2027 Summary of Benefits

Health New England Medicare Advantage HMO Plans without Part D Prescription Drug Coverage:

Health New England Medicare Premium No RX (HMO)
Health New England Medicare Basic No RX (HMO)

January 1, 2027 – December 31, 2027

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The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of covered services, please visit www.healthnewengland.org/medicare to view the *Evidence of Coverage*. You can also request a printed copy by calling Member Services at 1-877-443-3314 (TTY: 711), 8:00 a.m. – 8:00 p.m. ET, 7 days a week from October 1st to March 31st and Monday-Friday from April 1st to September 30th.

You have choices about how to get your Medicare benefits

- One choice is to 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 Health New England Medicare Premium No Rx (HMO) and Health New England Medicare Basic No Rx (HMO)).

Tips for comparing your Medicare choices

This *Summary of Benefits* booklet gives you a summary of what Health New England Medicare Premium No Rx (HMO) and Health New England Medicare Basic No Rx (HMO) covers and what you pay.

- If you want to compare our plan with other Medicare health plans, the Medicare Plan Finder on http://www.medicare.gov is the official, searchable tool that allows users to shop and compare Medicare health and drug plans.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at http://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.

Sections in this booklet

- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Inpatient and Outpatient Care and Services
- Additional Services

Our plan has free interpreter services available to answer questions from non-English speaking members. We can also give you information in languages other than English including braille, in large print, or other alternate formats that's accessible and appropriate for you.
For additional information, call us at 1-877-443-3314 (TTY: 711).

Things to Know About Health New England Medicare Premium No Rx (HMO) and Health New England Medicare Basic No Rx (HMO)

Hours of Operation

- From October 1 to March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.
- From April 1 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

Health New England Medicare Premium No Rx (HMO) and Health New England Medicare Basic No Rx (HMO) Phone Numbers and Website

- Questions, call us at (413)787-0010, toll free (877)443-3314 or TTY: 711.
- Our website: www.healthnewengland.org/medicare

Who can join?

To join Health New England Medicare Premium No Rx (HMO) and Health New England Medicare Basic No Rx (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. The service area for the plans described in this document include the following counties in Massachusetts: **Berkshire, Franklin, Hampden and Hampshire.**

Which doctors and hospitals can I use?

Health New England Medicare Premium No Rx (HMO) and Health New England Medicare Basic No Rx (HMO) plans use a network of doctors, hospitals, and other providers. **If you go to providers outside of this network, the plan may not cover the cost of those services, and you may pay more.**

You can check which providers are in-network by

visiting: **www.healthnewengland.org/medicare**

- Or, call the plan to **request a printed provide directory.**

What do we cover?

We cover everything that Original Medicare covers – and *more*.

- Our plan members get all the benefits covered by Original Medicare. For some of these benefits, you may pay less in our plans than you would in Original Medicare. For others, you may pay more.
- Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

If you have any questions about this plan's benefits or costs, please contact Health New England Medicare Advantage for details at (413)787-0010, toll free (877)443-3314 or TTY: 711.

SUMMARY OF BENEFITS	Health New England Medicare Premium No Rx (HMO)	Health New England Medicare Basic No Rx (HMO)
Monthly Plan Premium	$44 per month. In addition, you must keep paying your Medicare Part B premium.	$0 per month. In addition, you must keep paying your Medicare Part B premium.
Deductible	This plan does not have a medical deductible.	This plan does not have a medical deductible.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	Your yearly limit(s) in this plan: • $4,500 for services you receive from in-network providers. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums.	Your yearly limit(s) in this plan: • $5,500 for services you receive from in-network providers. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums.
INPATIENT AND OUTPATIENT CARE AND SERVICES		
Inpatient Hospital Coverage	Our plan covers an unlimited number of days for an inpatient hospital stay. • $150 copay per day for Days 1 through 6 per admission. • You pay nothing per day for Days 7 through 90 per admission.	Our plan covers an unlimited number of days for an inpatient hospital stay. • $300 copay per day for Days 1 through 6 per admission. • You pay nothing per day for Days 7 through 90 per admission.

SUMMARY OF BENEFITS	Health New England Medicare Premium No Rx (HMO)	Health New England Medicare Basic No Rx (HMO)
Outpatient Hospital Coverage[1]	$0-$200 copay, depending on the service. The copay range for Outpatient Hospital Services describes the varying cost share based on the services provided. The minimum copay applies to services related to the monitoring of Coumadin treatment. The maximum copay applies to all other outpatient hospital services.	$0-$450 copay, depending on the service. The copay range for Outpatient Hospital Services describes the varying cost share based on the services provided. The minimum copay applies to services related to the monitoring of Coumadin treatment. The maximum copay applies to all other outpatient hospital services.
Ambulatory Surgical Center (ASC)[1]	$100 copay	$225 copay
Doctor Visits	Primary Care Providers: You pay nothing Specialists: $20 copay No referral required for network doctors, specialists, and hospitals.	Primary Care Providers: $15 copay Specialists: $40 copay No referral required for network doctors, specialists, and hospitals.
Preventive Care	You pay nothing for preventive services covered under Original Medicare at zero cost sharing. Any additional preventive services approved by Medicare during the contract year will be covered.	You pay nothing for preventive services covered under Original Medicare at zero cost sharing. Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	$130 copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. Includes worldwide coverage.	$130 copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. Includes worldwide coverage.
Urgently Needed Services	$50 copay Includes worldwide coverage.	$50 copay Includes worldwide coverage.
Diagnostic Services/Labs/Imaging ***(Costs for these services may be***	Diagnostic tests and procedures: You pay nothing Lab services: You pay nothing	Diagnostic tests and procedures: You pay nothing Lab services: You pay nothing

SUMMARY OF BENEFITS	Health New England Medicare Premium No Rx (HMO)	Health New England Medicare Basic No Rx (HMO)
different if received in an outpatient surgery setting)[1]	Outpatient x-rays: $20 copay Diagnostic imaging (CT Scans, MRIs, MRAs, PET Scans, sleep studies, nuclear cardiology)[1]: $175 copay	Outpatient x-rays: $30 copay Diagnostic imaging (CT Scans, MRIs, MRAs, PET Scans, sleep studies, nuclear cardiology)[1]: $275 copay
Hearing Services **Hearing Aids - NationsHearing®**	Exam to diagnose and treat hearing and balance issues: $20 copay One routine hearing exam every year: $0 copay $499 copay per aid for Standard Aids $699 copay per aid for Advanced Aids $999 copay per aid for Premium Aids Up to two Hearing Aids every year (one per ear, per year). For more information on how to use your NationsHearing® benefit, please visit hne.nationsbenefits.com/hearing or refer to your plan materials and Evidence of Coverage (EOC) for more details.	Exam to diagnose and treat hearing and balance issues: $40 copay One routine hearing exam every year: $0 copay $499 copay per aid for Standard Aids $699 copay per aid for Advanced Aids $999 copay per aid for Premium Aids Up to two Hearing Aids every year (one per ear, per year). For more information on how to use your NationsHearing® benefit, please visit hne.nationsbenefits.com/hearing or refer to your plan materials and Evidence of Coverage (EOC) for more details.
Dental Services[1]	Limited dental services (dental care required to treat illness or injury): $20-$200 copay, depending on the service. The minimum copay is for a Specialist visit, and the maximum is for Outpatient Surgery. Our plan has a $2,000 annual allowance for Dental Benefits through NationsBenefits®. See the *"Additional Services - Additional Benefits Card"* below for more information.	Limited dental services (dental care required to treat illness or injury): $40-$450 copay, depending on the service. The minimum copay is for a Specialist visit, and the maximum is for Outpatient Surgery. Our plan has a $1,500 annual allowance for Dental Benefits through NationsBenefits®. See the *"Additional Services - Additional Benefits Card"* below for more information.
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): • $20 copay	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): • $40 copay

SUMMARY OF BENEFITS	Health New England Medicare Premium No Rx (HMO)	Health New England Medicare Basic No Rx (HMO)
	Routine eye exam (for up to 1 every year): You pay nothing. Our plan pays up to $200 every two years for prescription eyewear. For more information on how to use your EyeMed® benefit, visit eyemedvisioncare.com/hne or refer to your plan materials and Evidence of Coverage (EOC) for more details.	Routine eye exam (for up to 1 every year): You pay nothing. Our plan pays up to $200 every two years for prescription eyewear. For more information on how to use your EyeMed® benefit, visit eyemedvisioncare.com/hne or refer to your plan materials and Evidence of Coverage (EOC) for more details.
Mental Health Care[1]	Inpatient visit: • $150 copay per day for Days 1 through 6 per admission. • You pay nothing per day for Days 7 through 90 per admission. Outpatient group therapy visit: • $20 copay Outpatient individual therapy visit: • $20 copay Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.	Inpatient visit: • $300 copay per day for Days 1 through 6 per admission. • You pay nothing per day for Days 7 through 90 per admission. Outpatient group therapy visit: • $40 copay Outpatient individual therapy visit: • $40 copay Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.
ADDITIONAL SERVICES		
Additional Benefits Card	Our plan gives you access to a variety of additional benefits designed to support your overall well-being, through NationsBenefits®. You will receive a Benefits Mastercard® Prepaid Card from NationsBenefits® pre-loaded with your annual Dental allowance, and Wellness allowance. Use this card for dental services, fitness activities, weight management programs, acupuncture, an	Our plan gives you access to a variety of additional benefits designed to support your overall well-being, through NationsBenefits®. You will receive a Benefits Mastercard® Prepaid Card from NationsBenefits® pre-loaded with your annual Dental allowance, and Wellness allowance. Use this card for dental services, fitness activities, weight management programs, acupuncture, an

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	activity tracker, and plan-approved health-related transportation. For over-the-counter (OTC) care items, funds are uploaded quarterly, and expire at the end of each quarter (see *Over-the-Counter (OTC) Care* below for more information). Please refer to your plan materials and Evidence of Coverage (EOC) for more details. Allowance amounts for this plan are: $150 annually for Wellness $2,000 annually for Dental Services	activity tracker, and plan-approved health-related transportation. For over-the-counter (OTC) care items, funds are uploaded quarterly, and expire at the end of each quarter (see *Over-the-Counter (OTC) Care* below for more information). Please refer to your plan materials and Evidence of Coverage (EOC) for more details. Allowance amounts for this plan are: $150 annually for Wellness $1,500 annually for Dental Services
Ambulance[1] (Ground & Air)	$340 copay Ambulance transportation limited to Medicare-covered medically necessary ambulance services. Chair vans are not covered. Authorization required for non-emergency Medicare services.	$340 copay Ambulance transportation limited to Medicare-covered medically necessary ambulance services. Chair vans are not covered. Authorization required for non-emergency Medicare services.
Chiropractic Care	$15 copay Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position).	$15 copay Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position).
Home Health Care[1]	You pay nothing	You pay nothing
Hospice	Our plan covers hospice consultation services (one time only) for a terminally ill person who hasn't elected the hospice benefit[1]: $0 copay You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.	Our plan covers hospice consultation services (one time only) for a terminally ill person who hasn't elected the hospice benefit[1]: $0 copay You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.
Meal Benefit - Mom's Meals	If you are discharged from an inpatient hospital, skilled nursing facility, rehab stay, or have undergone outpatient joint replacement surgery, you may qualify to receive up to 28 fully prepared, nutritious home-delivered meals (2	If you are discharged from an inpatient hospital, skilled nursing facility, rehab stay, or have undergone outpatient joint replacement surgery, you may qualify to receive up to 14 fully prepared, nutritious home-delivered meals (2

SUMMARY OF BENEFITS	Health New England Medicare Premium No Rx (HMO)	Health New England Medicare Basic No Rx (HMO)
	meals per day for 14 days) from our plan-approved vendor.	meals per day for 7 days) from our plan-approved vendor.
Medicare Part B Drugs[1]	For Part B drugs such as chemotherapy drugs: • You pay up to 20% of the cost Other Part B drugs: • You pay up to 20% of the cost. Our plan does not cover Part D prescription drugs.	For Part B drugs such as chemotherapy drugs: • You pay up to 20% of the cost Other Part B drugs: • You pay up to 20% of the cost. Our plan does not cover Part D prescription drugs.
Outpatient Substance Abuse	Group therapy visit: • $20 copay Individual therapy visit: • $20 copay	Group therapy visit: • $40 copay Individual therapy visit: • $40 copay
Over-the-Counter (OTC) Care - NationsBenefits®	$100 allowance every three months on your Additional Benefits Card. The allowance can be used for specific OTC products from certain retail locations or by mail from the NationsBenefits® website, app or catalog. Allowance expires at the end of each quarter and does not carry over.	$100 allowance every three months on your Additional Benefits Card. The allowance can be used for specific OTC products from certain retail locations or by mail from the NationsBenefits® website, app or catalog. Allowance expires at the end of each quarter and does not carry over.
Renal Dialysis	20% coinsurance	20% coinsurance
Skilled Nursing Facility (SNF)[1]	Our plan covers up to 100 days in a SNF. • You pay nothing per day for Days 1 through 20 per day. • $150 copay per day for Days 21 through 50 per day. • You pay nothing per day for Days 51 through 100 per day.	Our plan covers up to 100 days in a SNF. • $10 copay per day for Days 1 through 20 per day. • $200 copay per day for Days 21 through 50 per day. • You pay nothing per day for Days 51 through 100 per day.
Telehealth Services	Primary Care Physician: $0 copay Specialist: $20 copay	Primary Care Physician: $15 copay Specialist: $40 copay
Therapy[1]	Occupational therapy visit: $20 copay Physical therapy visit: $20 copay Speech and Language therapy visit: $20 copay	Occupational therapy visit: $40 copay Physical therapy visit: $40 copay Speech and Language therapy visit: $40 copay

[1]Prior authorization may be required for certain covered medical and hospital benefits.

Health New England Medicare Advantage is an HMO, HMO-POS and PPO Plan with a Medicare contract. Enrollment in Health New England Medicare Advantage depends on contract renewal.