



Prime (HMO-POS), Select (LPPO)
Value Plus (HMO), and Alliance (HMO)

Summary of Benefits

January 1–December 31, 2023



MARTIN'S POINT®

MEDICARE ADVANTAGE PLANS

GENERATIONS ADVANTAGE

Summary of Benefits

**Martin's Point Generations Advantage Prime (HMO-POS), Alliance (HMO),
Select (LPPO), Value Plus (HMO)**

January 1 – December 31, 2023

For more information about benefits or enrollment, call us or visit our website at **www.MartinsPoint.org/MedicareMembers**.

1-888-408-8285 (TTY: 711)

We are available 8 am-8 pm, seven days a week from October 1 to March 31; and Monday through Friday the rest of the year.

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Martin’s Point Generations Advantage Prime (HMO-POS)

Section 1: Introduction

This is a summary of drug and health services covered by Martin's Point Generations Advantage.

January 1, 2023 - December 31, 2023

Martin's Point Generations Advantage is a health plan with a Medicare contract offering HMO, HMO-POS, HMO SNP, and Local PPO products. Enrollment in a Martin's Point Generations Advantage plan depends on contract renewal.

This information may be available in other formats such as large print, braille, or an electronic copy on our website. For more information call Generations Advantage at 1-866-544-7504.

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 services we cover, please see the Evidence of Coverage on our website, or you may contact us. To join Martin's Point Generations Advantage Prime, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

For Generations Advantage Prime (HMO-POS) plan:

Our service area includes all counties in Maine and New Hampshire.

The plan has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network for some services.

Section 2: Summary of Benefits

This is a summary of the premiums and benefits covered by the Martin's Point Generations Advantage Prime (HMO-POS).

The table below shows the monthly plan premium amount for each of the regions we serve. In addition, you must keep paying your Medicare Part B premium.

Monthly Plan Premium	Plan Service Area	Monthly Premium
Martin's Point Generations Advantage Prime <i>Note: Your premium is based on your service area.</i>	Androscoggin, Cumberland, and York counties in Maine Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan counties in New Hampshire	\$0
	Aroostook, Franklin, Hancock, Knox, Kennebec, Penobscot, Sagadahoc, and Washington counties in Maine;	\$29
	Lincoln, Oxford, Piscataquis, Somerset, and Waldo counties in Maine; Belknap, Carroll, Coos, and Grafton counties in New Hampshire	\$89

Benefit	Prime (HMO-POS) Plan
Deductible (our plan does not have a medical deductible)	You pay \$0 annually
Maximum Out-of-Pocket (does not include prescription drugs) Our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. <i>Note: Your Maximum Out-of-Pocket is based on your service area.</i>	For members living in Androscoggin, Kennebec, and Sagadahoc counties in Maine: \$6,350 Annually For members living in Aroostook, Franklin, Hancock, Knox, Penobscot, and Washington counties in Maine: \$6,400 Annually

Benefit	Prime (HMO-POS) Plan
<p>Maximum Out-of-Pocket (continued)...</p> <p><i>Note: Your Maximum Out-of-Pocket is based on your service area.</i></p>	<p>For members living in Cumberland, Lincoln, Oxford, Piscataquis, Somerset, Waldo, and York counties in Maine; Belknap, Carroll, Coos, and Grafton counties in New Hampshire:</p> <p>\$6,500 Annually</p> <p>For members living in Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan counties in New Hampshire:</p> <p>\$6,950 Annually</p>
<p>Inpatient hospital</p> <p>This plan covers up to 90 days per benefit period and 60 additional Lifetime Reserve days over your lifetime.</p> <p>Services may require that your provider get prior authorization (approval in advance). Please have your provider contact the plan for more details.</p> <p><i>Note: Your copay is based on your service area.</i></p>	<p>In-network for members living in Aroostook, Franklin, Hancock, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Somerset, Waldo, and Washington counties, in Maine or members living in Belknap, Carroll, Coos and Grafton counties in New Hampshire:</p> <p>You pay per admission:</p> <p>\$425 per day for days 1-5;</p> <p>\$0 per day for days 6 -90</p> <p>In-network for members living in Androscoggin, Cumberland, Kennebec, Sagadahoc, and York Counties in Maine or members living in Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan counties in New Hampshire:</p> <p>You pay per admission:</p> <p>\$ 375 per day for days 1-5;</p> <p>\$0 per day for days 6 -90</p>
<p>Outpatient hospital</p> <p>Services may require that your provider get prior authorization (approval in advance). Please have your provider contact the plan for more details.</p> <p><i>Note: Your copay is based on your service area.</i></p>	<p>In-network for members living in Lincoln, Oxford, Piscataquis, Sommerset, and Waldo counties in Maine or members living in Belknap, Carroll, Coos, and Grafton counties in New Hampshire:</p> <p>You pay \$325 for Medicare-covered surgery services at a hospital outpatient facility.</p>

Benefit	Prime (HMO-POS) Plan
Outpatient hospital (continued)...	In-network for members living in Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Penobscot, Sagadahoc, Washington, and York counties in Maine or members living in Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan counties in New Hampshire: You pay \$275 for Medicare-covered surgery services at a hospital outpatient facility.
Ambulatory & Surgical Center (ASC) Services may require that your provider get prior authorization (approval in advance). Please have your provider contact the plan for more details.	In-network: You pay \$175 for Medicare-covered surgery services at an ambulatory surgical center.
Doctor visits <i>Note: Your copay is based on your service area.</i>	In-network: Primary care You pay \$0 for each Primary Care Physician (PCP) office visit for Medicare-covered services. Specialists For members living in Androscoggin, Cumberland, Kennebec, Sagadahoc, and York counties in Maine; Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan counties in New Hampshire; You pay \$40 for each specialist office visit for Medicare-covered services. For members living in Aroostook, Franklin, Hancock, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Somerset, Waldo, and Washington counties in Maine; Belknap, Carroll, Coos, and Grafton counties in New Hampshire; You pay \$45 for each specialist office visit for Medicare-covered services.

Benefit	Prime (HMO-POS) Plan
<p>Preventive care Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at \$0 cost.</p>	<p>In-network: You pay \$0 for additional preventive services approved by Medicare</p>
<p>Emergency care <i>Note: You do not have to pay this amount if you are admitted to a hospital within 24 hours for the same condition.</i> Emergency care is covered worldwide. There is a \$25,000 limit for worldwide emergency, urgent care, and ambulance transport, this limit does not apply to services in the U.S.</p>	<p>In- and Out-of-network: You pay \$95 for each Medicare-covered emergency room visit.</p>
<p>Urgently needed services Urgent care is covered nationwide. There is a \$25,000 limit for worldwide emergency, urgent care, and ambulance transport, this limit does not apply to services in the U.S. <i>Note: Your copay is based on your service area.</i></p>	<p>In- and Out-of-network: Members who live in Lincoln, Oxford, Piscataquis, Somerset, and Waldo counties in Maine or Belknap, Carroll, Coos, and Grafton counties in New Hampshire pay \$60 for each Medicare-covered urgent care visit when performed at an urgent care center. Members who live in Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Penobscot, Sagadahoc, Washington, and York counties in Maine or members who live in Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan counties in New Hampshire pay \$50 for each Medicare-covered urgent care visit when performed at an urgent care center. Out-of-Country: You pay \$95 for each Medicare-covered urgent care visit when performed at an urgent care center outside of the United States and its associated territories.</p>

Benefit	Prime (HMO-POS) Plan
<p>Diagnostic Services / Labs / Imaging Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information.</p>	<p>In-network: Diagnostic Radiology Service (e.g., MRI) You pay 20% of the contracted rate for complex diagnostic radiology (PET, CT, MRI, MRA, nuclear medicine)</p> <p>Lab Services You pay 20% of the contracted rate for genetic labs. You pay \$0/\$5 copay for all other lab services.</p> <p>Diagnostic Tests and Procedures You pay 15% of the contracted rate for simple diagnostic radiology.</p> <p>Outpatient X-rays You pay 15% of the contracted rate for X-rays.</p>
<p>Hearing services <i>Note: Your copay is based on your service area.</i></p>	<p>In-network: Hearing Exam</p> <p>For members living in Androscoggin, Cumberland, Kennebec, Sagadahoc, and York counties in Maine; Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan counties in New Hampshire; You pay \$40 per visit for Medicare-covered hearing services.</p> <p>For members living in Aroostook, Franklin, Hancock, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Somerset, Waldo, and Washington counties in Maine; Belknap, Carroll, Coos, and Grafton counties in New Hampshire; You pay \$45 per visit for Medicare-covered hearing services.</p>

Benefit	Prime (HMO-POS) Plan
<p>Hearing services (continued)...</p>	<p>Hearing Aid Fittings and Evaluations You pay \$0 for 1 year of hearing aid fittings and ongoing hearing aid evaluations when used in conjunction with your hearing aid benefit. <i>Services must be received from an Amplifon provider.</i></p> <p>Hearing Aids You pay \$495, \$695, \$1095, \$1495, or \$2095 copay per ear, per year depending on Tier selected. <i>Services must be received from an Amplifon provider.</i></p>
<p>Dental services (Medicare-covered) Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information.</p>	<p>In-network: You pay \$50 per visit for Medicare-covered dental services (non-routine dental care required to treat illness or injury).</p>
<p>Preventive and comprehensive dental Members must use a Martin's Point Generations Delta Dental PPO or Premier dentist in Maine, New Hampshire, or Vermont to obtain these supplemental dental benefits.</p>	<p>Preventive and comprehensive dental services are covered. <i>Please see Dental Overview on page 18 for more information.</i></p>

Benefit	Prime (HMO-POS) Plan
<p>Vision services <i>Note: Your copay is based on your service area.</i></p>	<p>In-network: Annual routine eye exam You pay \$0 for an annual routine eye exam.</p> <p>Medicare-covered physician services</p> <p>For members living in Androscoggin, Cumberland, Kennebec, Sagadahoc, and York counties in Maine; Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan counties in New Hampshire; You pay \$40 for non-routine Medicare-covered services.</p> <p>For members living in Aroostook, Franklin, Hancock, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Somerset, Waldo, and Washington counties in Maine; Belknap, Carroll, Coos, and Grafton counties in New Hampshire; You pay \$45 for non-routine Medicare-covered physician services.</p> <p>Glaucoma testing You pay \$0 for glaucoma testing.</p> <p>Diabetic retinopathy You pay \$0 for a diabetic eye exam (retinopathy).</p> <p>Eyeglass frames, lenses, and contacts:</p> <p>The plan will reimburse up to \$150 for prescription frames, lenses, and contacts.</p>

Benefit	Prime (HMO-POS) Plan
<p>Mental health services Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information. <i>Note: Your copay is based on your service area.</i></p>	<p>In-network: Inpatient visit You pay per admission: \$220 per day for days 1-7; \$0 per day for days 8 and beyond.</p> <p>Outpatient individual therapy visit You pay \$25 per visit for individual therapy.</p> <p>Outpatient group therapy visit For members in Androscoggin, Aroostook, Franklin, Hancock, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Somerset, Waldo, and Washington counties in Maine; Belknap, Carroll, Coos, and Grafton counties in New Hampshire; You pay \$10 per visit for group therapy.</p> <p>For members living in Cumberland, Kennebec, Sagadahoc, and York counties in Maine; Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan counties in New Hampshire; You pay \$25 per visit for group therapy.</p>
<p>Skilled nursing facility Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information.</p>	<p>In-network: For each benefit period you pay for Medicare-covered services: \$0 per day for days 1-20; \$196 per day for days 21-100</p>
<p>Physical therapy <i>Note: Your copay is based on your service area.</i></p>	<p>In-network: For members living in Lincoln, Oxford, Piscataquis, Somerset, and Waldo counties in Maine; Belknap, Carroll, Coos, and Grafton counties in New Hampshire; You pay \$30 for each Medicare-covered visit.</p>

Benefit	Prime (HMO-POS) Plan
Physical therapy (continued)...	For members living in Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Knox, Kennebec, Penobscot, Sagadahoc, Washington, and York counties in Maine; Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan counties in New Hampshire; You pay \$40 for each Medicare-covered visit.
Ambulance Non-emergency ambulance transportation services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information. Ambulance services are covered worldwide. There is a \$25,000 limit for worldwide emergency, urgent care, and ambulance transport, this limit does not apply to services in the U.S.	In- and Out-of-network: You pay \$325 for each Medicare-covered emergency ambulance service (one-way).
Transportation	Not a covered benefit.
Medicare Part B drugs Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information.	In-network: You pay 20% of the contracted rate for Medicare-covered services.

Outpatient Prescription Drugs Prime (HMO-POS) Plan

Prescription Deductible: You pay \$0

	Standard Retail (30-day supply)	Preferred Retail (30-day supply)	Mail-Order (90-day supply)	
Phase 1: Initial Coverage				
Cost sharing Tier 1 (Preferred Generic)	\$4	\$0	\$10	Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. You 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. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please refer to the Evidence of Coverage
Cost sharing Tier 2 (Generic)	\$18	\$10	\$45	
Cost sharing Tier 3 (Preferred Brand)	\$47	\$40	\$117.50	
Cost sharing Tier 4 (Non-Preferred Drug)	\$100	\$95	\$250	
Cost sharing Tier 5 (Specialty Tier)	33%	33%	33%	
Phase 2: Coverage Gap				
During this phase you will pay 25% for generic or brand-name drugs.				
Phase 3: Catastrophic Coverage (after you or others on your behalf pay \$7,400)				
Generic Drugs	You pay \$4.15 or 5% (whichever costs more)			
Brand-Name Drugs	You pay \$10.35 or 5% (whichever costs more)			

Senior Savings Program	Standard cost sharing	Preferred cost sharing	Mail Order cost sharing
Members are eligible for reduced cost sharing on select insulins.	You pay \$35 per 30-day supply. You pay \$70 per 60-day supply. You pay \$105 per 90-day supply.	You pay \$25 per 30-day supply. You pay \$50 per 60-day supply. You pay \$62.50 per 90-day supply.	You pay \$25 per 30-day supply. You pay \$50 per 60-day supply. You pay \$62.50 per 90-day supply.

Additional Benefits	Prime (HMO-POS) Plan
<p>Wellness Wallet (Fitness, Naturopathic Services, Acupuncture, Nutrition/Dietary Education, Weight Management Programs, and Face Masks)</p> <p>Please see the Evidence of Coverage for more information.</p> <p>Over-The-Counter items (OTC) More than 350 covered items including: non-prescription medicine (pain relief, cough, allergies), toothpaste, first aid items, and vitamins. Members can order online, over the phone, or visit a designated store location.</p> <p>Please see the Evidence of Coverage for more information. <i>Note: Your allowance is based on your service area.</i></p>	<p>The plan will reimburse up to \$300 each year in total for Fitness Benefit, Naturopathic Services, Acupuncture, Nutrition/Dietary Education, Weight Management Programs, and Face Masks.</p> <p>For members living in Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan counties in New Hampshire: The plan will cover up to \$25 per quarter for members to purchase select CVS brand over-the-counter (OTC) products.</p> <p>For members living in Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo, Washington, and York counties in Maine; Belknap, Carroll, Coos, and Grafton counties in New Hampshire: The plan will cover up to \$50 per quarter for members to purchase select CVS brand over-the-counter (OTC) products. <i>The benefit refreshes quarterly. Remaining balances do not carry over to the next quarter.</i></p>
<p>Nutrition and dietary Telenutrition: Members have access to an online nutrition/dietary platform and unlimited visits with a registered dietitian via video connection, email, or telephone through third-party vendor FoodSmart™.</p> <p><i>Note: Food cost and delivery of meals/groceries are not covered under this benefit.</i></p>	<p>\$0 cost for telenutrition services through FoodSmart™</p>

All plans cover Part B drugs such as chemotherapy and some drugs administered by your provider.

In addition, **Generations Advantage Prime** Covers Part D drugs.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions, our plan's pharmacy directory and our plan's provider directory on our website at **www.MartinsPoint.org/MedicareMembers**.

If you want to know more about the coverage and costs of Original Medicare, look in your Medicare & You 2023 Handbook. You can download a copy of from the Medicare website (**www.medicare.gov**) or ask for a printed 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.

Benefit	Prime (HMO-POS) Plan
<p>Point-of-Service</p> <p>The Prime plan has a Point-of-Service (POS) benefit where you can use an out-of-network provider for certain services. Under the POS, you will generally pay a higher cost share when using an out-of-network provider. Please refer to the Evidence of Coverage for more information.</p>	<p>Services available in the POS benefit:</p> <p>Doctor visits (Primary Care and Specialist)</p> <ul style="list-style-type: none"> ➤Chiropractic visits \$55 ➤Physician Specialist visits \$55 ➤Podiatry visits \$55 ➤Primary Care visits \$35 <p>(Allowed only outside the plan's service area)</p>
	<p>Inpatient hospital care</p> <ul style="list-style-type: none"> ➤ You pay 40% of the cost per admission.
	<p>Outpatient services</p> <ul style="list-style-type: none"> ➤Diabetes self-management 20% of the Medicare- allowed cost for supplies and shoes; \$0 for training ➤Durable medical equipment 30% of the Medicare- allowed cost ➤Medicare Part B prescription drugs, including chemotherapy 20% of the Medicare- allowed cost ➤Outpatient diagnostic tests/procedures, X-rays, and lab services 0-20% of the Medicare- allowed cost; all other labs: \$5 ➤Outpatient mental health and substance abuse group and individual therapy: \$30 ➤Outpatient rehabilitation services (Physical, Occupational, and Speech therapy) \$55 ➤Outpatient surgery in a hospital or ambulatory surgical center \$400/\$200 ➤Radiation therapy 30% of the Medicare- allowed cost
	<p>Dental services</p> <p>Medicare-covered dental services \$55</p>
	<p>Hearing services</p> <p>Medicare-covered hearing services \$55</p>
	<p>Vision services</p> <ul style="list-style-type: none"> ➤Medicare-covered vision services \$55 ➤Annual routine eye exam 30% of the Medicare- allowed cost

Section 3: Dental Benefit Overview

The **Generations Advantage Prime (HMO-POS)** plan includes the following benefits when seeing a Delta Dental network dentist. This benefit overview is provided for summary purposes only.

Delta Dental Network

Plan benefits are available only when you receive your dental care from a Delta Dental network dentist in Maine, New Hampshire, or Vermont:

- **No Balance Billing:** Participating dentists accept Delta Dental's fees for services as payment in full.
- **No Claims Paperwork:** Participating dentists will prepare and submit claims for you.
- **Direct Payment:** Delta Dental pays participating dentists directly, so you don't have to pay the covered amount up front and wait for reimbursement.

To find out if your dentist participates in the Delta Dental network, please visit our website at www.MartinsPoint.org/MedicareMembers, visit www.nedelta.com/Dentist-Search, or call **Delta Dental's Customer Service Department at 1-800-832-5700 (TTY: 711) Monday through Friday, 8 am–4:45 pm.**

***Note:** Cleanings are limited to once per calendar year; you may choose from either a routine cleaning (Coverage A) or a periodontal cleaning (Coverage B).

Dental Benefit		Prime
Benefit Maximum for members living in Lincoln, Oxford, Piscataquis, Somerset, and Waldo counties in Maine or Belknap, Carroll, Coos, and Grafton counties in New Hampshire:		\$500
Benefit Maximum for members living in Aroostook, Franklin, Hancock, Knox, Penobscot, and Washington counties in Maine:		\$750
Benefit Maximum for members living in Androscoggin, Cumberland, Kennebec, Sagadahoc, and York Counties in Maine or members living in Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan counties in New Hampshire:		\$1,000
Office Visit copay		\$50
Category A: Diagnostic/Preventative		
Oral exam and routine cleaning* once in a calendar year	No cost sharing (must pay office visit copay)	
Problem-focused exams as needed		
Bitewing x-rays once every calendar year and panoramic x-rays once in a 5 calendar year period		
X-rays of individual teeth as needed		
Category B: Basic Restorative		
Amalgam (silver) fillings	You pay 50% of the cost + \$50 office visit copay	
Resin restoration on anterior teeth and the buccal surface of bicuspid only		
Surgical and routine extractions		
Root canals	\$50 annual deductible applies	
Treatment of gum disease (periodontics, including periodontal maintenance cleanings*)		
Category C: Major Restorative		
Dentures	You pay 50% of the cost + \$50 office visit copay	
Crowns		
Implants		
	\$50 annual deductible applies	

Section 3: Dental Benefit Overview (Continued)...

Claim Process for Participating Dentists

Present your Generations Advantage member ID card to your participating dentist at the time of your visit. Your participating dentist will submit your claim to Delta Dental.

Members can register online to view claims and benefit information at www.nedelta.com.

Non-participating Dentists

No benefits are available under your policy if you choose to visit a dentist who is not participating in the Delta Dental network. Non-participating dentists are welcome to join the Delta Dental network at any time.

Identification Cards

Your Generations Advantage member ID card includes your dental group number and the Delta Dental customer service number. Your member ID number for dental benefits is the same as your Generations Advantage Prime plan member ID number.

Martin's Point Generations Advantage Alliance (HMO)

Section 1: Introduction

This is a summary of drug and health services covered by Martin's Point Generations Advantage Alliance Plan.

January 1, 2023 - December 31, 2023

Martin's Point Generations Advantage is a health plan with a Medicare contract offering HMO, HMO-POS, HMO SNP, and Local PPO products. Enrollment in a Martin's Point Generations Advantage plan depends on contract renewal.

This information may be available in other formats such as large print, Braille, or an electronic copy on our website. For more information call Generations Advantage at 1-866-544-7504.

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 services we cover, please see the Evidence of Coverage on our website, or you may contact us. To join Martin's Point Generations Advantage Alliance, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes all counties in Maine and New Hampshire.

The plan has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

This plan does not cover Part D prescription drugs.

Section 2: Summary of Benefits

This is a summary of drug and health services covered by Martin's Point Generations Advantage Alliance (HMO) plan.

Plan Name	Alliance (HMO) Plan	Part B Premium Buy-Down
You must continue to pay your Medicare Part B premium	\$0	\$50

Benefit	Alliance (HMO) Plan
Deductible Our plan does not have a deductible.	You pay \$0 annually.
Maximum out-of-pocket (<i>does not include prescription drugs</i>) Our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.	\$5,000 annually.
Inpatient hospital This plan covers up to 90 days per benefit period and 60 additional Lifetime Reserve days over your lifetime. Services may require that your provider get prior authorization (approval in advance). Please have your provider contact the plan for more details.	You pay per admission: \$375 per day for days 1-5; \$0 per day for days 6 -90.
Outpatient hospital Services may require that your provider get prior authorization (approval in advance). Please have your provider contact the plan for more details.	You pay \$ 275 for Medicare-covered surgery services at a hospital outpatient facility.
Ambulatory & Surgical Centers Services may require that your provider get prior authorization (approval in advance). Please have your provider contact the plan for more details.	You pay \$10 for Medicare-covered surgery services at an ambulatory surgical center.
Doctor visits	Primary care You pay \$0 for each Primary Care Physician (PCP) office visit for Medicare-covered services. Specialists You pay \$5 for each specialist office visit for Medicare-covered services.

Benefit	Alliance (HMO) Plan
Preventive care Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at \$0 cost.	You pay \$0 for additional preventive services approved by Medicare.
Emergency care <i>Note: You do not have to pay this amount if you are admitted to a hospital within 24 hours for the same condition.</i> Emergency care is covered worldwide There is a \$25,000 limit for worldwide emergency, urgent care, and ambulance transport, this limit does not apply to services in the U.S.	In- and Out-of-network: You pay \$110 for each Medicare-covered emergency room visit.
Urgently needed services Urgent care is covered nationwide. There is a \$25,000 limit for worldwide emergency, urgent care, and ambulance transport, this limit does not apply to services in the U.S.	In- and Out-of-network: You pay \$0 for each Medicare-covered urgent care visit when performed at an urgent care center. Out-of-Country: You pay \$110 for each Medicare-covered urgent care visit when performed at an urgent care center outside of the United States and its associated territories.
Diagnostic Services / Labs / Imaging Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage booklet for more information.	Diagnostic Radiology service (e.g., MRI) You pay 20% of the contracted rate for complex diagnostic radiology (PET, CT, MRI, MRA, nuclear medicine) Lab services You pay \$0/\$5 copay for lab services. Diagnostic tests and procedures You pay 5% of the contracted rate for simple diagnostic radiology. Outpatient x-rays You pay 5% of the contracted rate for x-rays.

Benefit	Alliance (HMO) Plan
<p>Hearing services</p>	<p>Hearing exam You pay \$5 per visit for Medicare-covered hearing services.</p> <p>Hearing aid fittings and evaluations You pay \$0 for 1 year of hearing aid fittings and ongoing hearing aid evaluations when used in conjunction with your hearing aid benefit. <i>Services must be received from an Amplifon provider.</i></p> <p>Hearing aids You pay \$295, \$495, \$895, \$1295, or \$1895 copay per ear, per year, depending on Tier selected. <i>Services must be received from an Amplifon provider.</i></p>
<p>Dental services (Medicare-covered) Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information.</p> <p>Preventive and comprehensive dental Members must use Delta Dental's PPO/Premier or Martin's Point Generations Advantage network dentist in Maine, New Hampshire, or Vermont to obtain these supplemental dental benefits.</p>	<p>You pay \$5 per visit for Medicare-covered dental services (non-routine dental care required to treat illness or injury).</p> <p>Preventive and Comprehensive Dental services are covered. <i>Please see Dental Overview on page 28 for more information.</i></p>
<p>Vision services</p>	<p>Annual routine eye exam: You pay \$0 for an annual routine eye exam.</p> <p>Medicare-covered physician services: You pay \$5 for non-routine Medicare-covered physician services.</p> <p>Glaucoma testing: You pay \$0 for glaucoma testing.</p> <p>Diabetic retinopathy: You pay \$0 for a diabetic eye exam (retinopathy).</p>

Benefit	Alliance (HMO) Plan
Vision services(continued)...	Eyeglass frames, lenses, and contacts: The plan will reimburse up to \$300 for prescription frames, lenses, and contacts.
Mental health services Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information.	Inpatient visit: You pay per admission: \$220 per day for days 1-7; \$0 per day for days 8 and beyond Outpatient individual therapy visit You pay \$0 per visit for individual therapy. Outpatient group therapy visit You pay \$0 per visit for group therapy.
Skilled nursing facility Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information.	In-network: For each benefit period you pay for Medicare-covered services: \$10 per day for days 1-20; \$196 per day for days 21-100
Physical therapy	You pay \$0 for each Medicare-covered visit.
Ambulance Non-emergency ambulance transportation may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information. Ambulance services covered worldwide. There is a \$25,000 limit for worldwide emergency, urgent care, and ambulance transport, this limit does not apply to services in the U.S.	In- and Out-of-network: You pay \$325 for each Medicare-covered emergency ambulance service (one-way).
Transportation	Not a covered benefit.
Medicare Part B drugs Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information.	You pay 20% of the contracted rate for Medicare-covered services.

Benefit	Alliance (HMO) Plan
Health education Coverage is for plan-sponsored health coaching, support groups, and cooking classes.	You pay \$0 for plan-sponsored health coaching support groups, and cooking classes.

Additional Benefits Alliance (HMO) Plan	
Outpatient substance use	You pay \$0 per visit for individual therapy; \$0 per visit for group therapy.
Smoking and tobacco cessation counseling	You pay \$0 for 2 additional sessions beyond Medicare-covered benefit.
Over-The-Counter (OTC) More than 350 covered items including: non-prescription medicine (pain relief, cough, allergies), toothpaste, first aid items, and vitamins. Members can order online, over the phone, or visit a designated store location. Please see the Evidence of Coverage for more information.	The plan will cover up to \$100 per quarter for members to purchase select CVS brand over-the-counter (OTC) products. <i>The benefit refreshes quarterly. Remaining balances do not carry over to the next quarter.</i>
Eyewear (contacts, frames, lenses)	The plan will cover \$300 each year for lenses, frames, and contact lenses (cannot be used in conjunction with Medicare-covered eyewear benefit).
Wellness Wallet (Fitness, Naturopathic Services, and Acupuncture, Nutrition/Dietary Education, and Weight Management Programs and Face Masks) Please see the Evidence of Coverage for more information.	The plan will reimburse up to \$450 each year in total for Fitness Benefit, Naturopathic Services, and Acupuncture, Nutrition/Dietary Education, Weight Management Programs, and Face Masks.
Personal Emergency Response System (Device and Monitoring)	You pay \$0.
Bathroom safety devices (Assessment, Devices and Installation)	The plan will reimburse up to \$400 per year for non-Medicare-covered safety devices, installation, and assessment to prevent injuries in the bathroom.

Additional Benefits Alliance (HMO) Plan

Meals Up to 3 weeks (42 meals) per inpatient stay or surgery. Up to 1 week (14 meals) per year as part of supervised program to transition into lifestyle modifications.	You pay \$0
Fall prevention program	<p>The plan will cover the cost of plan sponsored evidence-based falls prevention programs, such as Healthy Steps for Older Adults, facilitated by Southern Maine Agency on Aging.</p> <p>The plan will reimburse up to \$50 per year for members to attend an evidence-based falls prevention program supported by the National Council on Aging (NCOA).</p>
Routine chiropractic services	You pay \$20 for each visit for routine chiropractic services.
Nutrition and dietary: Telenutrition: Members have access to an online nutrition/dietary platform and unlimited visits with a registered dietitian via video connection, email, or telephone through third-party vendor FoodSmart™. <i>Note: Food cost and delivery of meals/groceries are not covered under this benefit.</i>	\$0 cost for telenutrition services through FoodSmart™

All plans cover Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see our plan's provider directory on our website at www.MartinsPoint.org/MedicareMembers.

If you want to know more about the coverage and costs of Original Medicare, look in your *Medicare & You 2023* Handbook. You can download a copy of from the Medicare website (www.medicare.gov) or ask for a printed 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.

Section 3: Dental Benefit Overview

The Generations Advantage Alliance (HMO) plan includes the following benefits when seeing a Delta Dental network dentist. This benefit overview is provided for summary purposes only.

Alliance	
Benefit Maximum	\$2,500
Office Visit Copay	\$0
Category A: Diagnostic/Preventative	
Oral exam once in a calendar year	No cost sharing
Routine cleaning twice per calendar year*	
Problem-focused exams as needed	
Bitewing x-rays once every calendar year and panoramic x-rays once in a 5calendar year period	
X-rays of individual teeth as needed	
Category B: Basic Restorative	
Amalgam (silver) fillings	You pay 20% of the cost (no deductible)
Resin restoration on anterior teeth and the buccal surface of bicuspid only	
Surgical and routine extractions	
Root canals	
Treatment of gum disease (periodontics, including periodontal maintenance cleanings*)	
Category C: Major Restorative	
Dentures	You pay 50% of the cost (no deductible)
Crowns	
Implants	

***Note:** Cleanings are limited to twice per calendar year; you may choose from either a routine cleaning (Coverage A) or a periodontal cleaning (Coverage B).

Identification Cards

Your Generations Advantage member ID card includes your dental group number and the Delta Dental customer service number. Your member ID number for dental benefits is the same as your Generations Advantage Alliance plan member ID number.

Delta Dental Network:

Plan benefits are available only when you receive your dental care from a Delta Dental network dentist in Maine, New Hampshire, or Vermont:

- **No Balance Billing:** Participating dentists accept Delta Dental's fees for services as payment in full.
- **No Claims Paperwork:** Participating dentists will prepare and submit claims for you.
- **Direct Payment:** Delta Dental pays participating dentists directly, so you don't have to pay the covered amount up front and wait for reimbursement.

To find out if your dentist participates in the Delta Dental network, please visit our website at www.MartinsPoint.org/MedicareMembers, visit www.nedelta.com/Dentist-Search, or call **Delta Dental's Customer Service Department at 1-800-832-5700 (TTY: 711) Monday through Friday, 8 am–4:45 pm.**

Claim Process for Participating Dentists

Present your Generations Advantage member ID card to your participating dentist at the time of your visit. Your participating dentist will submit your claim to Delta Dental.

Members can register online to view claims and benefit information at www.nedelta.com.

Non-participating Dentists

No benefits are available under your policy if you choose to visit a dentist who is not participating in the Delta Dental network. Non-participating dentists are welcome to join the Delta Dental network at any time.

Martin's Point Generations Advantage Select (LPPO)

Section 1: Introduction

This is a summary of drug and health services covered by Martin's Point Generations Advantage Select (LPPO) plan.

January 1, 2023 - December 31, 2023

Martin's Point Generations Advantage is a health plan with a Medicare contract offering HMO, HMO-POS, HMO SNP, and Local PPO products. Enrollment in a Martin's Point Generations Advantage plan depends on contract renewal.

This information may be available in other formats such as large print, braille, or an electronic copy on our website. For more information call Generations Advantage at 1-866-544-7504.

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 services we cover, please see the Evidence of Coverage on our website, or you may contact us. To join Martin's Point Generations Advantage Select, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

For Martin's Point Generations Advantage Select (LPPO) plan:

► Our service area includes all counties in Maine and New Hampshire.

The Select plan has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network.

Section 2: Summary of Benefits

This is a summary of drug and health services covered by Martin's Point Generations Advantage Select (LPPO) plan.

Plan Name	Plan Service Area	Monthly Premium
Martin's Point Generations Advantage Select <i>Note: Your premium is based on your service area.</i>	Belknap, Carroll, and Grafton counties in New Hampshire	\$0
	Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo, Washington, and York counties in Maine; Cheshire, Coos, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan counties in New Hampshire	\$99

The table below shows the monthly plan premium amount for each region we serve. In addition, you must keep paying your Medicare Part B premium.

Benefit	Select (LPPO) Plan
Deductible	You pay \$0 annually
Maximum out-of-pocket (does not include prescription drugs) Our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. <i>Note: Your Maximum Out-of-Pocket is based on your service area.</i>	For members living in Belknap, Carroll, and Grafton counties in New Hampshire from network providers: \$6,700 From network and out-of-network providers combined: \$10,000 For members living in Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo, Washington, and York counties in Maine; Cheshire, Coos, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan counties in New Hampshire from network and out-of-network providers combined: \$6,700

Benefit	Select (LPPO) Plan
<p>Inpatient hospital This plan covers up to 90 days per benefit period and 60 additional Lifetime Reserve days over your lifetime. <i>Note: Your copay is based on your service area.</i> Services may require that your provider get prior authorization (approval in advance). Please have your provider contact the plan for more details.</p>	<p>In-network: For members living in Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo, Washington, and York counties in Maine; Cheshire, Coos, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan counties in New Hampshire: You pay per admission: \$350 per day for days 1-5; \$0 per day for days 6-90</p> <p>For members living in Belknap, Carroll, and Grafton counties in New Hampshire You pay per admission: \$385 per day for days 1-5; \$0 per day for days 6 -90</p> <p>Out-of-network: You pay per admission: 40% of the Medicare-allowed cost for a Medicare-covered hospital stay.</p>
<p>Outpatient hospital Services may require that your provider get prior authorization (approval in advance). Please have your provider contact the plan for more details. <i>Note: Your copay is based on your service area.</i></p>	<p>In-network: For members living in Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo, Washington, and York counties in Maine; Cheshire, Coos, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan counties in New Hampshire: You pay \$250 for Medicare-covered surgery services at a hospital outpatient facility.</p> <p>For members living in Belknap, Carroll, and Grafton counties in New Hampshire: You pay \$275 for Medicare-covered surgery services at a hospital outpatient facility.</p>

Benefit	Select (LPPO) Plan
<p>Outpatient hospital (continued)...</p>	<p>Out-of-network: You pay 30% of the Medicare-allowed cost of Medicare-covered surgery services at a hospital outpatient facility.</p>
<p>Ambulatory & Surgical Centers (ASC) <i>Note: Your copay is based on your service area.</i> Services may require that your provider get prior authorization (approval in advance). Please have your provider contact the plan for more details.</p>	<p>In-network: For members living in Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo, Washington, and York counties in Maine; Cheshire, Coos, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan counties in New Hampshire: You pay \$175 for Medicare-covered surgery services at an ambulatory surgical center.</p> <p>For members living in Belknap, Carroll, and Grafton counties in New Hampshire: You pay \$200 for Medicare-covered surgery services at an ambulatory surgical center.</p> <p>Out-of-network: You pay 30% of the Medicare-allowed cost of Medicare-covered surgery services at an ambulatory surgical center.</p>

Benefit	Select (LPPO) Plan
<p>Doctor visits <i>Note: Your copay is based on your service area.</i></p>	<p>Primary care In-network:</p> <p>For members living in Aroostook, Hancock, Kennebec, Penobscot, Piscataquis, Somerset, and Washington counties in Maine; Belknap, Carroll, Coos, and Grafton Counties in New Hampshire: You pay \$0 for post-operative and post-discharge visits with your PCP. You pay \$0 for a brief emotional/behavioral assessment with your PCP. You pay \$10 for all other PCP services and visits.</p> <p>For members living in Androscoggin, Cumberland, Franklin, Knox, Lincoln, Oxford, Sagadahoc, Waldo, and York counties in Maine; Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan counties in New Hampshire: You pay \$0 for each Primary Care Physician (PCP) office visit for Medicare-covered services.</p> <p>Out-of-network: You pay 30% of the Medicare-allowed cost for each Primary Care Physician (PCP) office visit for Medicare-covered services.</p> <p>Specialists In-network: You pay \$40 for each specialist office visit for Medicare-covered services.</p> <p>Out-of-network: You pay 30% of the Medicare-allowed cost for each specialist office visit for Medicare-covered services.</p>

Benefit	Select (LPPO) Plan
<p>Preventive care Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at \$0 cost.</p> <p><i>Note: Your copay is based on your service area.</i></p>	<p>In-network: You pay \$0 for additional preventive services approved by Medicare</p> <p>Out-of-network: For members living in Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo, Washington, and York counties in Maine; Cheshire, Coos, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan counties in New Hampshire: You pay \$0 for additional preventive services approved by Medicare</p> <p>For members living in Belknap, Carroll, and Grafton counties in New Hampshire: You pay 30% of the Medicare-allowed cost for Medicare-covered services.</p>
<p>Emergency care <i>Note: You do not have to pay this amount if you are admitted to a hospital within 24 hours for the same condition.</i> Emergency care is covered worldwide.</p> <p>There is a \$25,000 limit for worldwide emergency, urgent care, and ambulance transport, this limit does not apply to services in the U.S.</p>	<p>In- and Out-of-network: You pay \$95 for each Medicare-covered emergency room visit.</p>
<p>Urgently needed services Urgent care is covered nationwide.</p> <p>There is a \$25,000 limit for worldwide emergency, urgent care, and ambulance transport, this limit does not apply to services in the U.S.</p>	<p>In- and Out-of-network: You pay \$50 for each Medicare-covered urgent care visit when performed at an urgent care center.</p> <p>Out-of-Country: You pay \$95 for each Medicare-covered urgent care visit when performed at an urgent care center outside of the United States and its associated territories.</p>

Benefit	Select (LPPO) Plan
<p>Diagnostic Services / Labs / Imaging Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information.</p>	<p>Diagnostic radiology service (e.g., MRI) In-network: You pay 20% of the contracted rate for complex diagnostic radiology (such as PET, CT, MRI, MRA, nuclear medicine) Out-of-network: You pay 30% of the Medicare-allowed cost of complex diagnostic radiology (PET, CT, MRI, MRA, nuclear medicine).</p> <p>Lab services In-network: You pay 20% of the contracted rate for genetic labs You pay \$0/\$5 copay for all other lab services. Out-of-network: You pay 20% of the Medicare-allowed cost for genetic labs You pay \$0/\$5 copay for all other lab services.</p> <p>Diagnostic tests and procedures In-network: You pay 15% of the contracted rate for simple diagnostic radiology. Out-of-network: You pay 15% of the Medicare-allowed cost of simple diagnostic radiology.</p> <p>Outpatient x-rays In-network: You pay 15% of the contracted rate for X-rays. Out-of-network: You pay you pay 30% of the Medicare-allowed cost for x-rays.</p>

Benefit	Select (LPPO) Plan
<p>Hearing services</p>	<p>Hearing exam In-network: You pay \$40 per visit for Medicare-covered hearing services.</p> <p>Out-of-network: You pay 30% of the Medicare-allowed cost.</p> <p>Hearing aid fittings and evaluations In- and Out-of-network: You pay \$0 for 1 year of hearing aid fittings and ongoing hearing aid evaluations when used in conjunction with your hearing aid benefit. <i>Services must be received from an Amplifon provider.</i></p> <p>Hearing aid In- and Out-of-network: You pay \$495, \$695, \$1095, \$1495, or \$2095 copay per ear, depending on Tier selected. <i>Services must be received from an Amplifon provider.</i></p>
<p>Dental services (Medicare-covered) Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information.</p>	<p>In-network: You pay \$40 per visit for Medicare-covered dental services (non-routine dental care required to treat illness or injury).</p> <p>Out-of-network: You pay 30% of the Medicare-allowed cost.</p>
<p>Preventive and comprehensive dental Members must use Delta Dental PPO/Premier or Martin's Point Generations network dentist in Maine, New Hampshire, or Vermont to obtain these supplemental dental benefits. <i>Note: Your Preventive and Comprehensive Dental Coverage is based on your service area.</i></p>	<p>For members living in Belknap, Carroll, and Grafton counties in New Hampshire: Preventive and Comprehensive Dental services are covered. Please see Dental Overview on page 43 for more information.</p> <p>For members living in Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo, Washington, and York counties in Maine; Cheshire, Coos, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan counties in New Hampshire: Not a covered benefit.</p>

Benefit	Select (LPPO) Plan
Vision services	<p>Annual routine eye exam In-network: You pay \$0 for an annual routine eye exam.</p> <p>Out-of-network: You pay 30% of the Medicare-allowed cost for an annual routine eye exam.</p> <p>Medicare-covered physician services In-network: You pay \$40 for non-routine Medicare-covered physician services.</p> <p>Out-of-network: You pay 30% of the Medicare-allowed cost of non-routine Medicare-covered physician services.</p> <p>Glaucoma testing In- and Out-of-network: You pay \$0 for glaucoma testing.</p> <p>Diabetic retinopathy In-Network: You pay \$0 for a diabetic eye exam (retinopathy).</p> <p>Out-of-network: You pay 30% of the Medicare-allowed cost for a diabetic eye exam (retinopathy).</p> <p>Eyeglass frames, lenses, and contacts: The plan will reimburse up to \$150 for prescription frames, lenses, and contacts.</p>

Benefit	Select (LPPO) Plan
<p>Mental health services Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information. <i>Note: Your copay is based on your service area.</i></p>	<p>Inpatient visit In-network: You pay per admission: \$220 per day for days 1-7; \$0 per day for days 8 and beyond Out-of-network: Days 1-90: You pay per admission: 30% of the Medicare-allowed cost per day for a Medicare-covered hospital stay.</p> <p>Outpatient individual therapy visit In-network: You pay \$25 per visit for individual therapy. Out-of-network: You pay 30% of the Medicare-allowed cost of a visit for individual therapy.</p> <p>Outpatient group therapy visit In-network: For members living in Aroostook, Hancock, Kennebec, Penobscot, Piscataquis, Somerset, and Washington counties in Maine; Belknap, Carroll, Coos, and Grafton counties in New Hampshire; You pay \$25 per visit for group therapy. For members living in Androscoggin, Cumberland, Franklin, Knox, Lincoln, Oxford, Sagadahoc, Waldoboro, and York counties in Maine; Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan counties in New Hampshire; You pay \$15 per visit for group therapy. Out-of-network: You pay 30% of the Medicare-allowed cost of a visit for group therapy.</p>

Benefit	Select (LPPO) Plan
Skilled nursing facility Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information.	In-network: For each benefit period you pay for Medicare-covered services: \$0 per day for days 1-20; \$196 per day for days 21-100 Out-of-network: You pay 30% of the Medicare-allowed cost.
Physical therapy <i>Note: Your copay is based on your service area.</i>	In-network: For members living in Aroostook, Hancock, Kennebec, Penobscot, Piscataquis, Somerset, and Washington counties in Maine; Belknap, Carroll, Coos, and Grafton counties in New Hampshire; You pay \$40 for each Medicare-covered visit. For members living in Androscoggin, Cumberland, Franklin, Knox, Lincoln, Oxford, Sagadahoc, Waldo, and York counties in Maine; Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan counties in New Hampshire; You pay \$30 for each Medicare-covered visit. Out-of-network: You pay 30% of the Medicare-allowed cost.
Ambulance Non-emergency ambulance transportation may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information. Ambulance services are covered worldwide. There is a \$25,000 limit for worldwide emergency, urgent care, and ambulance transport, this limit does not apply to services in the U.S.	In- and Out-of-network: You pay \$325 for each Medicare-covered emergency ambulance service (one-way).
Transportation	Not a covered benefit.
Medicare Part B drugs Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information.	You pay 20% of the contracted rate for Medicare-covered services.

Outpatient Prescription Drugs (Generations Advantage Select (LPPO) Plan)

For members living in Androscoggin, Cumberland, Franklin, Knox, Lincoln, Oxford, Sagadahoc, Waldo, and York counties in Maine; Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan counties in New Hampshire:

Prescription Deductible: You pay \$0

	Standard Retail (30-day supply)	Preferred Retail (30-day supply)	Mail-Order (90-day supply)	
Phase 1: Initial Coverage				
Cost sharing Tier 1 (Preferred Generic)	\$4	\$0	\$10	Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. You 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. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please refer to the Evidence of Coverage.
Cost sharing Tier 2 (Generic)	\$18	\$10	\$45	
Cost sharing Tier 3 (Preferred Brand)	\$47	\$40	\$117.50	
Cost sharing Tier 4 (Non-Preferred Drug)	\$100	\$95	\$250	
Cost sharing Tier 5 (Specialty Tier)	33%	33%	33%	
Phase 2: Coverage Gap				
During this phase you will pay 25% for generic or brand-name drugs.				
Phase 3: Catastrophic Coverage (after you or others on your behalf pay \$7,400)				
Generic Drugs	You pay \$4.15 or 5% (whichever costs more)			
Brand-Name Drugs	You pay \$10.35 or 5% (whichever costs more)			

Senior Savings Program	Standard Cost Sharing	Preferred Cost Sharing	Mail Order Cost Sharing
Members are eligible for reduced cost sharing on select insulins.	You pay \$35 per 30-day supply. You pay \$70 per 60-day supply. You pay \$105 per 90-day supply.	You pay \$25 per 30-day supply. You pay \$50 per 60-day supply. You pay \$62.50 per 90-day supply.	You pay \$25 per 30-day supply. You pay \$50 per 60-day supply. You pay \$62.50 per 90-day supply.

Martin's Point Generation Advantage's pharmacy network includes limited lower-cost, preferred pharmacies in suburban areas in Maine and New Hampshire. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-866-544-7504 (TTY:711) or consult the online pharmacy directory at **www.MartinsPoint.org/MedicareMembers**.

Outpatient Prescription Drugs (Generations Advantage Select (LPPO) Plan)

For members living in Aroostook, Hancock, Kennebec, Penobscot, Piscataquis, Somerset, and Washington counties in Maine; Belknap, Carroll, Coos, and Grafton Counties in New Hampshire:

	Standard Retail (30-day supply)	Preferred Retail (30-day supply)	Mail-Order (90-day supply)	
Phase 1: Deductible Phase				
\$275 Part D deductible for Tiers 3 through 5 drugs				
Phase 2: Initial Coverage				
Cost sharing Tier 1 (Preferred Generic)	\$4	\$0	\$10	Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. You 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 you haven't paid your deductible. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please refer to the Evidence of Coverage
Cost sharing Tier 2 (Generic)	\$18	\$10	\$45	
Cost sharing Tier 3 (Preferred Brand)	\$47	\$40	\$117.50	
Cost sharing Tier 4 (Non-Preferred Drug)	\$100	\$95	\$250	
Cost sharing Tier 5 (Specialty Tier)	28%	28%	28%	
Phase 2: Coverage Gap				
During this phase you will pay 25% for generic or brand-name drugs.				
Phase 3: Catastrophic Coverage (after you or others on your behalf pay \$7,400)				
Generic Drugs	You pay \$4.15 or 5% (whichever costs more)			
Brand-Name Drugs	You pay \$10.35 or 5% (whichever costs more)			

Senior Savings Program	Standard Cost Sharing	Preferred Cost Sharing	Mail Order Cost Sharing
Members are eligible for reduced cost sharing on select insulins.	You pay \$35 per 30-day supply. You pay \$70 per 60-day supply. You pay \$105 per 90-day supply.	You pay \$25 per 30-day supply. You pay \$50 per 60-day supply. You pay \$62.50 per 90-day supply.	You pay \$25 per 30-day supply. You pay \$50 per 60-day supply. You pay \$62.50 per 90-day supply.

Martin's Point Generation Advantage's pharmacy network includes limited lower-cost, preferred pharmacies in suburban areas in Maine and New Hampshire. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-866-544-7504 (TTY:711) or consult the online pharmacy directory at **www.MartinsPoint.org/MedicareMembers**.

Additional Benefits	
	Select (LPPO) Plan
<p>Wellness Wallet (Fitness, Naturopathic Services, Acupuncture, Nutrition/Dietary Education, Weight Management Programs, and Face Masks)</p> <p>Please see the Evidence of Coverage for more information.</p>	<p>The plan will reimburse up to \$300 each year in total for Fitness Benefit, Naturopathic Services, Acupuncture, Nutrition/Dietary Education, Weight Management Programs, and Face Masks.</p>
<p>Over-The-Counter items (OTC) More than 350 covered items including: non-prescription medicine (pain relief, cough, allergies), toothpaste, first aid items, and vitamins. Members can order online, over the phone, or visit a designated store location.</p> <p>Please see the Evidence of Coverage for more information.</p>	<p>The plan will cover up to \$50 per quarter for members to purchase select CVS brand over-the-counter (OTC) products.</p> <p><i>The benefit refreshes quarterly. Remaining balances do not carry over to the next quarter.</i></p>
<p>Nutrition and dietary: Telenutrition: Members have access to an online nutrition/dietary platform and unlimited visits with a registered dietitian via video connection, email, or telephone through third-party vendor FoodSmart™.</p> <p><i>Note: Food cost and delivery of meals/groceries are not covered under this benefit.</i></p>	<p>\$0 cost for telenutrition services through FoodSmart™</p>

Section 3: Dental Benefit Overview

Please note, for members living in Belknap, Carroll, and Grafton counties in New Hampshire: Preventive Dental services are covered.

For members living in Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo, Washington, and York counties in Maine; Cheshire, Coos, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan in New Hampshire: Preventive Dental services are not a covered benefit.

The **Generations Advantage Select (LPPO)** plan includes the following benefits when seeing a Delta Dental network dentist. This benefit overview is provided for summary purposes only

Dental Benefit	Select
Benefit Maximum*	\$1,000
Office Visit Copay	\$50
Category A: Diagnostic/Preventative	
Oral exam and routine cleaning once in a calendar year	No cost sharing (must pay office visit copay)
Problem-focused exams as needed	
Bitewing x-rays once every calendar year and panoramic x-rays once in a 5 calendar year period	
X-rays of individual teeth as needed	

Select Plan Out-of-network Dental Coverage

The Select plan offers out-of-network dental coverage. Please see the table below for a summary overview.

Select Out-of-network Dental Coverage	
Category A: Diagnostic/Preventative	50% coinsurance + \$50 office visit copay

* Benefit maximum applies to both in- and out-of-network services.

Section 3: Dental Benefit Overview (continued...)

Claim Process for Participating Dentists

Present your Generations Advantage member ID card to your participating dentist at the time of your visit. Your participating dentist will submit your claim to Delta Dental.

Members can register online to view claims and benefit information at **www.nedelta.com**.

Identification Cards

Your Generations Advantage member ID card includes your dental group number and the Delta Dental customer service number. Your member ID number for dental benefits is the same as your Generations Advantage Select plan member ID number.

Delta Dental Network

Plan benefits are available only when you receive your dental care from a Delta Dental network dentist in Maine, New Hampshire, or Vermont:

- ▶ **No Balance Billing:** Participating dentists accept Delta Dental's fees for services as payment in full.
- ▶ **No Claims Paperwork:** Participating dentists will prepare and submit claims for you.
- ▶ **Direct Payment:** Delta Dental pays participating dentists directly, so you don't have to pay the covered amount up front and wait for reimbursement.

To find out if your dentist participates in the Delta Dental network, please visit our website at

www.MartinsPoint.org/MedicareMembers, visit

www.nedelta.com/Dentist-Search, or call **Delta Dental's**

Customer Service Department at 1-800-832-5700 (TTY:711)

Monday through Friday, 8 am–4:45 pm.

Martin's Point Generations Advantage Value Plus (HMO)

Section 1: Introduction

This is a summary of drug and health services covered by Martin's Point Generations Advantage Value Plus.

January 1, 2023 - December 31, 2023

Martin's Point Generations Advantage is a health plan with a Medicare contract offering HMO, HMO-POS, HMO SNP, and Local PPO products. Enrollment in a Martin's Point Generations Advantage plan depends on contract renewal.

This information may be available in other formats such as large print, braille, or an electronic copy on our website. For more information call Generations Advantage at 1-866-544-7504.

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 services we cover, please see the Evidence of Coverage on our website, or you may contact us. To join Martin's Point Generations Advantage Value Plus, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

For Generations Advantage Value Plus (HMO) plan:

Our service area includes: Aroostook, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo, and Washington counties in Maine.

The plan has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for the services.

Section 2: Summary of Benefits

This is a summary of the premiums and benefits covered by the Martin's Point Generations Advantage Value Plus (HMO).

The table below shows the monthly plan premium amount for each of the regions we serve. In addition, you must keep paying your Medicare Part B premium.

Monthly Plan Premium	Plan Service Area	Monthly Premium
Martin's Point Generations Advantage Value Plus	Aroostook, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo, and Washington counties in Maine	\$0

Benefit	Value Plus (HMO) Plan
Deductible (our plan does not have a medical deductible)	You pay \$0 annually
Maximum Out-of-Pocket (does not include prescription drugs) Our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. <i>Note: Your Maximum Out-of-Pocket is based on your service area.</i>	For Members living in Kennebec and Sagadahoc Counties in Maine; \$5,750 Annually For members living in Aroostook, Franklin, Hancock, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Somerset, Waldo, and Washington Counties in Maine: \$5,900 Annually
Inpatient hospital This plan covers up to 90 days per benefit period and 60 additional Lifetime Reserve days over your lifetime. Services may require that your provider get prior authorization (approval in advance). Please have your provider contact the plan for more details.	In-network: You pay per admission: \$425 per day for days 1-5; \$0 per day for days 6-90
Outpatient hospital Services may require that your provider get prior authorization (approval in advance). Please have your provider contact the plan for more details.	In-network: You pay \$275 for Medicare-covered surgery services at a hospital outpatient facility.

Benefit	Value Plus (HMO) Plan
Ambulatory & Surgical Center (ASC) Services may require that your provider get prior authorization (approval in advance). Please have your provider contact the plan for more details.	In-network: You pay \$200 for Medicare-covered surgery services at an ambulatory surgical center.
Doctor visits	In-network: Primary care You pay \$0 for post-operative and post-discharge visits with your PCP. You pay \$0 for a brief emotional/behavioral assessment with your PCP. You pay \$10 for all other PCP services and visits. Specialists You pay \$45 for each specialist office visit for Medicare-covered services.
Preventive care Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at \$0 cost.	In-network: You pay \$0 for additional preventive services approved by Medicare
Emergency care <i>Note: You do not have to pay this amount if you are admitted to a hospital within 24 hours for the same condition.</i> Emergency care is covered worldwide. There is a \$25,000 limit for worldwide emergency, urgent care, and ambulance transport, this limit does not apply to services in the U.S.	In- and Out-of-network: You pay \$95 for each Medicare-covered emergency room visit.
Urgently needed services Urgent care is covered nationwide. There is a \$25,000 limit for worldwide emergency, urgent care, and ambulance transport, this limit does not apply to services in the U.S.	In- and Out-of-network: You pay \$50 for each Medicare-covered urgent care visit when performed at an urgent care center. Out-of-Country: You pay \$95 for each Medicare-covered urgent care visit when performed at an urgent care center outside of the United States and its associated territories.

Benefit	Value Plus (HMO) Plan
<p>Diagnostic Services / Labs / Imaging Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information.</p>	<p>In-network: Diagnostic radiology service (e.g., MRI) You pay 20% of the contracted rate for complex diagnostic radiology (PET, CT, MRI, MRA, nuclear medicine).</p> <p>Lab services You pay 20% of the contracted rate for genetic labs. You pay \$0 copay for all other lab services.</p> <p>Diagnostic tests and procedures You pay 15% of the contracted rate for simple diagnostic radiology.</p> <p>Outpatient x-rays You pay \$15 copay for x-rays.</p>
<p>Hearing services</p>	<p>In-network: Hearing exam You pay \$45 per visit for Medicare-covered hearing services.</p> <p>Hearing aid fittings and evaluations You pay \$0 for 1 year of hearing aid fittings and ongoing hearing aid evaluations when used in conjunction with your hearing aid benefit. <i>Services must be received from an Amplifon provider.</i></p> <p>Hearing aids You pay \$495, \$695, \$1095, \$1495, or \$2095 copay per ear, per year, depending on Tier selected. <i>Services must be received from an Amplifon provider.</i></p>

Benefit	Value Plus (HMO) Plan
<p>Dental services (Medicare-covered) Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information.</p> <p>Preventive and comprehensive dental Members must use Delta Dental PPO/Premier or Martin's Point Generations Advantage network dentist in Maine, New Hampshire, or Vermont to obtain these supplemental dental benefits.</p>	<p>In-network: You pay \$45 per visit for Medicare-covered dental services (non-routine dental care required to treat illness or injury). Preventive and Comprehensive Dental services are covered. <i>Please see Dental Overview on page 55 for more information.</i></p>
<p>Vision services</p>	<p>In-network: annual routine eye exam You pay \$0 for an annual routine eye exam.</p> <p>Medicare-covered physician services You pay \$45 for non-routine Medicare-covered physician services.</p> <p>Glaucoma testing You pay \$0 for glaucoma testing.</p> <p>Diabetic retinopathy You pay \$0 for a diabetic eye exam (retinopathy).</p> <p>Eyeglass frames, lenses, and contacts The plan will reimburse up to \$100 for prescription frames, lenses, and contacts.</p>
<p>Mental health services Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information.</p>	<p>In-network: Inpatient visit You pay per admission: \$365 per day for days 1- 5 \$0 per day for days 6 and beyond</p> <p>Outpatient individual therapy visit You pay \$25 per visit for individual therapy.</p> <p>Outpatient group therapy visit You pay \$25 per visit for group therapy.</p>

Benefit	Value Plus (HMO) Plan
Skilled nursing facility Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information.	In-network: For each benefit period you pay for Medicare-covered services: \$0 per day for days 1-20; \$196 per day for days 21-100
Physical therapy	In-network: You pay \$40 for each Medicare-covered visit.
Ambulance Non-emergency ambulance transportation services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information. Ambulance services are covered worldwide. There is a \$25,000 limit for worldwide emergency, urgent care, and ambulance transport, this limit does not apply to services in the U.S.	In- and Out-of-network: You pay \$325 for each Medicare-covered emergency ambulance service (one-way).
Transportation	Not a covered benefit.
Medicare Part B drugs Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information.	In-network: You pay 20% of the contracted rate for Medicare-covered services.

Outpatient Prescription Drugs (Generations Advantage Value Plus (HMO) Plan)

	Standard Retail (30-day supply)	Preferred Retail (30-day supply)	Mail-Order (90-day supply)	
Phase 1: Deductible Phase				
\$275 Part D deductible for Tiers 3 through 5 drugs				
Phase 2: Initial Coverage				
Cost sharing Tier 1 (Preferred Generic)	\$4	\$0	\$10	Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. You 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 you haven't paid your deductible. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please refer to the Evidence of Coverage
Cost sharing Tier 2 (Generic)	\$18	\$10	\$45	
Cost sharing Tier 3 (Preferred Brand)	\$47	\$40	\$117.50	
Cost sharing Tier 4 (Non-Preferred Drug)	\$100	\$95	\$250	
Cost sharing Tier 5 (Specialty Tier)	28%	28%	28%	
Phase 3: Coverage Gap				
During this phase you will pay 25% for generic or brand-name drugs.				
Phase 4: Catastrophic Coverage (after you or others on your behalf pay \$7,400)				
Generic Drugs	You pay \$4.15 or 5% (whichever costs more)			
Brand-Name Drugs	You pay \$10.35 or 5% (whichever costs more)			

Senior Savings Program	Standard Cost Sharing	Preferred Cost Sharing	Mail Order Cost Sharing
Members are eligible for reduced cost sharing on select insulins.	You pay \$35 per 30-day supply. You pay \$70 per 60-day supply. You pay \$105 per 90-day supply.	You pay \$25 per 30-day supply. You pay \$50 per 60-day supply. You pay \$62.50 per 90-day supply.	You pay \$25 per 30-day supply. You pay \$50 per 60-day supply. You pay \$62.50 per 90-day supply.

Additional Benefits	Value Plus (HMO) Plan
<p>Wellness Wallet (Fitness, Naturopathic Services, Acupuncture, Nutrition/Dietary Education, Weight Management Programs, and Face Masks)</p> <p>Please see the Evidence of Coverage for more information.</p>	<p>The plan will reimburse up to \$ 400 each year in total for Fitness Benefit, Naturopathic Services, Acupuncture, Nutrition/Dietary Education, Weight Management Programs, and Face Masks.</p>
<p>Over-The-Counter items (OTC) More than 350 covered items including: non-prescription medicine (pain relief, cough, allergies), toothpaste, first aid items, and vitamins. Members can order online, over the phone, or visit a designated store location.</p> <p>Please see the Evidence of Coverage for more information.</p>	<p>The plan will cover up to \$60 per quarter for members to purchase select CVS brand over-the-counter (OTC) products.</p> <p><i>The benefit refreshes quarterly. Remaining balances do not carry over to the next quarter.</i></p>
<p>Nutrition and dietary Telenutrition: Members have access to an online nutrition/dietary platform and unlimited visits with a registered dietitian via video connection, email, or telephone through third-party vendor FoodSmart™.</p> <p><i>Note: Food cost and delivery of meals/groceries are not covered under this benefit.</i></p>	<p>\$0 cost for telenutrition services through FoodSmart™</p>

All plans cover Part B drugs such as chemotherapy and some drugs administered by your provider.

In addition, **Generations Advantage Value Plus** covers Part D drugs.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions, our plan's pharmacy directory and our plan's provider directory on our website at **www.MartinsPoint.org/MedicareMembers**.

If you want to know more about the coverage and costs of Original Medicare, look in your Medicare & You 2023 Handbook. You can download a copy of from the Medicare website (**www.medicare.gov**) or ask for a printed 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.

Value Plus (HMO) Plan

Point-of-Service:

Not covered under this plan.

Section 3: Dental Benefit Overview

The **Martin's Point Generations Advantage Value Plus (HMO)** plan includes the following benefits when seeing a Delta Dental network dentist. This benefit overview is provided for summary purposes only.

Delta Dental Network

Plan benefits are available only when you receive your dental care from a Delta Dental network dentist in Maine, New Hampshire, or Vermont:

- **No Balance Billing:** Participating dentists accept Delta Dental's fees for services as payment in full.
- **No Claims Paperwork:** Participating dentists will prepare and submit claims for you.
- **Direct Payment:** Delta Dental pays participating dentists directly, so you don't have to pay the covered amount up front and wait for reimbursement.

To find out if your dentist participates in the Delta Dental network, please visit our website at

www.MartinsPoint.org/MedicareMembers, visit **www.nedelta.com/Dentist-Search**, or call **Delta Dental's Customer Service Department at 1-800-832-5700 (TTY: 711) Monday through Friday, 8 am–4:45 pm.**

***Note:** Cleanings are limited to once per calendar year; you may choose from either a routine cleaning (Coverage A) or a periodontal cleaning (Coverage B).

Dental Benefit		Prime
Benefit Maximum		\$1,000
Office Visit Copay		\$50
Category A: Diagnostic/Preventative		
Oral exam and routine cleaning* once in a calendar year	No cost sharing (must pay office visit copay)	
Problem-focused exams as needed		
Bitewing x-rays once every calendar year and panoramic x-rays once in a 5 calendar year period		
X-rays of individual teeth as needed		
Category B: Basic Restorative		
Amalgam (silver) fillings	You pay 50% of the cost + \$50 office visit copay \$50 annual deductible applies	
Resin restoration on anterior teeth and the buccal surface of bicuspid only		
Surgical and routine extractions		
Root canals		
Treatment of gum disease (periodontics, including periodontal maintenance cleanings*)		
Category C: Major Restorative		
Dentures	You pay 50% of the cost + \$50 office visit copay \$50 annual deductible applies	
Crowns		
Implants		

Section 3: Dental Benefit Overview (Continued)...

Claim Process for Participating Dentists

Present your Generations Advantage member ID card to your participating dentist at the time of your visit. Your participating dentist will submit your claim to Delta Dental.

Members can register online to view claims and benefit information at www.nedelta.com.

Non-participating Dentists

No benefits are available under your policy if you choose to visit a dentist who is not participating in the Delta Dental network. Non-participating dentists are welcome to join the Delta Dental network at any time.

Identification Cards

Your Generations Advantage member ID card includes your dental group number and the Delta Dental customer service number. Your member ID number for dental benefits is the same as your Generations Advantage Value Plus plan member ID number.

Martin's Point Health Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Martin's Point Health Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Martin's Point Health Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Martin's Point Generations Advantage Member Services Team.

If you believe that Martin's Point Health Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Member Services: Member Services, Martin's Point Generations Advantage, PO Box 9746, Portland,

ME 04104, 1-866-544-7504, TTY: 711, Fax: 207-828-7847. (We're available 8 am-8 pm, seven days a week from October 1 to March 31;

and Monday through Friday the rest of the year.) You can file a grievance in person, by mail, or by fax. If you need help filing a grievance, the Martin's Point Generations Advantage Member Services Team is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 (TDD: 1-800-537-7697)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.



Form Approved OMB# 0938-1421

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-553-7054 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-553-7054 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费~~费~~的翻译服务, 帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务, 请致电 1-877-553-7054 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問, 為此我們提供免費的翻譯服務。如需翻譯服務, 請致電 1-877-553-7054 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-553-7054 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-553-7054 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-553-7054 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-553-7054 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-553-7054 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-553-7054 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (TTY: 711) 1-877-553-7054. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-553-7054 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-553-7054 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-553-7054 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-553-7054 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-553-7054 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、

1-877-553-7054 (TTY: 711) にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。



MARTIN'S POINT[®]

MEDICARE ADVANTAGE PLANS

GENERATIONS ADVANTAGE

For more information about benefits or enrollment, call us
or visit our website at MartinsPoint.org/Medicare

1-888-408-8285 (TTY: 711)

We are available 8 am–8 pm, seven days a week from
October 1 to March 31; and Monday through Friday the rest
of the year.

Martin's Point Generations Advantage,
891 Washington Ave., PO Box 9746, Portland, ME 04104