network will not apply to the In-Network Maximum Out-of-Pocket amount. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the calendar year. Please note that you will still need to pay your Medicare Part B premium, your plan premium, and any cost sharing for your Part D prescription drugs.	
Inpatient and Outpatient Hospital Services		
Inpatient hospital coverage	Our plan covers an unlimited number of days for in inpatient hospital stay	
	In-Network: \$335 copay per day for days 1 to 6. \$0 copay per day for day 7 and beyond Out of Network: 40% coinsurance per admission	In-Network: \$125 copay per day for days 1 to 3. \$0 copay per day for day 4 and beyond Out of Network: 20% coinsurance per admission
	Authorization rules may apply	
Outpatient hospital coverage	In-Network: \$300 copay per visit Out of Network: 40% coinsurance per visit	In-Network: \$175 copay per visit Out of Network: 20% coinsurance per visit
	Authorization rules may apply	



	Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Premier (PPO)
Ambulatory surgery center	In-Network: \$300 copay per visit Out of Network: 40% coinsurance per visit	In-Network: \$175 copay per visit Out of Network: 20% coinsurance per visit
Authorization rules may apply		
Doctor's office visits (including telehealth visits)		
Primary care physician	In-Network: \$0 copay per visit Out of Network: \$20 copay per visit	In-Network: \$0 copay Out of Network: \$10 copay
Specialist	In-Network: \$45 copay Out of Network: \$65 copay	In-Network: \$20 copay Out of Network: \$40 copay
Preventive Care	In Network and Out of Network: \$0 copay per visit	In Network and Out of Network: \$0 copay per visit
	Our plans cover many preventive services including	
	<ul style="list-style-type: none"> Abdominal aortic aneurysm screening Alcohol misuse counseling Bone mass measurement Breast cancer screening (mammogram) Cardiovascular screenings Cervical and vaginal cancer screening Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)[‡] Depression screening Diabetes screenings HIV screening Medical nutrition therapy services Obesity screening and counseling 	<ul style="list-style-type: none"> Prostate cancer screenings (PSA) Sexually transmitted infections screening and counseling Lung cancer screening (low-dose computed tomography [LDCT]) Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Flu shots, pneumococcal shots, Hepatitis B shots (limitations may apply) "Welcome to Medicare" preventive visit (one-time) Any additional preventive services approved by Medicare during the calendar year will be covered.
	*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.	



	Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Premier (PPO)
Annual physical exam		
Annual physical exam	In-Network: \$0 copay Out of Network: \$20 copay	In-Network: \$0 copay Out of Network: \$10 copay
	This exam includes a detailed medical/family history and a head-to-toe assessment with hands-on examination of all body systems to assess overall general health.	
Emergency care	In and Out of Network: \$90 copay	In and Out of Network: \$90 copay
	Your copay is waived if you are admitted to the hospital within 24 hours	
Urgently needed services	In and Out of Network: \$50 copay per visit	In and Out of Network: \$30 copay per visit
Diagnostic services/labs/imaging		
Diagnostic radiology (such as MRIs, CT scans)	In-Network: \$160 copay per visit Out of Network: 40% coinsurance per visit	In-Network: \$150 copay per visit Out of Network: 20% coinsurance per visit
	Authorization rules may apply.	
Diagnostic tests and procedure	In-Network: \$20 copay per visit Out of Network: 40% coinsurance per visit	In-Network: \$0 copay per visit Out of Network: \$10 copay per visit
	Authorization rules may apply.	
Lab services	In-Network: \$5 copay per visit Out of Network: 40% coinsurance per visit	In-Network: \$0 copay per visit Out of Network: \$10 copay per visit
	Authorization rules may apply.	
Outpatient x-ray	In-Network: \$15 copay per visit Out of Network: 40% coinsurance per visit	In-Network: \$0 copay per visit Out of Network: \$10 copay per visit
	Authorization rules may apply.	
Hearing services		
Routine hearing exam – up to one per calendar year	In-Network: \$0 copay	In-Network: \$0 copay
Hearing aids	In-Network: \$699 - \$999 copay per hearing aid per calendar year	In-Network: \$699 - \$999 copay per hearing aid per calendar 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.	



	Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Premier (PPO)
Dental services		
Limited Medicare-Covered Dental services	In-Network: \$45 copay per visit Out of Network: \$65 copay per visit	In-Network: \$20 copay per visit Out of Network: \$40 copay per visit
Non-Medicare-covered dental services	In-Network: Preventive services: \$0 copay Comprehensive services: \$0 Out of Network: Preventive services: \$0 copay Comprehensive services: 20% \$750 annual allowance for comprehensive services.	In-Network: Preventive services: \$0 copay Comprehensive services: \$0 Out of Network: Preventive services: \$0 copay Comprehensive services: 20% \$1,500 annual allowance for comprehensive services.
In-network preventive and comprehensive dental services are provided through Liberty Dental. Refer to the Evidence of Coverage for complete details.		
Vision services		
Medicare-covered eye exam	In-Network: \$45 copay per visit Out of Network: \$65 copay per visit	In-Network: \$20 copay per visit Out of Network: \$40 copay per visit
Eyewear after cataract surgery (for Medicare-covered standard eyewear)	In- and out of network: \$0 Copay	In- and out of network: \$0 Copay
Routine eye exam* (up to 1 every 12 months)	\$0 Copay	\$0 Copay
Eyewear* (for covered eyewear you pay any balance in excess of the limit)	In-Network: Up to \$200 per calendar year for prescription eyewear	In-Network: Up to \$300 per calendar year for prescription eyewear
*You must use an EyeMed network provider for all routine eye exams and the purchase of covered eyewear. There is no coverage for out-of-network providers.		



	Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Premier (PPO)
Mental health services		
Inpatient mental health care	<p>In-Network: \$310 copay per day for days 1 to 6 \$0 copay per day for days 7 to 90 \$0 copay per day for days 91 and beyond</p> <p>Out of Network: 40% coinsurance per admission</p>	<p>In-Network: \$125 copay per day for days 1 to 3 \$0 copay per day for days 4 to 90 \$0 copay per day for days 91 and beyond</p> <p>Out of Network: 20% coinsurance per admission</p>
Authorization rules may apply. Please see your Evidence of Coverage for additional important information		
Outpatient individual and group therapy visits	<p>In-Network: \$40 copay per visit Out of Network: \$65 copay per visit</p>	<p>In-Network: \$20 copay per visit Out of Network: \$40 copay per visit</p>
Additional services		
Skilled nursing facility (SNF) (covered up to 100 days)	<p>In-network: \$0 copay per day for days 1 to 20 \$160 copay per day for days 21 to 44 \$0 copay per day for days 45 to 100</p> <p>Out of Network: 40% coinsurance per admission.</p>	<p>In-Network: \$0 copay per day for days 1 to 20 \$160 copay per day for days 21 to 44 \$0 copay per day for days 45 to 100</p> <p>Out of Network: 20% coinsurance per admission</p>
Authorization rules may apply.		
Physical therapy	<p>In-Network: \$40 copay per visit Out of Network: \$65 copay per visit</p>	<p>In-Network: \$20 copay per visit Out of Network: \$40 copay per visit</p>
Authorization rules may apply.		
Ambulance	In-Network and Out of Network: \$275 copay per trip	In-Network and Out of Network: \$200 copay per trip
Transportation (including chair vans)	Not covered	Not covered
Medicare Part B drugs (including chemotherapy)	<p>In-Network: 20% coinsurance Out of Network: 40% coinsurance</p>	In-Network and Out of Network: 20% coinsurance
<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>		



	Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Premier (PPO)
Foot care (Podiatry services)	In-Network: \$40 copay Out of Network: \$65 copay	In-Network: \$20 copay Out of Network: \$40 copay
	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions. Authorization may be required.	
Over-the-counter-items (OTC)	In-Network: Up to \$50 per quarter toward over-the-counter health & wellness products.	In-Network: Up to \$75 per quarter toward over-the-counter health & wellness products.
	Convey Health Solutions will manage the OTC benefit. See 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 ET. There is no coverage for out-of-network providers.	
Diabetes supplies and services		
Diabetes monitoring supplies	In-Network: 20% coinsurance Out of Network: 40% coinsurance	In-Network: \$0 copay Out of Network: 20% coinsurance
	Authorization rules may apply.	
Diabetes self-management training	In-Network and Out of Network: \$0 copay	In-Network and Out of Network: \$0 copay
Therapeutic shoes or inserts	In-Network: 20% coinsurance Out of Network: 40% coinsurance	In-Network: \$0 copay Out of Network: 20% coinsurance
Durable medical equipment (wheelchairs, oxygen, etc.)	In-Network: 20% coinsurance Out of Network: 40% coinsurance	In-Network and Out of Network: 20% coinsurance
	Authorization rules may apply.	
Prosthetic devices (braces, artificial limbs, etc.)		
Prosthetic devices	In-Network: 20% coinsurance Out of Network: 40% coinsurance	In-Network and Out of Network: 20% coinsurance
	Authorization rules may apply.	
Related medical supplies	In-Network: 20% coinsurance Out of Network: 40% coinsurance	In-Network and Out of Network: 20% coinsurance
	Authorization rules may apply.	
Wellness programs (see back-of-booklet for more details)		
Fitness	Up to \$300 reimbursement per calendar year	Up to \$300 reimbursement per calendar year
Weight loss	Up to \$150 reimbursement per calendar year	Up to \$150 reimbursement per calendar year



Wellness programs

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

What is the fitness benefit?

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

What programs qualify?

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

What is the weight-loss benefit?

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

What kinds of programs qualify?

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

Programs that DO NOT qualify

For the fitness benefit, non-eligible facilities, programs or activities include but 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 (PPO)	Mass General Brigham Advantage Premier (PPO)
Deductible	\$275 per year for Tiers 3, 4, 5	\$0 per year
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 days or 90 days supply.

Mass General Brigham Advantage (PPO) – 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	28% coinsurance	N/A	N/A



Mass General Brigham Advantage Premier (PPO) – 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	33% coinsurance	N/A	N/A

Mass General Brigham Advantage (PPO) – 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	28% coinsurance	N/A	N/A



Mass General Brigham Advantage Premier (PPO) – 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	33% 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 both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.



Contact information

Members	
October 1 – March 31 1-855-833-3668 (TTY: 711) 8:00 a.m. to 8:00 p.m., 7 days a week	April 1–September 30 1-855-833-3668 (TTY: 711) 8:00 a.m. to 8:00 p.m., 5 days a week, Monday–Friday
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Our website: MassGeneralBrighamAdvantage.org	



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

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

