

PLAN TO LOVE YOUR PLAN



MASS ADVANTAGE

Agenda

- 1) Certification Requirements
- 2) Medicare Basics & Plan Information
- 3) Enrollment & Disenrollment
- 4) Working with Mass Advantage
- 5) Love Our Brokers

SECTION 1: CERTIFICATION REQUIREMENTS



MASS ADVANTAGE

Becoming a Mass Advantage Broker

Agents must:

- Be licensed in the state of Massachusetts
- Carry an Errors and Omissions (E&O) policy
- Complete the most recent version of AHIP Medicare + Fraud, Waste, and Abuse Training
- **Complete the Mass Advantage Training & Product Certification**
 - Exam must be completed with a minimum score of 85%

Mass Advantage Broker Checklist



Mass Advantage Broker Contact Information

Email: Brokers@MassAdvantage.com / Phone: +1 774-701-1411

Becoming a Broker with Mass Advantage

1 New Agent

- Complete Mass Advantage Contract / Mass Advantage Application
- Massachusetts Producer License
- Submit Financial Documents (W9, EFT, Void Check)
- Errors & Omissions Declaration Page (Exclusions apply)
- Completed AHIP Certificate
- Complete Mass Advantage Training & Successfully pass the Mass Advantage Certification

2 Returning Agent

- Errors & Omissions Declaration Page (Exclusions apply)
- Completed AHIP Certificate
- Complete Mass Advantage Training & Successfully pass the Mass Advantage Certification

SECTION 2: MEDICARE BASICS AND PLAN INFORMATION



MASS ADVANTAGE

Mass Advantage Medicare Advantage Plans

- Who is Mass Advantage?
 - We are a local health plan in the heart of Worcester County with an office right here in Worcester
- Why are we different?
 - Our unique relationship with UMass Memorial Health, your plan and your doctors work together to coordinate your care
- How do we accomplish this?
 - UMass Memorial Health **doctors helped us** design this plan with their patients' needs in mind.
 - Additional **Extra benefits**- such as transportation, meals, in home support and more.
 - Our **Love My Service team** works closely with UMass Memorial Health's patient services to schedule important appointments and more

What is Medicare Advantage?



What is Medicare Advantage?

- Also known as **Medicare Part C**
- Includes hospital, medical and may include prescription drug coverage in one plan
- **Most plans included supplemental benefits**
(dental, fitness, hearing, vision etc.)
- Members issued **single ID card for all services**



Beneficiaries are eligible for Medicare Advantage if they...

- ✓ **Have Original Medicare insurance parts A & B** and continue to pay their Part B premium
- ✓ **Permanently live** within the Medicare Advantage plan's service area
Mass Advantage is available to residents of Worcester County

Mass Advantage offers access to a robust network of Providers and Local Hospitals

- UMass Memorial Medical Center
 - Hahnemann Campus (outpatient only)
 - Memorial Campus
 - University Campus
- UMass Memorial Health – HealthAlliance–Clinton Hospital
 - Clinton Campus
 - Fitchburg Campus (outpatient only)
 - Leominster Campus
- Mass Memorial Health – Marlborough Hospital
- UMass Memorial Health – Harrington Hospital
- Milford Regional Medical Center
- Athol Hospital
- Heywood Hospital
- Beth Israel Lahey
- Saint Vincent Hospital
- Dana Farber
- MetroWest Medical Center

Additionally, there is an extensive network of in- network providers in FL & AZ for members spending time away from Massachusetts.

Provider Requirements

- All beneficiaries enrolled in one of our HMO options will need to select an in-network Primary Care Provider (PCP) who will coordinate all care
- If a PCP is not selected, one will be chosen for the member
- Referrals are needed for all specialty care on HMO plan options
- **Agents are responsible** for determining network status of all providers prior to enrollment
- PCPs can be updated simply by calling customer service:
 - HMO: 844-918-0114
 - PPO: 844-915-0234

**UMass Memorial
URGENT CARE
CENTERS**

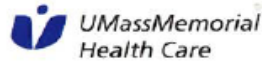


- WORCESTER**
348 Greenwood Street
500 Lincoln Street
- FITCHBURG**
380 John Fitch Highway
- LEOMINSTER**
510 N. Main Street
- MARLBOROUGH**
757 Boston Post Road
- NORTHBOROUGH**
333 Southwest Cutoff
- OXFORD**
78 Sutton Avenue
- WEBSTER (E.R. Open 24/7)**
340 Thompson Road

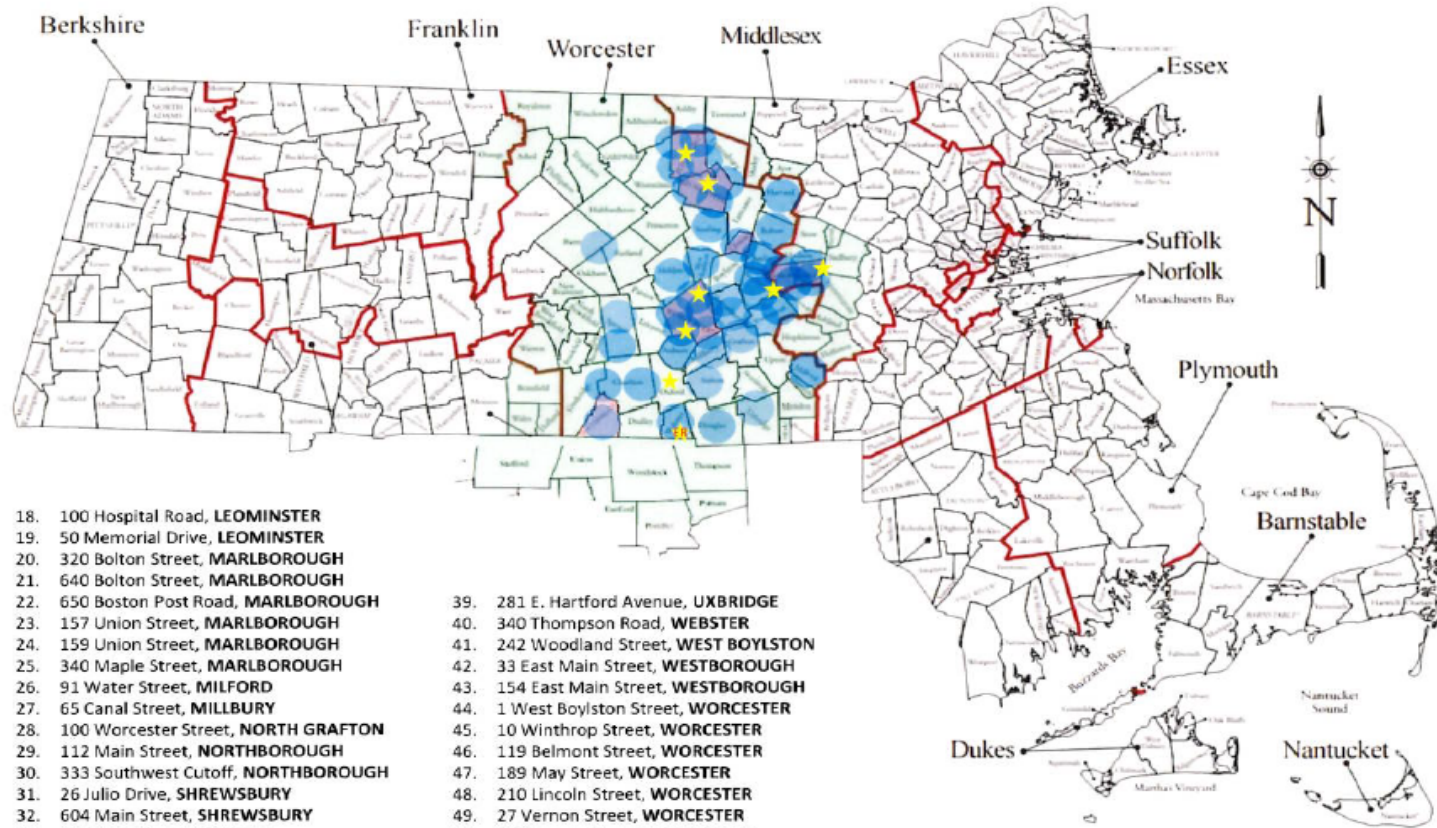
**UMass Memorial
PHYSICIAN
LOCATIONS**



- 1. 103 Millbury Street, **AUBURN**
- 2. 151 Worcester Road, **BARRE**
- 3. 44 Central Street, **BERLIN**
- 4. 563 Main Street, **BOLTON**
- 5. 201 Highland Street, **CLINTON**
- 6. 10 North Main Street, **CHARLTON**
- 7. 20 Southbridge Road, **CHARLTON**
- 8. 15 West Street, **DOUGLAS**
- 9. 47 Ashby State Road, **FITCHBURG**
- 10. 275 Nichols Road, **FITCHBURG**
- 11. 326 Nichols Road, **FITCHBURG**
- 12. 155 Franklin Road, **FITCHBURG**
- 13. 76 Summer Street, **FITCHBURG**
- 14. 198 Ayer Road, **HARVARD**
- 15. 52 Boyden Road, **HOLDEN**
- 16. 80 Erdman Way, **LEOMINSTER**
- 17. 60 Hospital Road, **LEOMINSTER**



SERVICE AREA MAP



- 18. 100 Hospital Road, **LEOMINSTER**
- 19. 50 Memorial Drive, **LEOMINSTER**
- 20. 320 Bolton Street, **MARLBOROUGH**
- 21. 640 Bolton Street, **MARLBOROUGH**
- 22. 650 Boston Post Road, **MARLBOROUGH**
- 23. 157 Union Street, **MARLBOROUGH**
- 24. 159 Union Street, **MARLBOROUGH**
- 25. 340 Maple Street, **MARLBOROUGH**
- 26. 91 Water Street, **MILFORD**
- 27. 65 Canal Street, **MILLBURY**
- 28. 100 Worcester Street, **NORTH GRAFTON**
- 29. 112 Main Street, **NORTHBOROUGH**
- 30. 333 Southwest Cutoff, **NORTHBOROUGH**
- 31. 26 Julio Drive, **SHREWSBURY**
- 32. 604 Main Street, **SHREWSBURY**
- 33. 369 Main Street, **SPENCER**
- 34. 118 West Main Street, **SPENCER**
- 35. 50 Leominster Road, **STERLING**
- 36. 225 Leominster Road, **STERLING**
- 37. 100 South Street, **SOUTHBRIDGE**
- 38. 188 Worcester-Providence Tpke, **SUTTON**
- 39. 281 E. Hartford Avenue, **UXBRIDGE**
- 40. 340 Thompson Road, **WEBSTER**
- 41. 242 Woodland Street, **WEST BOYLSTON**
- 42. 33 East Main Street, **WESTBOROUGH**
- 43. 154 East Main Street, **WESTBOROUGH**
- 44. 1 West Boylston Street, **WORCESTER**
- 45. 10 Winthrop Street, **WORCESTER**
- 46. 119 Belmont Street, **WORCESTER**
- 47. 189 May Street, **WORCESTER**
- 48. 210 Lincoln Street, **WORCESTER**
- 49. 27 Vernon Street, **WORCESTER**
- 50. 279 Lincoln Street, **WORCESTER**
- 51. 281 Lincoln Street, **WORCESTER**
- 52. 291 Lincoln Street, **WORCESTER**
- 53. 55 Lake Ave North, **WORCESTER**
- 54. 67 Belmont Street, **WORCESTER**
- 55. 85 Prescott Street, **WORCESTER**



Plans and Benefits

HMO

MASS ADVANTAGE BASIC



\$0 monthly plan premium
Most affordable plan



Obtain care from **providers within our UMass Memorial network**

MASS ADVANTAGE PLUS



\$100 monthly plan premium
Generally lower out of pocket costs



Obtain care from **providers within our UMass Memorial network**

PPO

MASS ADVANTAGE PREMIERE



\$0 monthly plan premium
Competitive in and out of network cost sharing



In addition to our providers within UMass Memorial Health network, **the flexibility to use providers nationwide**



MASS ADVANTAGE

MASS ADVANTAGE 2024 PRODUCT OVERVIEW



Options with Mass Advantage

HMO

MASS ADVANTAGE BASIC (HMO)

- **\$0 monthly plan premium** – Most affordable plan
- Members obtain care from providers within the Mass Advantage provider network including in- network providers in FL & AZ for members spending time away from Massachusetts.

HMO

MASS ADVANTAGE PLUS (HMO)

- **\$100 monthly plan premium** – Generally lower out of pocket costs
- Members obtain care from providers within the Mass Advantage provider network including in- network providers in FL & AZ for members spending time away from Massachusetts.

• PPO

MASS ADVANTAGE PREMIERE (PPO)

- **\$0 monthly plan premium** Competitive in and out of network cost sharing
- In addition to our providers within the Mass Advantage provider network, members have the flexibility to use out-of-network providers nationwide

Mass Advantage Plans & Benefits

Benefits	Mass Advantage Basic (HMO) – \$0 Premium	Mass Advantage Plus (HMO) – \$100 Premium	Mass Advantage Premiere (PPO) – \$0 Premium
Annual Physical & Wellness Exam	\$0 copay	\$0 copay	\$0 copay/\$0 copay
Primary Care Physician (PCP) Visit	\$0 copay	\$0 copay	\$0 copay/\$0 copay
Specialist Visit	\$40 copay	\$20 copay	\$45 copay/\$65 copay
Speech, Language & Physical Therapy	\$10 copay	\$0 copay	\$30 copay/\$65 copay
Ambulance	\$295 copay for each one-way Medicare-covered trip	\$200 copay for each one-way Medicare-covered trip	\$275 copay for each one-way Medicare-covered trip

Mass Advantage Plans & Benefits

Benefits	Mass Advantage Basic (HMO) – \$0 Premium	Mass Advantage Plus (HMO) – \$100 Premium	Mass Advantage Premiere (PPO) – \$0 Premium
Inpatient Hospital, Acute Admission	\$390 copay per day for days 1 to 5 \$0 copay per day for days 6 – beyond	\$200 copay per day for days 1 to 5 \$0 copay per day for days 6 – beyond	In-network: \$370 copay per day for days 1 to 5 \$0 copay per stay for days 6 – beyond Out of network: 35% coinsurance per stay
Outpatient Ambulatory Surgical Center (ASC)	\$295 copay	\$150 copay	\$275 copay/40% coinsurance
Emergency Services	\$90 copay (waived if admitted within 24 hours)	\$90 copay (waived if admitted within 24 hours)	\$90 copay (waived if admitted within 24 hours)
Urgent Care	\$10 copay	\$0 copay	\$40 copay/\$40 copay
Maximum Out-of-Pocket (MOOP)	\$6,500	\$3,450	\$6,550 In-network \$11,300 Combined in and out-of-network

ADDITIONAL BENEFITS



Flex Card Benefit (powered by NationsBenefits)

The Flex Card benefit consists of 3 separate "wallets"

- Flex Card dollars in each wallet cannot be combined
- The Card can be used at pre-approved fitness retail locations such as YMCA, Planet Fitness, Dick's Sporting Good, etc.

Flex Card cannot be used:

- For medical copayments, co-insurance and deductibles
- For prescription drug copayments, Coinsurance and deductibles
- At retail stores like Walmart, CVS, Walgreens and local grocery stores



Flex Card Benefit - Wallet #1

Flex Card (Wallet #1)

Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
<p>\$650 allowance for:</p> <ul style="list-style-type: none">• Preventive and comprehensive dental services not covered by DentaQuest providers• Fitness (programs, memberships, wearables)• Weight management programs and services• Nutritional/Dietary membership and programs• Eyewear upgrades	<p>\$775 allowance for:</p> <ul style="list-style-type: none">• Preventive and comprehensive dental services not covered by DentaQuest providers• Fitness (programs, memberships, wearables)• Weight management programs and services• Nutritional/Dietary membership and programs• Eyewear upgrades	<p>\$400 annual allowance for:</p> <ul style="list-style-type: none">• Fitness (programs, memberships, wearables)• Weight management programs and services• Nutritional/Dietary membership and programs• Eyewear upgrades



Flex Card Benefit - Wallet #2

In-Home Support* (Wallet #2)

Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
Additional \$500 allowance for: <ul style="list-style-type: none">In-home support	Additional \$1,000 allowance for: <ul style="list-style-type: none">In-home support	N/A

*Mass Advantage Basic HMO and Plus HMO plan members have access to in-home support for services like light homemaking services based on the member's need and determined by the plan.



Flex Card Benefit - Wallet #3



Parking* (Wallet #3)

Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
Additional \$50 allowance	Additional \$50 allowance	N/A

*The parking benefit mentioned is part of special supplemental program for the chronically ill. Not all members qualify.



 Mass Advantage differentiator

Over-the-Counter (OTC) Supplies (powered by NationsBenefits)

Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
<p>\$90 quarterly allowance for:</p> <ul style="list-style-type: none">Over-the-counter products are available to order online or over the phone and shipped to home at no additional cost	<p>\$120 quarterly allowance for:</p> <ul style="list-style-type: none">Over-the-counter products are available to order online or over the phone and shipped to home at no additional cost	<p>\$90 quarterly allowance for:</p> <ul style="list-style-type: none">Over-the-counter products available to order online or over the phone and shipped to home at no additional cost

OTC allowance benefit can be used for a variety of products including:

- Vitamins and supplements
- Pain relievers, cough drops and other OTC medicines
- Toothbrushes, toothpaste, denture cream and tablets
- Cleansing wipes and bladder control pads
- Bandages and first aid supplies
- Stomach remedies



Transportation (powered by RoundTrip)

Mass Advantage is partnering with Roundtrip to offer all members non-emergency transportation to and from medical appointments. This will help avoid missed appointments and preventable healthcare emergencies. Members can:

- Book rides directly using the Roundtrip member portal
- Call a Mass Advantage Member Navigator to book a ride
- Receive text or call reminders about their transportation for upcoming appointments

Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
\$0 copay 12 individual* rides	\$0 copay 12 individual* rides	\$0 copay 6 individual* rides

*A roundtrip to and from an appointment counts as two individual rides. Trips over 50 miles will require prior authorization.



Post Discharge Meal Services (powered by Heart to Home)

Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO) In-Network/Out-of-Network
14 days post discharge (28 meals) provided by Heart to Home	14 days post discharge (28 meals) provided by Heart to Home	N/A

To be eligible, members must:

- Be enrolled in the Mass Advantage Basic (HMO) plan
- Be enrolled in the Mass Advantage Plus (HMO) plan
- Have been discharged after an inpatient stay of 3 days or greater

Prior Authorization of services is required. The Mass Advantage team will outreach to coordinate each member's meal benefit, if eligible.




Vision & Eyewear (powered by EyeQuest)

Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO) In-Network/Out-of-Network
<ul style="list-style-type: none">• \$0 copay, 1 per routine eye exam per year• Up to \$200 allowance annually for eyewear using in-network providers powered by Eye Quest	<ul style="list-style-type: none">• \$0 copay, 1 per routine eye exam per year• Up to \$200 allowance annually for eyewear using in-network providers powered by Eye Quest	<ul style="list-style-type: none">• \$0/\$65 copay, 1 per routine eye exam per year• Up to \$200 allowance annually for eyewear using in-network providers powered by Eye Quest

*The Flex Card benefit (Wallet #1) can be used to upgrade at Eye Quest network locations or purchase additional eyewear anywhere



Dental (powered by DentaQuest)

Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
<ul style="list-style-type: none">• \$0 copay for in-network preventive services including routine dental exams, cleanings, and X-Rays• \$0 copay for limited in-network comprehensive services including restorative services, periodontics, and extractions• annual maximum limit of \$1,500• Flex card allowance can be used for preventive and comprehensive dental services outside of network or if not covered by DentaQuest providers	<ul style="list-style-type: none">• \$0 copay for in-network preventive services including routine dental exams, cleanings, and X-Rays• \$0 copay for limited in-network comprehensive services including restorative services, periodontics, and extractions• annual maximum limit of \$2,000• Flex card allowance can be used for preventive and comprehensive dental services outside of network or if not covered by DentaQuest providers	<ul style="list-style-type: none">• \$0 copay for in-network preventive services including routine dental exams, cleanings, and X-Rays and comprehensive• 20% coinsurance for comprehensive service in-network• 20% coinsurance for any out-of-network preventive and comprehensive dental services• annual maximum limit of \$2,000 

Hearing and hearing aids* (powered by NationBenefits)

Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO) In-Network/Out-of-Network
<ul style="list-style-type: none"> • \$0 copay, 1 hearing test per year • 6 hearing aid options available: ranging from \$500 - \$1,975 copay per hearing aid • Limit 2 aids per year – 1 per ear 	<ul style="list-style-type: none"> • \$0 copay, 1 hearing test per year • 6 hearing aid options available: ranging from \$500 - \$1,975 copay per hearing aid • Limit 2 aids per year – 1 per ear 	<ul style="list-style-type: none"> • \$0/\$65 copay, 1 hearing test per year • 6 hearing aid options available: ranging from \$500 - \$1,975 copay per hearing aid • Limit 2 aids per year – 1 per ear

- Hearing benefit is offered through contracted providers. Hearing aids can only be purchased through NationBenefits' contracted providers



Hearing Services, cont.

Program services include:

- Annual hearing test with no out-of-pocket costs.
- Access to a nationwide network of 8,000+ providers.
- Hearing aids available from all major brands.
- Low pricing and a 60-day, 100% money back guarantee.
- Concierge-level service by dedicated Member Experience Advisors.
- Three follow-up visits.
- 3-year repair warranty.
- 3 years of batteries included.
- One-time replacement coverage for lost, stolen or damaged hearing aids.

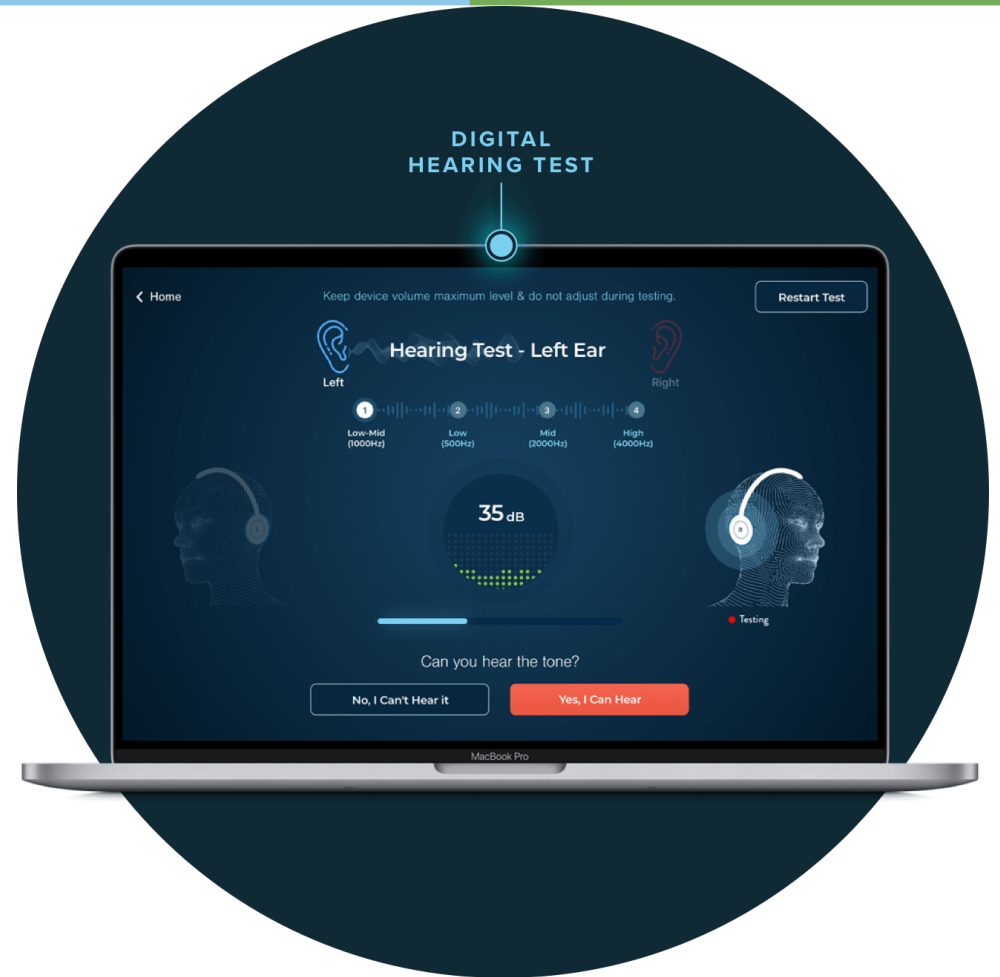


Hearing Services, cont.

Digital Hearing Test

Hearing assessment technology that allows members convenient and accurate testing through their computer, tablet, or smartphone.

Our digital hearing test allows for greater flexibility so members can take a hearing test whenever, and wherever they're located.



Personal Medical Alert System (powered by NationsBenefits)

Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO) In-Network/Out-of-Network
<ul style="list-style-type: none">• \$0 copay for device & monitoring 24 hours a day, 365 days a year	<ul style="list-style-type: none">• \$0 copay for device & monitoring 24 hours a day, 365 days a year	<ul style="list-style-type: none">• \$0 copay for device & monitoring 24 hours a day, 365 days a year



Prescription Drug Benefit - Drug Tiers explained

Drug Tier	What it means
Tier 1	Preferred generic. These are commonly prescribed generic drugs.
Tier 2	Generic. These are also generic drugs, but they cost a little more than drugs in tier 1.
Tier 3	Preferred brand. These are brand name drugs that don't have a generic equivalent. They're the lowest-cost brand name drugs on the list.
Tier 4	Nonpreferred drug. These are higher-priced brand name and generic drugs not in a preferred tier.
Tier 5	Specialty. These are the most expensive drugs on the list. Specialty drugs are used to treat complex conditions like cancer and multiple sclerosis. They can be a generic or brand name.

Prescription Drug Benefits, cont.

Coverage Stage/ Drug Tier	Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
Annual Prescription Drug deductible	\$200 annual deductible for Tier 3, Tier 4 & Tier 5 Part D prescription drugs only	\$0 annual deductible	\$250 annual deductible for Tier 3, Tier 4 & Tier 5 Part D prescription drugs only

Initial Coverage

After the yearly deductible, members pay the following until the total yearly drug costs paid by both member and Mass Advantage reach \$5,030

Tier 1 Preferred Generic	\$0/\$0 copayment	\$0/\$0 copayment	\$2/\$4 copayment
Tier 2 Generic	\$4/\$8 copayment	\$4/\$8 copayment	\$6/\$12 copayment
Tier 3 Preferred Brand	\$47/\$94 copayment	\$47/\$94 copayment	\$42/\$84 copayment
Tier 4 Non-Preferred Drug	\$100/\$200 copayment	\$100/\$200 copayment	\$95/\$190 copayment
Tier 5 Specialty	30% coinsurance Retail & Mail Order	33% coinsurance Retail & Mail Order	29% coinsurance Retail & Mail Order



Prescription Drug Benefits

Coverage Limit	Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
Coverage Gap			
Members pay the following until the member (and others on member's behalf, including the drug manufacturers through the Coverage Gap Discount Program) have paid a total of \$8,000* for your Part D drugs.			
Tier 1 Preferred Generic	\$0/\$0 copayment	\$0/\$0 copayment	\$2/\$4 copayment
Tier 2 Generic	\$4/\$8 copayment	\$4/\$8 copayment	\$6/\$12 copayment
Tier 3 Preferred Brand Tier 4 Non - Preferred Drug Tier 5 Specialty	While in the coverage gap: <ul style="list-style-type: none"> • Member pays 25% of the retail cost of both brand and generic medications in Tiers 3, Tier 4 & Tier 5 (plus a portion of the dispensing fee) • Drug manufacturers pay 70% of the cost of brand name drugs through the Coverage Gap Discount Program. This amount counts toward the \$8,000 out-of-pocket limit, after which you move to the last coverage stage 		
Catastrophic Coverage <i>New for 2024!</i>	Member pays \$0 for all covered Part D drugs for the remainder of the calendar year		

**Please note drugs covered by Mass Advantage that are not covered by Medicare part D do not count towards this amount. Different out-of-pocket costs may apply for people who have limited incomes, live in long-term care facilities or have access to Indian/tribal/urban (Indian health service) providers.

Members with Diabetes

Important Message About What Insulin Cost

- Members won't pay more than **\$35 for a one-month supply*** of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if the deductible has not been met
- In addition to low-cost insulin coverage, Mass Advantage offers **free coverage** for diabetic testing supplies and equipment, including \$0 copays for continuous glucose monitors

*Low-cost Insulin coverage as defined in the 2022 Inflation Reduction Act.
Free coverage for diabetic testing supplies and equipment are from preferred in-network vendors.

Member Engagement Rewards Program (All Plans)

Annual Activities		Reward
PCP Visit	Member must visit their established Primary Care Provider. If they do not have an established Primary Care Provider, they should be advised to call Love My Service to select one.	\$50
HRA (Health Risk Assessment)	Must be completed within the first 90 days of enrollment	\$10
Flu Shot	Flu shot must be completed within the current plan year	\$10
Condition Specific Activities		Reward
Second PCP Visit	Individuals diagnosed with Diabetes and/or Heart Disease who complete a second PCP visit with their PCP, and/or a Cardiologist or Endocrinologist by November 30, 2023	\$25
Composite Diabetes Care	Must complete all 3; Blood sugar test (HbA1C test), eye exam (retinopathy exam), and kidney health lab tests (defined eGFR and a uACR)	\$50
		\$145

NOTE: All reward dollars will be added to the Flex Card Wallet #1, they are not eligible towards the allowance for parking or in-home support.

Additional Care Support Services

Remote Monitoring Care provides support for members with chronic conditions at no cost to our members!

- Free **home-monitoring devices** to capture daily blood pressure, glucose and weight
- Counseling and check-ins to support medication adherence and healthy lifestyle habits
- Provides PCPs and Specialists with regular reports and notifies them of concerning changes and serves as a liaison between our members and their doctor



Review of placemat

2024 Product Placemat

Internal Use Only Key: Y Improvement | D Degradation | Q denotes former year cost

	Basic (HMO)	Plus (HMO)	Premiere (PPO) - INN	Premiere (PPO) - OON
Total Premium (Parts C&D)	\$0	\$100	\$0	N/A
Maximum Out of Pocket (MOOP)	\$6,500	\$1,400	\$6,500	\$1,300 Combined
Annual Medical Deductible	\$0 - All Plans			
PROFESSIONAL SERVICES				
Chiropractic Care - Medicare Covered Visits	\$15 (\$20)	\$15 (\$20)	\$15 (\$20)	\$0
Hearing Exam - Medicare Covered Visits	\$40	\$20	\$45	\$0
Vision Exam - Medicare Covered Visits	\$40	\$20	\$45	\$0
Dental Exam - Medicare Covered Visits	\$40	\$20	\$45	\$0
Podiatry Services	\$40	\$20	\$45	\$0
Primary Care Provider (PCP) Services	\$0	\$0	\$0	\$0
Specialty Physician Services	\$40	\$20	\$45	\$0
OUTPATIENT FACILITY				
Ambulance Services (One-Way Trip)	\$295 (\$300)	\$200	\$275	\$275
Dialysis - Rental (to treat ESRD)	20% - All Plans			
Emergency Services	\$90	\$90 (\$20)	\$90	\$90
Laboratory & Diagnostic Services	\$0 - Lab	\$0 - Lab	\$0 - Lab	40% - Labs
Observation Services	\$275 (\$300)	\$150	\$300	40%
Ambulatory Surgical Center (ASC)	\$295 (\$300)	\$150	\$275	40%
Part II Rx & Chemotherapy Drugs	20%	15%	20%	20%
Radiology Services - Diagnostic	\$0 - X-ray	\$0 - X-ray	\$0 - X-ray	40% - X-ray
Physical Therapy	\$250 - C/P/E/T/MR	\$225 - C/P/E/T/MR	\$250 - C/P/E/T/MR	40% - C/P/E/T/MR
Occupational Therapy	\$10 (\$20)	\$0	\$30	\$0
Speech and Language Therapy	\$10	\$0	\$30	\$0
Telehealth Services - PCP & Specialist	\$0-40	\$0-20	\$0-45	Not Covered
Urgent Care	\$10	\$0	\$40	\$40
EQUIPMENT, PROSTHETICS/ORTHOTICS & SUPPLIES				
Diabetic Services & Supplies	0% - Monitoring Supplies 0% - Therapeutic Shoes/Insoles \$0 Self-Management Training		40% - Monitoring Supplies 40% - Therapeutic Shoes/Insoles \$0 Self-Management Training	
Durable Medical Equipment, Prosthetics & Supplies	20% - DME \$0 - Non-Routine Eyewear		40% - DME \$0 - Non-Routine Eyewear	
INPATIENT FACILITY				
Home Health Services	\$0	\$0	\$0	50%
Inpatient Hospital Services	\$190/Day 1-5 (\$370/Day 1-5)	\$200/Day 1-5 (\$150/Day 1-5)	\$370/Day 1-5 (\$330/Day 1-5)	35%
Skilled Nursing Facility (SNF)	\$0/Day 1-20 \$180/Day 21-91 (\$360/Day 21-91) \$0/Day 92-100	\$0/Day 1-20 \$15/Day 21-91 (\$30/Day 21-91) \$0/Day 92-100	\$0/Day 1-20 \$190/Day 21-91 (\$380/Day 21-91) \$0/Day 92-100	20%
SUPPLEMENTAL BENEFITS (NOT COVERED BY ORIGINAL MEDICARE)				
Annual Physical & Wellness Exams	\$0 - All Plans			
Dental	\$0 - Preventive Services \$0 copay for limited In-network/comprehensive services with an allowance of \$1,000 Flex card can be used for preventive and comprehensive dental services not covered by Dental/Quest providers	\$0 - Preventive Services \$0 copay for limited In-network/comprehensive services with an allowance of \$2,000	\$0 - Preventive Services 20% - Comprehensive Services \$2,000 - Annual Comprehensive Allowance	20% - Preventive Services 20% - Comprehensive Services \$2,000 - Annual Comprehensive Allowance
Eyewear & Exams	\$200 Allowance \$0 - Routine Exam		\$200 Allowance \$0 - Routine Exam	
Hearing Aids (per ear) & Exams	Entry: \$500 Basic: \$675 Prime: \$975 Preferred: \$1,275		Advanced: \$1,575 Premium: \$1,975 \$0 - Routine Exam	
Over the Counter (OTC)	\$90 (\$50/Quarter)	\$100 (\$50/Quarter)	\$90 (\$50/Quarter)	
Flex Card (Wallet #1)	\$650 (\$300)	\$775 (\$500)	\$400 (\$100)	
In-Home Support (Flex Card Wallet #2)	Additional \$500 allowance for in-home support	Additional \$1,000 allowance for in-home support	N/A	N/A
Parking (Flex Card Wallet #3)	Additional \$30 allowance for parking (SSBCI Required)	Additional \$30 allowance for parking (SSBCI Required)	N/A	N/A
Transportation	\$0 copay for 2 one-way rides			
Meals	14 days post discharge (28 meals)			
Personal Medical Alert System	100% covered			
BEHAVIORAL HEALTH				
Inpatient Mental Health Hospital Services	\$370/Day 1-5	\$200/Day 1-5	\$330/Day 1-5	40%
Outpatient Mental Health	\$25	\$15	\$30	40%
Outpatient Substance Abuse	\$30 (\$40)	\$10 (\$20)	\$40	\$40

2024 Product Placemat

	Basic (HMO)	Plus (HMO)	Premiere (PPO) - INN	Premiere (PPO) - OON
PRESCRIPTION DRUG COVERAGE				
Initial Coverage Limit	\$5,050 (\$4,660)			
Annual Deductible	\$200 (\$195)	\$0 T3-T5	\$250 T3-T5	\$250 T3-T5
Low Cost Insulin	Low cost insulin coverage is available to all members as defined in the Inflation Reduction Act for \$35 for a one month's supply			
RETAIL STORE COPAY (PER PRESCRIPTION) / MAIL ORDER COPAY (PER PRESCRIPTION)				
Tier 1: Preferred Generic	\$0/\$0			\$2/\$4
Tier 2: Generic	\$4/\$8			\$6/\$12
Tier 3: Preferred Brand	\$47/\$94			\$42/\$84
Tier 4: Non-Preferred Brand	\$100/\$200			\$95/\$190
Tier 5: Specialty	30%	33%	29%	29%

CMS Contract Number
H7670-Mass Advantage Basic HMO & Plus HMO
H9904-Mass Advantage Premiere PPO

Internal Use Only
Key: Y Improvement
D Degradation
Q denotes former year cost

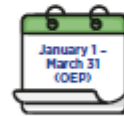
Map of Worcester County



Medicare Enrollment Periods



Annual Enrollment Period
Individuals with Medicare can join or switch ALL types of Medicare plans.



Open Enrollment Period
Anyone with Medicare Advantage can:
• change to another Medicare Advantage plan
• return to Original Medicare and select a prescription drug plan (PDP)



Initial Enrollment Period
Anyone aging in, IEP begins three months before their 65th birthday and ends three months after.



Special Enrollment Period
An enrollment period dependent on specific conditions, such as:
• losing health coverage
• moving to a new area
• being affected by a declared emergency like a hurricane or earthquake

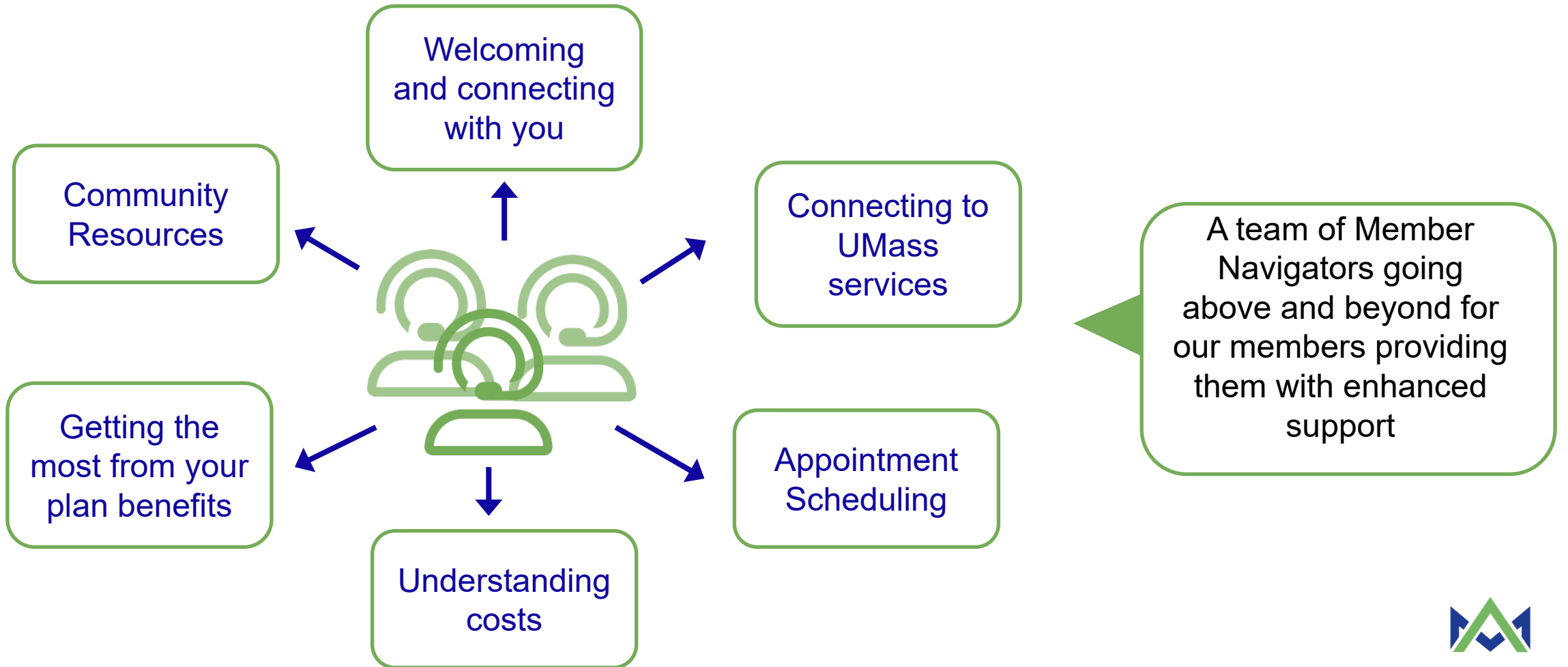


MASS ADVANTAGE

LOVE MY SERVICE



Love My Service Program



SECTION 3: ENROLLMENT & DISENROLLMENT



MASS ADVANTAGE

Eligibility

- ⊕ Entitled to Medicare Part A
- ⊕ Enrolled in Medicare Part B
- ⊕ Resides in Worcester County
- ⊕ Has a valid election period

Enrolling in Mass Advantage



7 Month Initial Coverage Election Period (ICEP)

For individuals new to Medicare



Annual Enrollment Period (AEP)

October 15 – December 7



Medicare Advantage Open Enrollment Period (OEP)

January 1 – March 31



Special Election Periods (SEP)



What members can expect after enrolling.

- Enrollment Confirmation Letter
- Welcome Kit – including information about plan options
 - Additional information about supplemental benefits
 - Information on how to register in the Member Portal
- Member ID Card in the mail
- Flex Visa Card in the mail
- Billing (if applicable)
 - Social Security/Railroad Deductions
 - Electronic Funds Transfer (EFT)
 - Monthly Check
- Welcome Call from our Member Navigators
 - Please remind member to answer this call
- Complete a Health Risk Assessment Survey for quick access to services they may need
- Attend a Member meeting

How to Enroll

ELECTRONICALLY

Using online enrollment platform powered by Sunfire

Leading Industry Medicare Shopping & Enrollment tool



PAPER APPLICATIONS

Hand Deliver to: 67 Millbrook Street
Center Building, Suite 423
Worcester Massachusetts

Email to : Brokers@massadvantage.com

Mail to: Mass Advantage
PO Box 60680
Worcester MA 01606



Value-Based Enrollment (VBE)

SUNFIRE

- If enrolling via paper or Sunfire, you will have the ability to either complete the HRA or schedule a follow up for our LMS team to outreach post enrollment
 - Access to complete the HRA is on the Broker main page on our website at www.Massadvantage.com
-
- HRA'S will need to be completed within 48 hours of the completion of the enrollment.

Complete the Health Risk Assessment (HRA) Tool

After you've completed the enrollment, come here to complete or schedule the HRA.

[Take Health Risk Assessment](#) 

Voluntary Disenrollment

- Members may request disenrollment from a plan only during a valid election period. They may disenroll by:
 - Enrolling in another plan
 - Giving or faxing a signed written notice to the MA organization
 - Calling 1-800-MEDICARE
- If member verbally requests disenrollment from the plan, the MA organization must instruct the member to make the request in one of the ways described above

Involuntary Disenrollment

The plan must disenroll a member from a plan in the following cases:

- A change in residence that makes the individual ineligible to remain enrolled in the plan
- The member loses entitlement to Part A or Part B
- The member passes away
- The plan contract is terminated, or the MA organization reduces its service area to exclude the member
- The member fails to pay their Part D-IRMAA to the government and CMS notifies the plan to terminate
- The member is not lawfully present in the United States

SECTION 4: WORKING WITH MASS ADVANTAGE



MASS ADVANTAGE

What to Expect

- Fair market value commission payments paid within 2 weeks of effective date
- Access to a dedicated support team – we're here to help!
- Elite broker program
- Referral program – \$100 per referral
- Additional income opportunity with Value Based Enrollment HRA
- New technologies to support you and your members

Elite Broker Program

- Thank you for your support and contributions to Mass Advantage. The Broker Elite Program has been created to reward top-performing Brokers.
- The higher the sales the higher the level and more rewards.



Elite Broker Program



- Dedicated Broker Support Team
- Broker Email Newsletter
- 50% AHIP Reimbursement
- \$50 Gas Reimbursement
- \$100 CE Credit Reimbursement

- Dedicated Broker Support Team
- Broker Email Newsletter
- Full AHIP Reimbursement
- \$100 Gas Reimbursement
- \$200 CE Credit Reimbursement
- \$200 in Marketing Dollars 25-35 Sales
- \$350 in Marketing Dollars 36-50 Sales

- Dedicated Broker Support Team
- Broker Email Newsletters
- Full AHIP Reimbursement
- 200 Gas Reimbursement
- \$350 CE Credit Reimbursement
- \$500 in Marketing Dollars 51-100 Sales
- \$1,000 in Marketing Dollars 101 + Sales

CMS Sales & Marketing Regulations

All Mass Advantage agents are expected to comply with all Medicare sales and marketing regulations, including but not limited to:

- Use of Mass Advantage approved marketing materials – agents are not permitted to develop or produce materials on behalf of the plan
- All sales and promotional activities – including the use of gifts, rewards and incentives
- Telephonic outreach activities – agents cannot make unsolicited phone calls to prospective enrollees
- Educational and Marketing/Sales events

A full list of regulations can be found in the Medicare Marketing guidelines at

<https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/FinalPartCMarketingGuidelines>

Agent Oversight & Monitoring

Mass Advantage has a dedicated oversight program to monitor the activities of all contracted agents:

- Rapid disenrollment rates
- Cancellation rates
- Agent driven CTMs and grievances
- Secret shopper program
- Call Quality

Corrective actions may include:

- Retraining
- Suspension
- Withholding/recoupment of commissions
- Termination

Helpful Definitions

- An **enrollee** is an eligible individual who has elected a Medicare Advantage, Prescription Drug, or cost plan or health care prepayment plan (HCPP)
- An **inquiry** is any verbal or written request for information to a plan or its delegated entities that does not express dissatisfaction or invoke a plan's grievance, coverage or appeals process
- An **appeal** is the review of adverse initial determinations made by the health plan that the enrollee believes they are entitled to receive
- A **grievance** is an expression of dissatisfaction with any aspect of the operations, activities or behavior of a plan or its delegated entities

Appeals & Grievances – Processing Times

Part C	Standard	Expedited
Organization Determination	14 Calendar Days	72 Hours
Appeal	Pre-service – 30 Days Payment – 60 Days	Pre-service – 72 Hours Payment: N/A
Grievance	30 Days	24 Hours

Part D	Standard	Expedited
Coverage Determination	72 Hours	24 Hours
Appeal	7 Days	72 Hours
Grievance	30 Days	24 Hours

Compliance Contacts

- Call: 774-701-1604
- Email: MassAdvcomply@massadvantage.com
- Contact: Maggie Perritt
- Medicare Compliance Officer Maggie.Perritt@massadvantage.com



Maggie Perritt
Medicare Compliance
Officer

**SECTION 5:
LOVE OUR BROKERS**



MASS ADVANTAGE

Making it easy for you...

As a Mass Advantage agent, you'll gain access to our inclusive agent commission platform

One-stop shop for:

- Accurate and on-time payment of commissions
- Evolve - Dashboard, Online statements
- Real-time book of business reports
- And much more...

Agent Compensation

- Commissions will be paid to qualified agents based on the following schedule:

Year 1	
First Year Commissions	Paid in a lump sum for new enrollments
Renewal Commissions	Renewal commission, paid in a lump sum

Years 2 – Lifetime	
Renewal Commissions	Renewal commission, paid monthly

- Commission statements will be accessible via our Evolve platform
- Agents will only be eligible to receive commissions if all contracting and credentialing requirements have been met

Love My Broker

- **Brokers First** – You are our Sales team
- **Support and Service** – Mass Advantage will provide a partner to support your needs
- **Competitive Compensation** – Overrides, Value Based Enrollment, Elite Broker Program, Referral Program
- **Commitment** – Mass Advantage is committed to the Medicare marketplace
- **Long-Term Partnership** – Our goal is to work to build together for years to come
- **Future Innovation** – Your input is valuable, you are the voice of the market and we will listen

Broker Support Team



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Sales Operations Specialist



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VP Sales & Marketing

Broker Support Center:
774-701-1411

Email Inquiries:
Brokers@MassAdvantage.com



MASS ADVANTAGE

THANK YOU



MASS **ADVANTAGE**