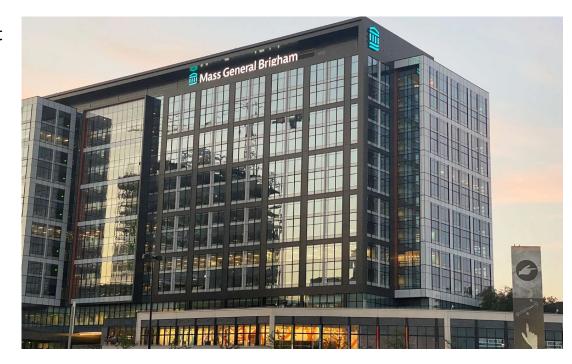


2026 Medicare Advantage Product Training

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...

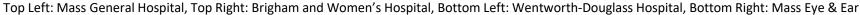
- Brigham and Women's Hospital
- Massachusetts General Hospital
- Mass General Brigham Health Plan
- Brigham and Women's Faulkner Hospital
- Community Physicians Organization
- Cooley Dickenson Hospital
- Martha's Vineyard Hospital
- Mass Eye & Ear
- Mass General Brigham Home Care
- MGH Institute of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













Mass General Brigham Advantage Plans

Plan	Rationale
MASS GENERAL BRIGHAM ADVANTAGE (PPO): \$0 Premium	 Majority of growth in local market is in \$0 premium, PPO plans Product is a 'must have' to compete
MASS GENERAL BRIGHAM ADVANTAGE SECURE (HMO-POS): \$62 Premium	 Appeals to skeptics of \$0 premium products Physician referrals are not required Designed to optimize value for MGB
MASS GENERAL BRIGHAM ADVANTAGE PREMIER (PPO): \$150 Premium	 Offers freedom to see any provider Low out of pocket costs with the added benefits of Part D Enhanced supplemental benefit levels
MASS GENERAL BRIGHAM ADVANTAGE SIGNATURE (PPO): \$325 Premium	 Appeals to the Medicare Supplement User 0\$ Cost Share In/Out of Network No MOOP



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 Rate
Bristol	125,589	37,868	30.15%
Essex	166,118	51,355	30.91%
Middlesex	281,516	87,643	31.13%
Norfolk	137,956	38,626	28.00%
Plymouth	118,553	30,683	25.88%
Suffolk	108,784	40,675	37.39%
Worcester	165,149	66,619	40.34%
TOTAL	1,103,665	353,469	32%



Back for 2026: Mass General Brigham Advantage Signature (PPO) \$325 monthly premium

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

- \$325 monthly premium
- \$0 PCP copays
- \$0 Specialist copays
- \$0 Inpatient hospital stays
- \$0 Outpatient surgery
- \$0 X-rays



NOTE: SS Deduction option is not available for Signature Plan 2026. SSA does not allow deductions > \$300



Plan Details



Medicare Advantage Accumulators

- No medical deductible on any plan
- All plans have a maximum out of pocket, not including the Signature
 - 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 (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
МООР	\$3,350	\$7,000	\$5,500	\$9,500	\$3,150	\$5,450	\$0	\$0
Rx Deductible	\$350		\$350		\$350	\$3	50	



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)		MGB Advantage Premier (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. New for 2026: \$50,000 cap on emergency services
 while traveling

	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	\$130		\$130		\$150		\$0	
Urgent Care	\$50		\$50		\$30		\$0	
Emergency Ambulance	\$300		\$330		\$300		\$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

	MGB Advantage Secure (HMO POS)				MGB Advantage Premier (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
General Hospital	\$250 copay per day for days 1-5 \$0 copay per day for days 6+	3 U%	\$350 copay per day for days 1-5 \$0 copay per day for days 6+	coinsurance	\$150 copay per day for days 1-3 \$0 copay per day for days 4+	coinsurance	\$0	\$0
Department of General	\$250 copay per day for days 1-5 \$0 copay per day for days 6+	coinsurance	\$350 copay per day for days 1-5 \$0 copay per day for days 6+	coinsurance	\$150 copay per day for days 1-3 \$0 copay per day for days 4+	coinsurance	\$0	\$0
Psychiatric Hospital (190-day lifetime limit, then not covered)	\$250 days 1-5; \$0 days 6-90 then \$0 during CMS Lifetime Reserve Days (60)	30% coinsurance per admission	\$350 days 1-5; \$0 days 7-90 then \$0 during CMS Lifetime Reserve Days (60)	40% coinsurance per admission	\$150 days 1-3; \$0 days 4-90 then \$0 during CMS Lifetime Reserve Days (60)	20% coinsurance per admission	\$0	\$0



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)	
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Lab	\$0 copay	20% coinsurance	\$0 copay	40% coinsurance	\$0 copay	\$10 copay	\$0	\$0
X-ray	\$10 copay	20% coinsurance	\$15 copay	40% coinsurance	\$0 copay	\$10 copay	\$0	\$0
CT Scans, MRIs, PET Scans	\$160 copay	20% coinsurance	\$160 copay	40% coinsurance	\$150 copay	20% 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	\$350 Tiers 3-5*	\$350 Tiers 3-5*	\$350 Tiers 3-5*	\$350 Tiers 3-5*
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	25%	25%	25%	25%
Tier 5 Specialty Tier	29%	29%	29%	29%

^{*}Rx deductible does not apply to covered insulin products and most adult Part D vaccines.



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	\$0 / \$1,500	\$0 / \$2,000	\$0 / \$2,500	\$0/ \$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 (Flexible Benefit Card)	Convey Health Solutions	\$65/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, and hearing aids allowance (Flexible Benefit Card)	Convey Health Solutions	\$450	\$450	\$450	\$450
Worldwide emergency/urgent/ambulance	N/A	\$130/\$50/\$330	\$130/\$50/\$300	\$150/\$30/\$300	\$0/\$0/\$0
Annual physical exam	N/A	✓	✓	✓	✓
Nurse advice line	Amalgamated Benefits	✓	✓	✓	✓
Waiver of first 3 pints of blood deductible	N/A	✓	✓	✓	✓
Additional inpatient acute days	N/A	✓	✓	✓	✓
Transportation (Flexible Benefit Card)	Convey Health Solutions	\$120/quarter	\$120/quarter	\$120/quarter	\$120/quarter

Supplemental dental benefit offered through Dentaquest (In Network)

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

OON Dental Services: 20% co-insurance for comprehensive services, and whether Preventative or Comprehensive, all services are subject to balance billing.



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 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

provider's office:

- 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



Network Information



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

Atrius does not accept any MGBHP Plans



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



County	PAR Hospitals	Non-Par Hospitals
Reliant Medical does not take MGBHP Med Adv at all. (in/out Network) UMASS Specialists are INN, PCP's are OON	 Heywood Health: Athol Memorial Hospital Heywood Hospital Milford Regional: Milford Regional Medical Center UMASS Memorial Health: Burbank Hospital UMASS Memorial – Health Alliance – Clinton Hospital UMASS Memorial Health Alliance – Leominster Hospital UMASS Memorial Medical Center – Memorial and University Campus Harrington Memorial Hospital 	Tenet Health Care • Saint Vincent Hospital



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



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

^{*} Pending process of how facilities navigate current unknown landscape



