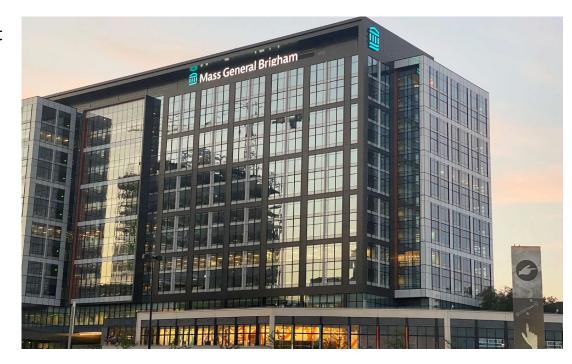


# 2025 Medicare Advantage Product Training

### Our Organization

- Mass General Brigham is a non-profit organization committed to patient care, research, teaching, and service to the community. We are the state's largest private employer with over 80,000 employees.
- We are an integrated academic healthcare system, uniting great minds in medicine to make life-changing impact for patients in our communities and people around the world.
- We connect a full continuum of care across a system of academic medical centers, community and specialty hospitals, a health insurance plan, physician networks, community health centers, home care, and long-term care services. This includes five nationally ranked hospitals based on U.S. News & World Report Best Hospitals for 2022-2023.
- We are one of the nation's leading biomedical research organizations, with an annual research budget of nearly \$2 billion. We serve as a principal teaching affiliate of Harvard Medical School.



Mass General Brigham Headquarters in Somerville, MA.



### **Affiliate Institutions**

#### Our affiliates include...

- Brigham and Women's Hospital
- Massachusetts General Hospital
- Mass General Brigham Health Plan
- Brigham and Women's Faulkner Hospital
- Community Physicians Organization
- Cooley Dickenson Hospital
- Martha's Vineyard Hospital
- Mass Eye & Ear
- Mass General Brigham Home Care
- MGH Institute of Health Professions
- McLean Hospital
- Nantucket Cottage Hospital
- Newton-Wellesley Hospital
- Salem Hospital
- Spaulding Rehabilitation Network
- Wentworth-Douglass Hospital











Top Left: Mass General Hospital, Top Right: Brigham and Women's Hospital, Bottom Left: Wentworth-Douglass Hospital, Bottom Right: Mass Eye & Ear

# Mass General Brigham Advantage Plans

Plan	Rationale
MASS GENERAL BRIGHAM ADVANTAGE (PPO): \$0 Premium	<ul> <li>Majority of growth in local market is in \$0 premium, PPO plans</li> <li>Product is a 'must have' to compete</li> </ul>
MASS GENERAL BRIGHAM ADVANTAGE SECURE (HMO-POS): \$52 Premium	<ul> <li>Appeals to skeptics of \$0 premium products</li> <li>Physician referrals are not required</li> <li>Designed to optimize value for MGB</li> </ul>
MASS GENERAL BRIGHAM ADVANTAGE PREMIER (PPO): \$140 Premium	<ul> <li>Offers freedom to see any provider</li> <li>Low out of pocket costs with the added benefits of Part D</li> <li>Enhanced supplemental benefit levels</li> </ul>
MASS GENERAL BRIGHAM ADVANTAGE SIGNATURE (PPO): \$299 Premium	<ul> <li>Appeals to the Medicare Supplement User</li> <li>\$0 Cost Share In/Out of Network</li> <li>No MOOP</li> </ul>



# Seven county service area includes 1.1 million Medicare eligible individuals

# Our plans are offered in select Massachusetts counties:



County	Medicare Eligibles	MA Enrolled	MA Penetration
Bristol	130,512	50,173	38.44%
Dukes	5,557	350	6.30%
Essex	173,997	61,300	35.23%
Middlesex	294,244	101,159	34.38%
Nantucket	2,265	131	5.78%
Norfolk	145,313	46,612	32.08%
Plymouth	125,638	39,225	31.22%
Suffolk	111,573	47,563	42.63%
Worcester	174,117	76,813	44.12%



<sup>\*</sup> New for 2025

## New plan for 2025: Mass General Brigham Advantage Signature (PPO) \$299 monthly premium

One monthly price, no surprise bills. Zero never looked so good.

- \$299 monthly premium
- \$0 PCP copays
- \$0 Specialist copays
- \$0 Inpatient hospital stays
- \$0 Outpatient surgery
- \$0 X-rays





# Plan Details



### Medicare Advantage Accumulators

- No medical deductible on any plan
- No pharmacy deductible on any plan
- All plans have a maximum out of pocket except the Signature plan.
  - In network cost sharing accumulates to both in and out of network but out of network cost sharing applies only to the out of network MOOP
  - Not all cost sharing applies to the MOOP pharmacy costs do not apply nor does any cost sharing for supplemental benefits

	MGB Advantage Secure (HMO-POS)		MGB Advantage (PPO)		MGB Advantage Premier (PPO)		MGB Advantage Signature (PPO)	
		Out of		Out of		Out of	In	Out of
	In-Network	Network	In-Network	Network	In-Network	Network	Network	Network
MOOP	\$3,350	\$7,000	\$5,500	\$9,550	\$3,150	\$5,450	\$0	\$0
Rx Deductible	N/A		N/A		N/A		N/A	



### Medical Product Overview – PCP and Specialist visits

- In-network PCP and Specialist cost sharing is low in all plans.
  - Limit financial barriers to access
  - Encourage preventive / primary care

		MGB Advantage Secure (HMO-POS) MGB Advantage (PPO)			dvantage er (PPO)	MGB Advantage Signature (PPO)		
	In- Network	Out of Network	In- Network	Out of Network	In- Network	Out of Network	In-Network	Out of Network
PCP	\$0	\$20	\$0	\$20	\$0	\$10	\$0	\$0
Specialist	\$45	\$50	\$50	\$65	\$25	\$40	\$0	\$0



# Medical Product Overview - Emergency, Urgent Care and Emergency Ambulance

- Cost sharing for these benefits is the same in-network and out of network
- Prudent layperson rules apply
- Our plans allow for worldwide coverage of emergency room, urgent care and emergency ambulance –
   this is above and beyond what Medicare covers

	MGB Advantage Secure (HMO-POS)		MGB Advantage (PPO)		MGB Advantage Premier (PPO)		MGB Advantage Signature (PPO)	
		Out of		Out of		Out of		Out of
	In-Network	Network	In-Network	Network	In-Network	Network	In-Network	Network
Emergency	\$105		\$90		\$90		\$0	
Urgent Care	\$50		\$50		\$30		\$0	
Emergency Ambulance	\$200		\$275		\$200		\$0	



## Product Overview – Inpatient Hospital

- Inpatient hospitalization for medical services is unlimited.
- Inpatient hospitalization for psychiatric services differs based on place of service. Care in a psychiatric hospital follows the original Medicare rules 190-day lifetime limit

		e Secure (HMO- DS)		ntage (PPO)	MGB Advantag	e Premier (PPO)		age Signature PO)
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
General	\$250 copay per	30%	\$350 copay per	30%	\$150 copay per	20%	\$0	\$0
Hospital	day for days 1-5	coinsurance	day for days 1-5	coinsurance	day for days 1-3	coinsurance		
	\$0 copay per	per admission	\$0 copay per	per admission	\$0 copay per	per admission		
	day for days 6+		day for days 6+		day for days 4+			
Psychiatric	\$250 copay per	30%	\$350 copay per	30%	\$150 copay per	20%	\$0	\$0
Department of	day for days 1-5	coinsurance	day for days 1-5	coinsurance	day for days 1-3	coinsurance		
General	\$0 copay per	per admission	\$0 copay per	per admission	\$0 copay per	per admission		
Hospital	day for days 6+		day for days 6+		day for days 4+			
Psychiatric	\$250 days 1-5	30%	\$350 days 1-5	30%	\$150 days 1-3;	20%	\$0	\$0
Hospital	\$0 days 6-90	coinsurance	\$0 days 6-90	coinsurance	\$0 days 4-90	coinsurance		
(190-day	then \$0 during	per admission	then \$0 during	per admission	then \$0 during	per admission		
lifetime limit,	CMS Lifetime		CMS Lifetime		CMS Lifetime			
then not	Reserve Days		Reserve Days		Reserve Days			
covered)	(60)		(60)		(60)			



## Product Overview – Skilled Nursing Facility

- Our plans do not require the three-day hospital stay that original Medicare requires
- We do follow the Medicare standard 100 days per benefit period

	MGB Advantage Secure (HMO-POS)		MGB Advantage (PPO)		MGB Advantage Premier (PPO)		MGB Advantage Signature (PPO)	
		Out of		Out of		Out of		Out of
	In-Network	Network	In-Network	Network	In-Network	Network	In-Network	Network
Skilled	\$0 copay per	30%	\$0 copay per	30%	\$0 copay per	20%	\$0	\$0
Nursing	day days 1-	coinsurance	day days 1-	coinsurance	day days 1-	coinsurance		
Facility	20	per	20	per	20	per		
	\$160 copay	admission	\$160 copay	admission	\$160 copay	admission		
	per day days		per day days		per day days			
	21-44		21-44		21-44			
	\$0 copay per		\$0 copay per		\$0 copay per			
	day days 45-		day days 45-		day days 45-			
	100		100		100			



## Product Overview – Outpatient Hospital, Ambulatory Surgical Center (ASC), Observation

	MGB Advantage Secure (HMO-POS)		MGB Advantage (PPO)		MGB Advantage Premier (PPO)		MGB Advantage Signature (PPO)	
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network	\$0	\$0
Outpatient Hospital	\$0 - 200 copay	30% coinsurance	\$0 - 300 copay	40% coinsurance	\$0 -125 copay	20% coinsurance	\$0	\$0
ASC	\$0 - 200 copay	30% coinsurance	\$0 - 300 copay	40% coinsurance	\$0 -125 copay	20% coinsurance	\$0	\$0
Observation	\$0 copay	30% coinsurance	\$0 copay	40% coinsurance	\$0 copay	20% coinsurance	\$0	\$0



# Product Overview – Lab and Radiology

	MGB Advantage Secure (HMO-POS)		MGB Advantage (PPO)		MGB Advantage Premier (PPO)		MGB Advantage Signature (PPO)	
		Out of		Out of		Out of		Out of
	In-Network	Network	In-Network	Network	In-Network	Network	In-Network	Network
		20%		40%				
Lab	\$0 copay	coinsurance	\$0 copay	coinsurance	\$0 copay	\$10 copay	\$0	\$0
		20%		40%				
X-ray	\$10 copay	coinsurance	\$15 copay	coinsurance	\$0 copay	\$10 copay	\$0	\$0
CT Scans,								
MRIs, PET	\$75 - 160	20%	\$75 - 160	40%	\$75 - 150	20%		
Scans	copay	coinsurance	copay	coinsurance	copay	coinsurance	\$0	\$0



# Product Overview – Outpatient Therapies

	MGB Advantage Secure (HMO-POS)		MGB Advantage (PPO)		MGB Advantage Premier (PPO)		MGB Advantage Signature (PPO)	
	In-	Out of		Out of		Out of		
	Network	Network	In-Network	Network	In-Network	Network	\$0	\$0
Outpatient physical, occupational and speech therapy	\$15 copay	\$50 copay	\$40 copay	\$65 copay	\$20 copay	\$40 copay	\$0	\$0
	сорау	250 copay	740 copay	Jos copay	720 copay	540 copay	ŞŪ	ŞŪ
Medicare- covered chiropractic	\$15							
services	copay	\$50 copay	\$15 copay	\$65 copay	\$20 copay	\$40 copay	\$0	\$0



# Plan Details – Part D Prescription Coverage



### Part D benefit structure

	MASS GENERAL BRIGHAM ADVANTAGE (PPO)	MASS GENERAL BRIGHAM ADVANTAGE SECURE (HMO-POS)	MASS GENERAL BRIGHAM ADVANTAGE PREMIER (PPO)	MAS GENERAL BRIGHAM ADVANTAGE Signature (PPO)
Deductible	No Deductible	No Deductible	No Deductible	No Deductible
Tier 1 Preferred Generic	\$0	\$0	\$0	\$0
Tier 2 Generic	\$5	\$5	\$5	\$5
Tier 3 Preferred Brand	\$47	\$47	\$47	\$47
Tier 4 Non-Preferred Drugs	\$100	\$100	\$100	\$100
Tier 5 Specialty Tier	33%	33%	33%	33%

90-day fill has changed to 100-day fill for 2025!



# Supplemental Benefits



# Overview of Mass General Brigham Medicare Advantage supplemental benefits

Benefit	Vendor	MASS GENERAL BRIGHAM ADVANTAGE (PPO)	MASS GENERAL BRIGHAM ADVANTAGE SECURE (HMO-POS)	MASS GENERAL BRIGHAM ADVANTAGE PREMIER (PPO)	MASS GENERAL BRIGHAM ADVANTAGE Signature (PPO)
Routine and Comprehensive Dental	DentaQuest	\$1,500	\$2,000	\$2,500	\$3,000
Routine Eye Exams and Eyewear	EyeMed	\$0 / \$200	\$0 / \$250	\$0 /\$300	\$0/\$300
Routine Hearing Exams and Hearing Aids	TruHearing	\$0 / \$699-\$999	\$0 / \$699-\$999	\$0 / \$699-\$999	\$0/\$699-\$999
OTC Drugs and Supplies (FLEX CARD)	Convey Health Solutions	\$85/quarter	\$95/quarter	\$120/quarter	\$130/quarter
Post-Discharge Meals	Community Servings	Up to 10 meals per week for 2 weeks	Up to 10 meals per week for 2 weeks	Up to 10 meals per week for 2 weeks	Up to 10 meals per week for 2 weeks
Fitness, Weight Loss & Hearing Aide Reimbursement (FLEX CARD)	Convey Health Solutions	\$450/annually	\$450/annually	\$450/annually	\$450/annually
Worldwide Emergency/Urgent/Ambulance	N/A	\$90/\$50/\$275	\$105/\$50/\$200	\$90/\$30/\$200	\$0/\$0/\$0
Annual Physical Exam	N/A	✓	✓	✓	<b>✓</b>
Waiver of First 3 Pints of Blood Deductible	N/A	✓	✓	✓	<b>✓</b>
Additional Inpatient Acute Days	N/A	✓	✓	✓	✓
Transportation (FLEXCARD)	Convey Health Solutions	\$120/quarter	\$120/quarter	\$120/quarter	\$120/quarter



### Flexible Benefit Card – new for 2025!!

#### **Over-the-counter benefits**

Members have a quarterly allowance that's applied to their card that will help cover the cost of over-the-counter drugs and other health-related pharmacy products. Members can also use their allowance to purchase vitamins, cold remedies, and other health products easily online, by phone or mail, or at participating retail locations.

Here's your new



Flexible Benefit Mastercard®!

# Wellness benefits: Fitness, weight loss, and hearing aids

Members have a **combined** annual allowance that's applied to their card to help them stay healthy and maintain their physical well-being.

- They may use it towards covering the cost of their prescription hearing aids.
- They may use it for participation in a qualified weight loss program at hospitals and non-hospital based multi-session weight loss programs.
- They may use the card at health clubs, such as YMCA or community fitness centers and may also use it to purchase home fitness equipment or activity trackers from a retail sporting goods store.

#### **Transportation to medical visit**

Members have a quarterly allowance applied to their card that will help cover costs for nonemergent transportation, like taxis, public transportation, or rideshare (Uber, Lyft) to medical visits.

Benefit must be used per plan description where Mastercard® is accepted!



## Supplemental dental benefit offered through DentaQuest

#### Covered benefits at a \$0 copay:

- Covered preventive services per calendar year:
  - 2 cleanings
  - 2 set of x-rays
  - 2 oral evaluation visits
  - 2 fluoride treatments

#### Calendar-year maximum benefit amounts:

- Mass General Brigham Advantage (PPO): \$1,500
- Mass General Brigham Advantage Secure (HMO-POS): \$2,000
- Mass General Brigham Advantage Premier (PPO): \$2,500
- Mass General Brigham Advantage Signature (PPO): \$3,000

Covered comprehensive services up to the plan-specific calendar year maximum benefit amount:

- Restorative services e.g., crowns, fillings
- Endodontics services e.g., root canals
- Periodontal services e.g., treatment for gum disease
- Prosthodontic services e.g., dentures
- Oral and Maxillofacial Services e.g., tooth extraction



### Supplemental vision benefit offered through EyeMed

- All of our Medicare Advantage plans include a supplemental vision benefit
  - Members may receive 1 routine vision exam through a EyeMed provider per calendar year at a \$0 copay
  - \$40 member reimbursement for OON routine vision exams
  - Each plan includes an allowance for prescription eyeglasses or contact lenses per calendar year

Mass General Brigham Advantage (PPO)	Mass General Brigham Advantage Secure (HMO-POS)	Advantage Premier	Mass General Brigham Advantage Signature (PPO)
\$200	\$250	\$300	\$300



## Supplemental hearing benefit offered through TruHearing

How does the benefit work?

- TruHearing Advanced hearing aids:
  - \$699 copay per aid
- TruHearing Premium hearing aids:
  - \$999 copay per aid
- Initial routine hearing exam:
  - \$0 copay in network
- Members are eligible to receive 2 hearing aids every year (most will replace every 3 years).
- Specific copay levels for the exam and hearing aids can be found in the member's Evidence of Coverage and will also be communicated when they call TruHearing

Hearing aids cost an average of \$4,672/pair and members save an average of \$2,642/pair with TruHearing



### TruHearing member experience

# Step 1: Member calls TruHearing:

Member will speak with a TruHearing Hearing Consultant who will

- Verify eligibility
- Explain the program
- Schedule an exam with a local TruHearing provider
- Send an appointment confirmation
- Call with a reminder the day before the appointment

#### Step 2: Member visits a TruHearing network provider for a hearing

At the TruHearing provider's office

- Member receives an audiogram
- Provider asks questions about social life, activity levels, hobbies, and more
- Provider and member discuss options:
  - Technology
  - Style

exam

- Color
- Price
- Provider orders hearing aids from TruHearing
- Member sets follow-up appointment for fitting

# Step 3: Member attends fitting

appointment at the TruHearing provider's office:

- Provider programs aids according to findings on audiogram prior to appointment
- Provider fits aids to member
- Provider trains member on all aspects of use and care:
  - Adjustments
  - Cleaning
  - Changing of batteries o Storage
  - Installation and functionality of TruHearing app



# Supplemental benefit for post-inpatient meals through Community Servings

#### **Meal Programs**

Member are eligible for 20 meals over a 10-day period. Community Servings delivers five days' worth of food each week in one weekly meal delivery. Weekly meals include five (5) lunches (combination of soups, stews, salads), five (5) dinner entrees, milk, fruit, desserts, and snacks.

The medically tailored meals provide roughly 2/3 of a member's daily caloric needs (about 1,340 calories) based on a 2,000 calorie per day diet. There are fifteen (15) different meal selections to choose from:

- Cardiac
- Diabetic
- High Calorie/Protein
- Low Fiber
- Low Lactose
- Mild (low in spice & acid)
- No Fish
- No Nuts

- No Red Meat
- Pescatarian
- Renal
- Soft
- Vegetarian
- Wellness



## 2024 to 2025 Benefit Improvements

Existing Plan(s)	Benefit	2024 Was	2025 Will be
MGB Advantage PPO (\$0 Premium)	Annual Maximum Out of Pocket (MOOP) In Network/Out of Network	\$6400/9700	\$5500/9550
All	Dental Benefit Vendor	Liberty	DentaQuest
All	Flex Card annual amount to use toward Fitness Equipment, Weight Loss, Hearing Aids; addition of a Transportation	N/A some of the listed benefits were available through a reimbursement process	NEW through Convey
All	Prescription Supply (in pharmacy or mail order)	90 days	100 days
All	Over the Counter (OTC) items	Web/Catalog only	In-Store/Web/Catalog
All	Wigs for Chemotherapy (\$350)	Not Covered	Covered
All	Specialist Copays	\$20-45	\$25-50
All	Inpatient Hospital & Mental Health	\$125-335	\$150-350
\$0 PPO	Inpatient Hospital & Mental Health & Skilled Nursing Facility (SNF)	40% OON	30% OON
All	Prescription Copays (30 day supplyshown; see next slide for changes to all supply timeframes)	0/3/37/100/33%	0/5/47/100/33%



# **Network Information**



County	PAR Hospitals	Non-Par Hospitals
Bristol	<ul><li>Steward Health Care:</li><li>Saint Anne's Hospital</li><li>Morton Hospital</li></ul>	<ul> <li>SouthCoast Health</li> <li>Charlton Memorial</li> <li>St. Luke's Hospital</li> <li>Sturdy</li> <li>Sturdy Memorial Hospital</li> </ul>
Plymouth	<ul> <li>Signature Health:</li> <li>Signature Healthcare Brockton Hospital</li> <li>Steward Health Care:</li> <li>Good Samaritan Medical Center</li> </ul>	<ul> <li>Beth Israel Lahey:</li> <li>Beth Israel Deaconess Hospital- Plymouth</li> <li>Southcoast Hospitals</li> <li>Tobey Hospital</li> </ul>



County	PAR Hospitals	Non-Par Hospitals
Suffolk	<ul> <li>Mass General Brigham:         <ul> <li>Brigham And Women's Faulkner Hospital</li> <li>Brigham And Women's Hospital</li> </ul> </li> <li>Massachusetts Eye And Ear Infirmary</li> <li>Massachusetts General Hospital</li> <li>Dana-Farber:         <ul> <li>Dana-Farber Cancer Institute</li> </ul> </li> <li>Steward Health Care:         <ul> <li>Carney Hospital</li> <li>St. Elizabeth's Medical Center</li> </ul> </li> </ul>	<ul> <li>Beth Israel Lahey</li> <li>Beth Israel Deaconess Medical Center</li> <li>New England Baptist Hospital</li> <li>Boston Medical Center</li> <li>Boston Medical Center</li> <li>Tufts Medicine (formerly Wellforce)</li> <li>Tufts Medical Center</li> </ul>



County	PAR Hospitals	Non-Par Hospitals
Worcester	<ul> <li>Heywood Health:</li> <li>Athol Memorial Hospital</li> <li>Heywood Hospital</li> <li>Milford Regional:</li> <li>Milford Regional Medical Center</li> <li>UMASS Memorial Health:</li> <li>Burbank Hospital</li> <li>UMASS Memorial – Health Alliance – Clinton Hospital</li> <li>UMASS Memorial Health Alliance – Leominster Hospital</li> <li>UMASS Memorial Medical Center – Memorial and University Campus</li> <li>Harrington Memorial Hospital</li> </ul>	Tenet Health Care  • Saint Vincent Hospital



County	PAR Hospitals	Non-Par Hospitals
Middlesex	<ul> <li>Mass General Brigham:</li> <li>Newton-Wellesley Hospital</li> <li>Emerson Hospital:</li> <li>Emerson Hospital</li> <li>Steward Health Care:</li> <li>Nashoba Valley Medical Center</li> <li>UMASS Memorial Health:</li> <li>Marlborough Hospital</li> </ul>	<ul> <li>Tufts Medicine (formerly Wellforce)</li> <li>Lawrence Memorial Hospital Of Medford</li> <li>Melrose-Wakefield Hospital</li> <li>Lowell General - Saints Campus</li> <li>Lowell General Hospital</li> </ul> Tenet Health Care <ul> <li>MetroWest Medical Center</li> <li>MetroWest Medical Center-Leonard Morse Campus</li> </ul> Beth Israel Lahey <ul> <li>Lahey Hospital &amp; Medical Center</li> <li>Mount Auburn Hospital</li> <li>Winchester Hospital</li> </ul> Cambridge Health Alliance <ul> <li>CHA Cambridge Hospital</li> <li>CHA Everett Hospital</li> <li>CHA Somerville Hospital</li> </ul>



County	PAR Hospitals	Non-Par Hospitals
Norfolk	<ul> <li>South Shore Health:</li> <li>South Shore Hospital</li> <li>Steward Health Care:</li> <li>Steward Norwood Hospital (Temporarily Closed)</li> </ul>	<ul> <li>Beth Israel Lahey:</li> <li>Beth Israel Deaconess Hospital- Milton</li> <li>Beth Israel Deaconess Hospital-Needham</li> </ul>
Essex	<ul> <li>Mass General Brigham:         <ul> <li>North Shore Medical Center - Salem Campus</li> </ul> </li> <li>Steward Health Care:         <ul> <li>Steward Holy Family Hospital (Haverhill)</li> <li>Steward Holy Family Hospital, Inc</li> </ul> </li> <li>Lawrence General Hospital:         <ul> <li>Lawrence General Hospital</li> </ul> </li> </ul>	<ul> <li>Beth Israel Lahey:</li> <li>Addison Gilbert Hospital     Anna Jaques Hospital     Beverly Hospital     Lahey Medical Center - Peabody</li> </ul>



