



Summary of Benefits

JANUARY 1–DECEMBER 31, 2025

Access (LPPO)
Alliance (HMO)
Prime (HMO-POS)
Select (LPPO)
Value Plus (HMO-POS)

 **Martin's Point**

**GENERATIONS ADVANTAGE
MEDICARE ADVANTAGE PLANS**

Summary of Benefits

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

January 1 – December 31, 2025

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

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Section 1: Introduction

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

January 1, 2025 – December 31, 2025

Plan Overview:

Martin's Point Generations Advantage is a health plan with a Medicare contract offering HMO, HMO-POS, 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 general definitions of common healthcare terms, such as allowed amount, balance billing, coinsurance, copayment, and deductible, please view the Glossary at www.healthcare.gov/sbc-glossary.

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 visit www.MartinsPoint.org/EOC or contact us at 1-866-697-0007 (TTY: 711). We are available 8am - 8pm, seven days a week from October 1 to March 31, and Monday through Friday the rest of the year.

To join Martin's Point Generations Advantage, you must be entitled to Medicare Part A, enrolled in Medicare Part B, and live in our service area, which includes all counties in Maine and New Hampshire.

For Prime (HMO-POS) and Value Plus (HMO-POS) plans: The 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.

For Select (LPPO) and Access (LPPO) plans: 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.

For Alliance (HMO) plan: 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: Monthly Premium, Medical Deductible, and Maximum Out-of-Pocket

In this section, we'll cover the key costs you may encounter with your health plan: Monthly Premiums, Overall Deductible, and Maximum Out-of-Pocket Costs.

Monthly Premium:

The amount you pay each month to keep your health plan active. In addition to the monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

Medical Deductible:

The total amount you need to pay for covered services each year before your health plan starts to pay.

Maximum Out-of-Pocket:

The most you'll have to pay in a year for covered services, after which the plan will cover 100% of your covered healthcare expenses.

Plan Name	Plan Service Area by County	Monthly Premium	Medical Deductible	Maximum Out-of-Pocket
Prime (HMO-POS)	ME: Lincoln, Oxford, Piscataquis, Somerset, and Waldo New Hampshire: Belknap, Carroll, Coos, and Grafton	\$93	\$0	\$6,750 Combined
	ME: Aroostook, Franklin, Hancock, Knox, Penobscot, and Washington	\$34	\$0	\$6,350 Combined
	ME: Androscoggin, Kennebec, and Sagadahoc	\$29	\$0	\$6,350 Combined
	NH: Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	\$29	\$0	\$6,750 Combined
	ME: Cumberland and York	\$0	\$0	\$6,350 Combined
Value Plus (HMO-POS)	ME: All Counties	\$0	\$0	\$6,350 Combined
Select (LPPO)	ME: All Counties NH: Cheshire, Coos, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	\$104	\$0	\$6,750 Combined
Access (LPPO)	NH: Belknap, Carroll, Coos, and Grafton	\$0	\$0	\$5,900 In-Network \$9,550 Combined
	NH: Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	\$0	\$0	\$4,900 In-Network \$9,550 Combined
Alliance (HMO)	ME: All Counties New Hampshire: All Counties	\$0 \$50 Part B Buyback	\$0	\$5,000 In-Network

Section 3: Inpatient Services: Hospital and Skilled Nursing Facility Stays

Services may require that your provider get prior authorization (approval in advance). Please have your provider contact the plan for more details.

Note: Your copay is based on your service area.

Plan Name	Service Area by County	Inpatient Hospital Stay (per Medicare-covered admission)	Skilled Nursing Facility (SNF) (Per Benefit Period)
Prime (HMO-POS)	ME: Aroostook, Franklin, Hancock, Knox, Penobscot, and Washington	In-network: You pay a \$395 copay for days 1-7 and \$0 per day for days 8+. Out-of-network: You pay 40% of the total cost.	In-network: You pay a \$10 copay for days 1-20 and a \$214 copay per day for days 21-100. Out-of-network: Not a covered POS benefit.
	ME: Androscoggin, Cumberland, Kennebec, Lincoln, Oxford, Piscataquis, Sagadahoc, Somerset, Waldo, and York NH: All counties	In-network: You pay a \$375 copay for days 1-7 and \$0 per day for days 8+. Out-of-network: You pay 40% of the total cost.	In-network: You pay a \$10 copay for days 1-20 and a \$214 copay per day for days 21-100. Out-of-network: Not a covered POS benefit.
Value Plus (HMO-POS)	ME: All Counties	In-network: You pay a \$375 copay for days 1-7 and \$0 per day for days 8+. Out-of-network: You pay 40% of the total cost.	In-network: You pay a \$10 copay for days 1-20 and a \$214 copay per day for days 21-100. Out-of-network: Not a covered POS benefit.
Select (LPPO)	ME: All Counties NH: Cheshire, Coos, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	In-network: You pay a \$295 copay for days 1-7 and \$0 per day for days 8+. Out-of-network: You pay 40% of the total cost.	In-network: You pay a \$10 copay for days 1-20 and a \$214 copay per day for days 21-100. Out-of-network: You pay 30% of the total cost for days 1-100.
Access (LPPO)	NH: Belknap, Carroll, Coos, and Grafton	In-network: You pay a \$400 copay for days 1-7 and \$0 per day for days 8+. Out-of-network: You pay 40% of the total cost.	In-network: You pay a \$10 copay for days 1-20 and a \$214 copay per day for days 21-100. Out-of-network: You pay 30% of the total cost for days 1-100.
	NH: Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	In-network: You pay a \$395 copay for days 1-7 and \$0 per day for days 8+. Out-of-network: You pay 40% of the total cost.	In-network: You pay a \$10 copay for days 1-20 and a \$214 copay per day for days 21-100. Out-of-network: You pay 30% of the total cost for days 1-100.
Alliance (HMO)	ME: All counties New Hampshire: All counties	In-network: You pay a \$375 copay for days 1-7 and \$0 per day for days 8+.	In-network: You pay a \$0 copay for days 1-20 and a \$203 copay per day for days 21-100.

Section 4: Outpatient Hospital Facility

Services may require that your provider get prior authorization (approval in advance). Please have your provider contact the plan for more details.

Note: Your copay is based on your service area.

Plan Name	Plan Service Area by County	Outpatient Hospital Facility Surgery Services
Prime (HMO-POS)	ME: Cumberland, Lincoln, Oxford, Piscataquis, Somerset, Waldo, and York NH: Belknap, Carroll, Coos, and Grafton	In-network: You pay a \$325 copay for Medicare-covered surgery services. Out-of-network: You pay a \$450 copay for Medicare-covered surgery services with your POS benefit.
	ME: Aroostook, Franklin, Hancock, Knox, Penobscot, and Washington	In-network: You pay a \$325 copay for Medicare-covered surgery services. Out-of-network: You pay a \$475 copay for Medicare-covered surgery services with your POS benefit.
	ME: Androscoggin, Kennebec, and Sagadahoc	In-network: You pay a \$280 copay for Medicare-covered surgery services. Out-of-network: You pay a \$450 copay for Medicare-covered surgery services with your POS benefit.
	NH: Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	In-network: You pay a \$375 copay for Medicare-covered surgery services. Out-of-network: You pay a \$495 copay for Medicare-covered surgery services with your POS benefit.
Value Plus (HMO-POS)	ME: All Counties	In-network: You pay a \$320 copay for Medicare-covered surgery services. Out-of-network: You pay a \$450 copay for Medicare-covered surgery services with your POS benefit.
Select (LPPO)	ME: All Counties NH: Cheshire, Coos, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	In-network: You pay a \$275 copay for Medicare-covered surgery services. Out-of-network: You pay 30% of the total cost for Medicare-covered surgery services.
Access (LPPO)	NH: Belknap, Carroll, Coos, and Grafton	In-network: You pay a \$350 copay for Medicare-covered surgery services. Out-of-network: You pay 30% of the total cost for Medicare-covered surgery services.
	NH: Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	In-network: You pay a \$395 copay for Medicare-covered surgery services. Out-of-network: You pay 30% of the total cost for Medicare-covered surgery services.
Alliance (HMO)	ME: All Counties NH: All Counties	In-network: You pay a \$275 copay for Medicare-covered surgery services.

Section 5: 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.

Note: Your copay is based on your service area.

Plan	Plan Service Area	Ambulatory Surgical Center (ASC) Surgery Services
Prime (HMO-POS)	ME: All Counties NH: Belknap, Carroll, Coos, and Grafton	In-network: You pay a \$225 copay for Medicare-covered surgery services. Out-of-network: You pay a \$275 copay for Medicare-covered surgery services with your POS benefit.
	NH: Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	In-network: You pay a \$250 copay for Medicare-covered surgery services. Out-of-network: You pay a \$300 copay for Medicare-covered surgery services with your POS benefit.
Value Plus (HMO-POS)	ME: All Counties	In-network: You pay a \$225 copay for Medicare-covered surgery services. Out-of-network: You pay a \$275 copay for Medicare-covered surgery services with your POS benefit.
Select (LPPO)	ME: All Counties NH: Cheshire, Coos, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	In-network: You pay a \$225 copay for Medicare-covered surgery services. Out-of-network: You pay 30% of the total cost for Medicare-covered surgery services.
Access (LPPO)	NH: Belknap, Carroll, Coos, and Grafton	In-network: You pay a \$225 copay for Medicare-covered surgery services. Out-of-network: You pay 30% of the total cost for Medicare-covered surgery services.
	NH: Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	In-network: You pay a \$295 copay for Medicare-covered surgery services. Out-of-network: You pay 30% of the total cost for Medicare-covered surgery services.
Alliance (HMO)	ME: All Counties NH: All Counties	In-network: You pay a \$10 copay for Medicare-covered surgery services.

Section 6: Doctor Visits

Services may require that your provider get prior authorization (approval in advance). Please have your provider contact the plan for more details.

Note: Your copay is based on your service area.

Plan Name	Plan Service Area	Primary Care (for Medicare-covered services)
Prime (HMO-POS)	ME: Cumberland and York NH: Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	In-network: You pay a \$0 copay for each Primary Care Physician (PCP) visit. Out-of-network: You pay a \$35 copay for each Primary Care Physician (PCP) visit with your POS benefit.
	ME: Aroostook, Franklin, Hancock, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Somerset, Waldo, and Washington NH: Belknap, Carroll, Coos, and Grafton	In-network: You pay a \$0 copay for each Primary Care Physician (PCP) visit. Out-of-network: You pay a \$35 copay for each Primary Care Physician (PCP) visit with your POS benefit.
	ME: Androscoggin, Kennebec, and Sagadahoc	In-network: You pay a \$0 copay for each Primary Care Physician (PCP) visit. Out-of-network: You pay a \$35 copay for each Primary Care Physician (PCP) visit with your POS benefit.
Value Plus (HMO-POS)	ME: All counties	In-network: You pay a \$0 copay for each Primary Care Physician (PCP) visit. Out-of-network: You pay a \$35 copay for each Primary Care Physician (PCP) visit with your POS benefit.
Select (LPPO)	ME: All counties NH: Cheshire, Coos, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	In-and-out-of-network: You pay a \$0 copay for each Primary Care Physician (PCP) visit.
Access (LPPO)	NH: Belknap, Carroll, Coos, and Grafton	In-and-out-of-network: You pay a \$10 copay for each Primary Care Physician (PCP) visit.
	NH: Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	In-and-out-of-network: You pay a \$0 copay for each Primary Care Physician (PCP) visit.
Alliance (HMO)	ME: All counties NH: All counties	In-network: You pay a \$0 copay for each Primary Care Physician (PCP) visit.

Doctor Visits, continued

Services may require that your provider get prior authorization (approval in advance). Please have your provider contact the plan for more details.

Note: Your copay is based on your service area.

Plan Name	Plan Service Area	Specialists (for Medicare-covered services)
Prime (HMO-POS)	ME: Cumberland and York NH: Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	In-network: You pay a \$45 copay for each specialist visit. Out-of-network: You pay a \$60 copay for each specialist visit with your POS benefit.
	ME: Aroostook, Franklin, Hancock, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Somerset, Waldo, and Washington NH: Belknap, Carroll, Coos, and Grafton	In-network: You pay a \$45 copay for each specialist visit. Out-of-network: You pay a \$55 copay for each specialist visit with your POS benefit.
	ME: Androscoggin, Kennebec, and Sagadahoc	In-network: You pay a \$35 copay for each specialist visit. Out-of-network: You pay a \$50 copay for each specialist visit with your POS benefit.
Value Plus (HMO-POS)	ME: All counties	In-network: You pay a \$45 copay for each specialist visit for Medicare-covered services. Out-of-network: You pay a \$55 copay for each specialist visit with your POS benefit.
Select (LPPO)	ME: All counties NH: Cheshire, Coos, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	In-and-out-of-network: You pay a \$25 copay for each specialist visit.
Access (LPPO)	NH: All Counties	In-and-out-of-network: You pay a \$45 copay for each specialist visit.
Alliance (HMO)	ME: All counties NH: All counties	In-network: You pay a \$15 copay for each specialist visit.

Section 7: Preventive Care and Annual Medicare Wellness Visit

For all preventive services that are covered at no cost under Original Medicare, we also cover the service at no cost to you. However, if you also are treated or monitored for an existing medical condition during the visit when you receive the preventive service, a copayment will apply for the care received for the existing medical condition.

Note: Your copay is based on your service area.

Plan	Plan Service Area	Preventive Care	Annual Medicare Wellness Visit
Prime (HMO-POS)	ME: All Counties NH: Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	In-network: You pay a \$0 copay for preventive services approved by Medicare. Out-of-network: Not a covered benefit.	In-network: You pay a \$0 copay for an annual wellness visit. Out-of-network: You pay a \$35 copay for an annual wellness visit with your POS benefit.
Value Plus (HMO-POS)	ME: All Counties	In-network: You pay a \$0 copay for preventive services approved by Medicare. Out-of-network: Not a covered benefit.	In-network: You pay a \$0 copay for an annual wellness visit. Out-of-network: You pay a \$35 copay for an annual wellness visit with your POS benefit.
Select (LPPO)	ME: All Counties NH: Cheshire, Coos, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan counties	In-network: You pay a \$0 copay for preventive services approved by Medicare. Out-of-network: You pay a \$0 copay for preventive services approved by Medicare.	In-network: You pay a \$0 copay for an annual wellness visit. Out-of-network: You pay a \$0 copay for an annual wellness visit.
Access (LPPO)	NH: All counties	In-network: You pay a \$0 copay for preventive services approved by Medicare. Out-of-network: You pay 30% of the total cost for preventive services approved by Medicare.	In-network: You pay a \$0 copay for an annual wellness visit. Out-of-network: You pay 30% of the total cost for an annual wellness visit.
Alliance (HMO)	ME: All counties NH: All counties	In-network: You pay a \$0 copay for preventive services approved by Medicare.	In-network: You pay a \$0 copay for an annual wellness visit.

Section 8: Emergency Care / Urgent Care

Urgent care and emergency care are covered worldwide.

Out-of-country emergency care, including inpatient and outpatient services, is covered for stabilization only.

A \$25,000 annual maximum amount applies for ambulance transportation, urgent care, and emergency services received outside of the U.S. This limit does not apply to services in the U.S.

Plan Name	Plan Service Area by County	Emergency Care (for each Medicare-covered emergency room visit)*	Urgent Care (for each Medicare-covered urgent care visit when performed at an urgent care center)	Ambulance Services (for each Medicare-covered emergency ambulance service)
Prime (HMO-POS)	ME: All Counties NH: All Counties	In-and-out-of-country: You pay a \$125 copay.	In-country: You pay a \$55 copay. Out-of-country: You pay a \$125 copay.	In-and-out-of-country: You pay a \$325 copay each way.
Value Plus (HMO-POS)	ME: All Counties	In-and-out-of-country: You pay a \$125 copay.	In-country: You pay a \$55 copay. Out-of-country: You pay a \$125 copay.	In-and-out-of-country: You pay a \$325 copay each way.
Select (LPPO)	ME: All counties NH: Cheshire, Coos, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	In-and-out-of-country: You pay a \$125 copay.	In-country: You pay a \$55 copay. Out-of-country: You pay a \$125 copay.	In-and-out-of-country: You pay a \$325 copay each way.
Access (LPPO)	NH: All Counties	In-and-out-of-country: You pay a \$125 copay.	In-country: You pay a \$55 copay. Out-of-country: You pay a \$125 copay.	In-and-out-of-country: You pay a \$325 copay each way.
Alliance (HMO)	ME: All Counties NH: All Counties	In-and-out-of-country: You pay a \$125 copay.	In-country: You pay a \$0 copay. Out-of-country: You pay a \$125 copay.	In-and-out-of-country: You pay a \$325 copay each way.

**Note: You do not have to pay your emergency room copayment amount if you are admitted to a hospital within 24 hours for the same condition.*

Section 9: Diagnostic Services / Labs / Imaging

Plan Name	Plan Service Area by County	Diagnostic Radiology Services	Diagnostic Tests and Procedures
Prime (HMO-POS)	ME: All Counties NH: All Counties	<p>In-network: You pay 20% of the total cost for complex diagnostic radiology (PET, CT, MRI, MRA, nuclear medicine).</p> <p>Out-of-network: You pay 30% of the total cost with your POS benefit.</p>	<p>In-network: You pay 15% of the total cost for simple diagnostic radiology</p> <p>Out-of-network: You pay 15% of the total cost for simple diagnostic radiology with your POS benefit.</p>
Value Plus (HMO-POS)	ME: All Counties	<p>In-network: You pay 20% of the total cost for complex diagnostic radiology (PET, CT, MRI, MRA, nuclear medicine).</p> <p>Out-of-network: You pay 30% of the total cost with your POS benefit.</p>	<p>In-network: You pay 15% of the total cost for simple diagnostic radiology</p> <p>Out-of-network: You pay 15% of the total cost for simple diagnostic radiology with your POS benefit.</p>
Select (LPPO)	ME: All Counties NH: Cheshire, Coos, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan counties	<p>In-network: You pay 20% of the total cost for complex diagnostic radiology (PET, CT, MRI, MRA, nuclear medicine).</p> <p>Out-of-network: You pay 30% of the total cost.</p>	In-and-out-of-network: You pay 15% of the total cost for simple diagnostic radiology.
Access (LPPO)	NH: All Counties	<p>In-network: You pay 20% of the total cost for complex diagnostic radiology (PET, CT, MRI, MRA, nuclear medicine).</p> <p>Out-of-network: You pay 30% of the total cost.</p>	In-and-out-of-network: You pay 20% of the total cost for simple diagnostic radiology.
Alliance (HMO)	ME: All Counties NH: All Counties	In-network: You pay 20% of the total cost for complex diagnostic radiology (PET, CT, MRI, MRA, nuclear medicine).	In-network: You pay 5% of the total cost for simple diagnostic radiology.

Diagnostic Services / Labs / Imaging, continued

Plan Name	Plan Service Area by County	Lab Services	Outpatient X-rays
Prime (HMO-POS)	ME: All Counties NH: All Counties	<p>In-network: You pay a \$0 copay for COVID-19 viral testing and a \$5 copay for all other lab services (including COVID-19 antibody testing). You pay 20% of the total cost for genetic labs.</p> <p>Out-of-network: You pay a \$0 copay for COVID-19 viral testing and a \$5 copay for all other lab services (including COVID-19 antibody testing). You pay 20% of the total cost for genetic labs.</p>	<p>In-network: You pay 15% of the total cost for X-rays.</p> <p>Out-of-network: You pay 15% of the total cost for X-rays with your POS benefit.</p>
Value Plus (HMO-POS)	ME: All Counties	<p>In-network: You pay a \$0 copay for COVID-19 viral testing and a \$5 copay for all other lab services (including COVID-19 antibody testing). You pay 20% of the total cost for genetic labs.</p> <p>Out-of-network: You pay a \$0 copay for COVID-19 viral testing and a \$5 copay for all other lab services (including COVID-19 antibody testing). You pay 20% of the total cost for genetic labs.</p>	<p>In-network: You pay 15% of the total cost for X-rays.</p> <p>Out-of-network: You pay 15% of the total cost for X-rays with your POS benefit.</p>
Select (LPPO)	ME: All Counties NH: Cheshire, Coos, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan counties	In-and-out-of-network: You pay a \$0 copay for COVID-19 viral testing and a \$5 copay for all other lab services (including COVID-19 antibody testing). You pay 20% of the total cost for genetic labs.	<p>In-network: You pay a \$0 copay for X-rays.</p> <p>Out-of-network: You pay 15% of the total cost for X-rays.</p>
Access (LPPO)	NH: All Counties	In-and-out-of-network: You pay a \$0 copay for COVID-19 viral testing and a \$5 copay for all other lab services (including COVID-19 antibody testing). You pay 20% of the total cost for genetic labs.	In-and-out-of-network: You pay 15% of the total cost for X-rays.
Alliance (HMO)	ME: All Counties NH: All Counties	In-network: You pay a \$0 copay for COVID-19 viral testing and a \$5 copay for all other lab services (including COVID-19 antibody testing). You pay 20% of the total cost for genetic labs.	In-network: You pay 5% of the total cost for X-rays.

Section 10: Hearing Services

Note: Hearing aid devices are limited to the devices available through the Martin's Point-Amplifon program. Hearing aid services must be received from an Amplifon provider.

Plan Name	Plan Service Area by County	Hearing Exam	Hearing Aid Fittings & Evaluations*
Prime (HMO-POS)	ME: Aroostook, Cumberland, Franklin, Hancock, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Somerset, Waldo, Washington, and York NH: Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	You pay a \$45 copay per visit for Medicare-covered hearing services.	There is a \$1,000 benefit maximum (\$500 per ear, per year). You pay a \$0 copay for 1 year of hearing aid fittings and ongoing hearing aid evaluations when used in conjunction with your hearing aid benefit.
	ME: Androscoggin, Kennebec, and Sagadahoc	You pay a \$35 copay per visit for Medicare-covered hearing services.	There is a \$1,000 benefit maximum (\$500 per ear, per year). You pay a \$0 copay for 1 year of hearing aid fittings and ongoing hearing aid evaluations when used in conjunction with your hearing aid benefit.
Value Plus (HMO-POS)	ME: All Counties	You pay a \$45 copay per visit for Medicare-covered hearing services.	There is a \$1,000 benefit maximum (\$500 per ear, per year). You pay a \$0 copay for 1 year of hearing aid fittings and ongoing hearing aid evaluations when used in conjunction with your hearing aid benefit.
Select (LPPO)	ME: All Counties NH: Cheshire, Coos, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	You pay a \$25 copay per visit for Medicare-covered hearing services.	There is a \$1,000 benefit maximum (\$500 per ear, per year). You pay a \$0 copay for 1 year of hearing aid fittings and ongoing hearing aid evaluations when used in conjunction with your hearing aid benefit.
Access (LPPO)	NH: All Counties	You pay a \$45 copay per visit for Medicare-covered hearing services.	There is a \$1000 benefit maximum (\$500 per ear, per year). You pay a \$0 copay for 1 year of hearing aid fittings and ongoing hearing aid evaluations when used in conjunction with your hearing aid benefit.
Alliance (HMO)	ME: All Counties NH: All Counties	You pay a \$5 copay per visit for Medicare-covered hearing services.	There is a \$1400 benefit maximum (\$700 per ear, per year). You pay a \$0 copay for 1 year of hearing aid fittings and ongoing hearing aid evaluations when used in conjunction with your hearing aid benefit.

Section 11: Dental Services

Note: Plan benefits listed below apply when received from a dentist within any network restrictions noted for each plan. All dentists must not have opted out of Medicare.

Plan Name	Plan Service Area by County	Dental Services (Medicare-covered)	Preventative and Comprehensive Dental
Prime (HMO-POS)	ME: All Counties NH: All Counties	<p>In-network: You pay a \$50 copay per visit for Medicare-covered dental services (non-routine dental care required to treat illness or injury).</p> <p>Out-of-network: You pay a \$55 copay per visit for Medicare-covered dental services (non-routine dental care required to treat illness or injury).</p>	Members must use a Martin's Point Generations Delta Dental PPO or Delta Dental Premier dentist in Maine, New Hampshire, or Vermont who has not opted out of Medicare.
Value Plus (HMO-POS)	ME: All Counties	<p>In-network: You pay a \$50 copay per visit for Medicare-covered dental services (non-routine dental care required to treat illness or injury).</p> <p>Out-of-network: You pay a \$55 copay per visit for Medicare-covered dental services (non-routine dental care required to treat illness or injury).</p>	Members must use a Martin's Point Generations Delta Dental PPO or Delta Dental Premier dentist in Maine, New Hampshire, or Vermont who has not opted out of Medicare.
Select (LPPO)	ME: All Counties NH: Cheshire, Coos, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	<p>In-network: You pay a \$50 copay 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 total cost per visit for Medicare-covered dental services (non-routine dental care required to treat illness or injury).</p>	<p>Members must use a Delta Dental PPO or Delta Dental Premier dentist for in-network benefits.</p> <p>Members may use any out-of-network dentist at a reduced benefit level. Dentist must not have opted out of Medicare.</p>
Access (LPPO)	NH: All Counties	In- and out-of-network: You pay a \$50 copay per visit for Medicare-covered dental services (non-routine dental care required to treat illness or injury).	Members must use a Delta Dental PPO or Delta Dental Premier dentist for in-network benefits. Members may use any out-of-network dentist at a reduced benefit level. Dentist must not have opted out of Medicare.
Alliance (HMO)	ME: All Counties NH: All Counties	In-network only: You pay a \$0 copay per visit for Medicare-covered dental services (non-routine dental care required to treat illness or injury).	Members must use a Delta Dental PPO or Delta Dental Premier dentist in Maine, New Hampshire, or Vermont who has not opted out of Medicare.

Preventative and Comprehensive Dental (see network requirements on page 15)

Plan Name	Plan Service Area by County	Dental Benefit Maximum	Dental Office Visit
Prime (HMO-POS)	ME: Lincoln, Oxford, Piscataquis, Somerset, and Waldo NH: Belknap, Carroll, Coos, and Grafton	In-network: \$500 Benefit Maximum	In-network: You pay a \$50 copay per visit.
	ME: Aroostook, Cumberland, Franklin, Hancock, Knox, Penobscot, Washington, and York	In-network: \$750 Benefit Maximum	
	NH: Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	In-network: \$1,250 Benefit Maximum	
	ME: Androscoggin, Kennebec, and Sagadahoc	In-network: \$1,500 Benefit Maximum	
Value Plus (HMO-POS)	ME: All Counties	In-network: \$2,000 Benefit Maximum	In-network: You pay a \$50 copay per visit.
Select (LPPO)	ME: All Counties NH: Cheshire, Coos, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	In-and-out-of-network: \$1,500 Benefit Maximum	In-and-out-of-network: You pay a \$50 copay per visit.
Access (LPPO)	NH: Belknap, Carroll, Coos, and Grafton	In-and-out-of-network: \$1,000 Benefit Maximum	In-and-out-of-network: You pay a \$50 copay per visit.
	NH: Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	In-and-out-of-network: \$2,000 Benefit Maximum	
Alliance (HMO)	ME: All Counties NH: All Counties	In-network: \$2,500 Benefit Maximum	In-network: You pay a \$0 copay per visit.

Category A: Diagnostic and Preventative

Oral exam and routine cleaning* twice in a calendar year (once for Prime members living in Cumberland and York counties).
Problem-focuses 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.
Resin restoration on anterior teeth, posterior 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

Removable and fixed partial dentures (bridge).
Rebase and relines (denture), crowns.
Onlays and implants.

Plan Name	Plan Service Area by County	Category A: Diagnostic and Preventative	Category B: Basic Restorative	Category C: Major Restorative
Prime (HMO-POS)	ME: All Counties NH: All counties	In-network: No cost sharing (must pay \$50 office visit copay)	In-network: You pay 50% of the cost + \$50 office visit copay	In-network: You pay 50% of the cost + \$50 office visit copay
Value Plus (HMO-POS)	ME: All Counties	In-network: No cost sharing (must pay \$50 office visit copay)	In-network: You pay 50% of the cost + \$50 office visit copay	In-network: You pay 50% of the cost + \$50 office visit copay
Select (LPPO)	ME: All Counties NH: Cheshire, Coos, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	In-network: No cost sharing (must pay \$50 office visit copay) Out-of-network: You pay 50% of the cost + \$50 office visit copay	In-network: You pay 50% of the cost + \$50 office visit copay Out-of-network: You pay 50% of the cost + \$50 office visit copay	In-network: You pay 50% of the cost + \$50 office visit copay Out-of-network: You pay 50% of the cost + \$50 office visit copay
Access (LPPO)	NH: All Counties	In-network: No cost sharing (must pay \$50 office visit copay) Out-of-network: You pay 50% of the cost + \$50 office visit copay	In-network: You pay 50% of the cost + \$50 office visit copay Out-of-network: You pay 50% of the cost + \$50 office visit copay	In-network: You pay 50% of the cost + \$50 office visit copay Out-of-network: You pay 50% of the cost + \$50 office visit copay
Alliance (HMO)	ME: All Counties NH: All Counties	In-network: No cost sharing	In-network: You pay 20% of the cost	In-network: You pay 50% of the cost

Note: Cleanings are limited to two per calendar year (once for Prime members living in Cumberland and York counties in Maine). You may choose from Category A (preventative/routine) and/or Category B (periodontal). Office visit copays and coinsurances apply. Please see the Evidence of Coverage for more information.

Services may require that your provider get prior authorization (approval in advance). Please have your provider contact the plan for more details.

Section 12: Vision Services

Plan Name	Plan Service Area by County	Annual Routine Eye Exam	Medicare-covered Physician Services
Prime (HMO-POS)	ME: Cumberland and York NH: Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	In-network: You pay a \$0 copay for an annual routine eye exam. Out-of-network: You pay 30% of the total cost with your POS benefit.	In-network: You pay a \$45 copay for non-routine Medicare-covered physician services. Out-of-network: You pay a \$60 copay with your POS benefit.
	ME: Aroostook, Franklin, Hancock, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Somerset, Waldo, and Washington NH: Belknap, Carroll, Coos, and Grafton	In-network: You pay a \$0 copay for an annual routine eye exam. Out-of-network: You pay 30% of the total cost with your POS benefit.	In-network: You pay a \$45 copay for non-routine Medicare-covered physician services. Out-of-network: You pay a \$55 copay with your POS benefit.
	ME: Androscoggin, Kennebec, and Sagadahoc	In-network: You pay a \$0 copay for an annual routine eye exam. Out-of-network: You pay 30% of the total cost with your POS benefit.	In-network: You pay a \$35 copay for non-routine Medicare-covered physician services. Out-of-network: You pay a \$50 copay with your POS benefit.
Value Plus (HMO-POS)	ME: All Counties	In-network: You pay a \$0 copay for an annual routine eye exam. Out-of-network: You pay 30% of the total cost with your POS benefit.	In-network: You pay a \$45 copay for non-routine Medicare-covered physician services. Out-of-network: You pay a \$55 copay with your POS benefit.
Select (LPPO)	ME: All Counties NH: Cheshire, Coos, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	In-network: You pay a \$0 copay for an annual routine eye exam. Out-of-network: You pay 30% of the total cost.	In-network: You pay a \$25 copay for non-routine Medicare-covered physician services. Out-of-network: You pay 30% of the total cost.
Access (LPPO)	NH: All Counties	In-network: You pay a \$0 copay for an annual routine eye exam. Out-of-network: You pay 30% of the total cost.	In-network: You pay a \$45 copay for non-routine Medicare-covered physician services. Out-of-network: You pay 30% of the total cost.
Alliance (HMO)	ME: All Counties NH: All Counties	In-network: You pay a \$0 copay for an annual routine eye exam.	In-network: You pay a \$0 copay for non-routine Medicare-covered physician services.

Services may require that your provider get prior authorization (approval in advance). For more information, including what you pay when receiving Medicare-covered glaucoma testing or diabetic retinopathy exams, please see the Evidence of Coverage.

Section 13: Mental Health Services

Plan Name	Plan Service Area by County	Inpatient Services in a Psychiatric Hospital (per Medicare-covered admission)
Prime (HMO-POS)	ME: Androscoggin, Cumberland, Kennebec, Sagadahoc, and York NH: Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	In-network: You pay a \$220 copay for days 1-7 and \$0 per day for days 8+. Out-of-network: Not a covered POS benefit.
	ME: Lincoln, Oxford, Piscataquis, Somerset, and Waldo NH: Belknap, Carroll, Coos, and Grafton	In-network: You pay a \$220 copay for days 1-7 and \$0 per day for days 8+. Out-of-network: Not a covered POS benefit.
	ME: Aroostook, Franklin, Hancock, Knox, Penobscot, and Washington	In-network: You pay a \$220 copay for days 1-7 and \$0 per day for days 8+. Out-of-network: Not a covered POS benefit.
Value Plus (HMO-POS)	ME: All Counties	In-network: You pay a \$365 copay for days 1-7 and \$0 per day for days 8+. Out-of-network: Not a covered POS benefit.
Select (LPPO)	ME: All Counties NH: Cheshire, Coos, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	In-network: You pay a \$220 copay for days 1-7 and \$0 per day for days 8+. Out-of-network: You pay 30% of the total cost.
Access (LPPO)	NH: Belknap, Carroll, Coos, and Grafton	In-network: You pay a \$220 copay for days 1-7 and \$0 per day for days 8+. Out-of-network: You pay 30% of the total cost.
	NH: Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	In-network: You pay a \$220 copay for days 1-7 and \$0 per day for days 8+. Out-of-network: You pay 30% of the total cost.
Alliance (HMO)	ME: All Counties NH: All Counties	In-network: You pay a \$220 copay for days 1-7 and \$0 per day for days 8+.

Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information.

Mental Health Services, continued

Plan Name	Plan Service Area by County	Outpatient Individual Therapy	Outpatient Group Therapy
Prime (HMO-POS)	ME: Androscoggin, Cumberland, Kennebec, Sagadahoc, and York NH: Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	In-network: You pay a \$25 copay per visit for individual therapy. Out-of-network: You pay a \$30 copay per visit with your POS benefit.	In-network: You pay a \$25 copay per visit for group therapy. Out-of-network: You pay a \$30 copay per visit with your POS benefit.
	ME: Aroostook, Franklin, Hancock, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Somerset, Waldo, and Washington NH: Belknap, Carroll, Coos, and Grafton	In-network: You pay a \$25 copay per visit for individual therapy. Out-of-network: You pay a \$30 copay per visit with your POS benefit.	In-network: You pay a \$10 copay per visit for group therapy. Out-of-network: You pay a \$30 copay per visit with your POS benefit.
Value Plus (HMO-POS)	ME: All Counties	In-network: You pay a \$25 copay per visit for individual therapy. Out-of-network: You pay a \$30 copay per visit with your POS benefit.	In-network: You pay a \$25 copay per visit for group therapy. Out-of-network: You pay a \$30 copay per visit with your POS benefit.
Select (LPPO)	ME: All Counties NH: Cheshire, Coos, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	In-network: You pay a \$25 copay per visit for individual therapy. Out-of-network: You pay a 30% copay per visit.	In-network: You pay a \$15 copay per visit for group therapy. Out-of-network: You pay a 30% copay per visit.
Access (LPPO)	NH: All Counties	In-network: You pay a \$25 copay per visit for individual therapy. Out-of-network: You pay a 30% copay per visit.	In-network: You pay a \$25 copay per visit for group therapy. Out-of-network: You pay a 30% copay per visit.
Alliance (HMO)	ME: All Counties NH: All Counties	In-network: You pay a \$0 copay per visit for individual therapy.	In-network: You pay a \$0 copay per visit for group therapy.

Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information.

Section 14: Outpatient Rehabilitation Services, Transportation, and Medicare Part B Drugs

Plan Name	Plan Service Area by County	Outpatient Rehabilitation Services (Physical Therapy, Occupational Therapy, and Speech Therapy)	Transportation	Medicare Part B Drugs
Prime (HMO-POS)	ME: All Counties NH: All Counties	In-network: You pay a \$30 copay per Medicare-covered visit for outpatient rehabilitation services. Out-of-network: You pay a \$55 copay per visit with your POS benefit.	Not a covered benefit.	In-and-out-of-network: You pay 20% of the total cost of Medicare Part B drugs.
Value Plus (HMO-POS)	ME: All Counties	In-network: You pay a \$30 copay per Medicare-covered visit for outpatient rehabilitation services. Out-of-network: You pay a \$55 copay per visit with your POS benefit.	Not a covered benefit.	In-and-out-of-network: You pay 20% of the total cost of Medicare Part B drugs.
Select (LPPO)	ME: All Counties NH: Cheshire, Coos, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	In-network: You pay a \$30 copay per Medicare-covered visit for outpatient rehabilitation services. Out-of-network: You pay 30% of the total cost per visit.	Not a covered benefit.	In-and-out-of-network: You pay 20% of the total cost of Medicare Part B drugs.
Access (LPPO)	NH: All Counties	In-network: You pay a \$30 copay per Medicare-covered visit for outpatient rehabilitation services. Out-of-network: You pay 30% of the total cost per visit.	Not a covered benefit.	In-and-out-of-network: You pay 20% of the total cost of Medicare Part B drugs.
Alliance (HMO)	ME: All Counties NH: All Counties	In-network: You pay a \$0 copay per Medicare-covered visit for outpatient rehabilitation services.	Not a covered benefit.	In-network: You pay 20% of the total cost of 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.

Section 15: Outpatient Prescription Drugs

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.

Phase 0: Deductible Phase

Plan Name	Plan Service Area by County	Prescription Deductible	Prescription Deductible Exclusions	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 up to a one-month supply, \$70 for up to a two-month supply, or \$105 for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please refer to the Evidence of Coverage.
Prime (HMO-POS)	ME: All Counties NH: All Counties	No prescription deductible	Not applicable	
Value Plus (HMO-POS)	ME: All Counties	\$150 prescription deductible	Tier 1 and Tier 2	
Select (LPPO)	ME: All Counties NH: Cheshire, Coos, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	\$275 prescription deductible	Tier 1, Tier 2, and Tier 6	
Access (LPPO)	NH: All Counties	\$200 prescription deductible	Tier 1 and Tier 2	
Alliance (HMO)	ME: All Counties NH: All Counties	No Part D	Not applicable	

Phase 1: Initial Coverage Phase

Tiers	Plan Name	Standard Retail		Preferred Retail		Mail Order	
		30-day supply	90-day supply	30-day supply	90-day supply	30-day supply	90-day supply
Tier 1 (Preferred Generic)	Prime (HMO-POS)	\$4	\$12	\$0	\$0	\$4	\$10
	Value Plus (HMO-POS)	\$4	\$12	\$0	\$0	\$4	\$10
	Select (LPPO)	\$4	\$12	\$0	\$0	\$4	\$10
	Access (LPPO)	\$4	\$12	\$0	\$0	\$4	\$10
Tier 2 (Generic)	Prime (HMO-POS)	\$18	\$54	\$10	\$30	\$18	\$45
	Value Plus (HMO-POS)	\$10	\$30	\$0	\$0	\$10	\$25
	Select (LPPO)	\$10	\$30	\$0	\$0	\$10	\$25
	Access (LPPO)	\$10	\$30	\$0	\$0	\$10	\$25
Tier 3 (Preferred Brand)	Prime (HMO-POS)	\$47	\$141	\$42	\$126	\$47	\$117.50
	Value Plus (HMO-POS)	\$47	\$141	\$42	\$126	\$47	\$117.50
	Select (LPPO)	\$47	\$141	\$42	\$126	\$47	\$117.50
	Access (LPPO)	25%	25%	20%	20%	25%	25%

Tier 4 (Non-Preferred Drug)	Prime (HMO-POS)	\$100	\$300	\$95	\$285	\$100	\$250
	Value Plus (HMO-POS)	\$100	\$300	\$95	\$285	\$100	\$250
	Select (LPPO)	\$100	\$300	\$95	\$285	\$100	\$250
	Access (LPPO)	45%	45%	40%	40%	45%	45%
Tier 5 (Specialty Tier)	Prime (HMO-POS)	33%	Not covered	33%	Not covered	33%	Not covered
	Value Plus (HMO-POS)	31%	Not covered	31%	Not covered	31%	Not covered
	Select (LPPO)	29%	Not covered	29%	Not covered	29%	Not covered
	Access (LPPO)	30%	Not covered	30%	Not covered	30%	Not covered
Tier 6 (Select Care Drugs)	Prime (HMO-POS)	\$4	\$12	\$0	\$0	\$4	\$0
	Value Plus (HMO-POS)	Not applicable		Not applicable		Not applicable	
	Select (LPPO)	\$4	\$12	\$0	\$0	\$4	\$0
	Access (LPPO)	Not applicable		Not applicable		Not applicable	

Phase 2: Catastrophic Coverage Stage (after you or others on your behalf pay \$2,000)

Plan Name	Plan Service Area by County	Generic or Brand-Name Drugs
Prime (HMO-POS)	ME: All Counties NH: All Counties	During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.
Value Plus (HMO-POS)	ME: All Counties	During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.
Select (LPPO)	ME: All Counties NH: Cheshire, Coos, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.
Access (LPPO)	NH: All Counties	During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

Section 16: Additional Benefits

Plan Name	Plan Service Area by County	Over-the-Counter Items (OTC)	<p>We partner with Over-the-Counter Health Solutions (OTCHS) to offer this benefit. More than 350 covered items including: non-prescription medicine (pain relief, cough, allergies), toothpaste, first aid items, and vitamins. The benefit refreshes quarterly. Remaining balances do not carry over to the next quarter.</p> <p>For a list of designated CVS locations, the catalog detailing eligible OTC items, and instructions on how to place orders through the online portal, please visit www.MartinsPoint.org/PartD</p> <p>Please see the Evidence of Coverage for more information.</p> <p><i>Note: Your allowance is based on your service area.</i></p>
Prime (HMO-POS)	ME: All Counties NH: Belknap, Carroll, Coos, and Grafton	The plan will cover up to \$50 per quarter.	
	NH: Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	The plan will cover up to \$40 per quarter.	
Value Plus (HMO-POS)	ME: All Counties	The plan will cover up to \$60 per quarter.	
Select (LPPO)	ME: All counties NH: Cheshire, Coos, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	The plan will cover up to \$50 per quarter.	
Access (LPPO)	NH: All Counties	The plan will cover up to \$50 per quarter.	
Alliance (HMO)	ME: All Counties NH: All Counties	The plan will cover up to \$100 per quarter.	

Plan Name	Plan Service Area by County	Eyewear (prescription contacts, frames, and lenses)	<p>Eyewear benefit cannot be used in conjunction with Medicare-covered eyewear benefit. Please see the Evidence of Coverage for more details.</p> <p>Debit card may be used for prescription lenses, frames, and contact lenses. Debit card is not eligible for purchases towards exam copays or eyewear accessories. Your debit card will be mailed separately from your Generations Advantage member ID card closer to your enrollment effective date. For more information, please visit www.MartinsPoint.org/eyewear</p> <p><i>Note: Your allowance is based on your service area.</i></p>
Prime (HMO-POS)	ME: All Counties NH: Belknap, Carroll, Coos, and Grafton	The plan will cover \$150 each year.	
	NH: Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	The plan will cover \$100 each year.	
Value Plus (HMO-POS)	ME: All Counties	The plan will cover \$100 each year.	
Select (LPPO)	ME: All counties NH: Cheshire, Coos, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	The plan will cover \$150 each year.	
Access (LPPO)	NH: All Counties	The plan will cover \$150 each year.	
Alliance (HMO)	ME: All Counties NH: All Counties	The plan will cover \$200 each year.	

Additional Benefits, Continued

Plan Name	Plan Service Area by County	Wellness Wallet	
Prime (HMO-POS)	ME: Aroostook, Franklin, Hancock, Knox, Penobscot, and Washington NH: Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	The plan will reimburse up to \$425 each year in total.	<p>The plan will reimburse members each year for Fitness, Naturopathic Services, Acupuncture, Nutrition/Dietary, Weight Management Programs, and Face Masks.</p> <p>The benefit refreshes yearly. Unused balances do not carry over to the next year. The available balance is updated automatically after each purchase is completed.</p> <p>Debit card may be used to purchase some reimbursable items at select merchants. Your debit card will be mailed separately from your Generations Advantage member ID card closer to your enrollment effective date. For more information, including a complete list of reimbursable items and services, please visit www.MartinsPoint.org/WellnessWallet</p> <p><i>Note: Your allowance is based on your service area.</i></p>
	ME: Cumberland, Lincoln, Oxford, Piscataquis, Somerset, Waldo, and York NH: Belknap, Carroll, Coos, and Grafton	The plan will reimburse up to \$600 each year in total.	
	ME: Androscoggin, Kennebec, and Sagadahoc	The plan will reimburse up to \$800 each year in total.	
Value Plus (HMO-POS)	ME: All Counties	The plan will reimburse up to \$750 each year in total.	
Select (LPPO)	ME: All counties NH: Cheshire, Coos, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan counties	The plan will reimburse up to \$750 each year in total.	
Access (LPPO)	NH: Belknap, Carroll, Coos, and Grafton	The plan will reimburse up to \$425 each year in total.	
	NH: Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan	The plan will reimburse up to \$600 each year in total.	
Alliance (HMO)	ME: All Counties NH: All Counties	The plan will reimburse up to \$425 each year in total.	

Additional Benefits Alliance (HMO) Plan Only	
Personal Emergency Response System (Device and Monitoring)	You pay a \$0 copay.
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.
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 a \$0 copay.
Fall Prevention Program	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. 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).
Routine Chiropractic Services	You pay \$20 for each visit for routine chiropractic services.

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

In addition, Martin's Point Generations Advantage HMO-POS and LPPO plans cover 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 2024 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.



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/Language 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 panggagamot. 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.

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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 대해 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 1-877-553-7054 (TTY: 711). 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.

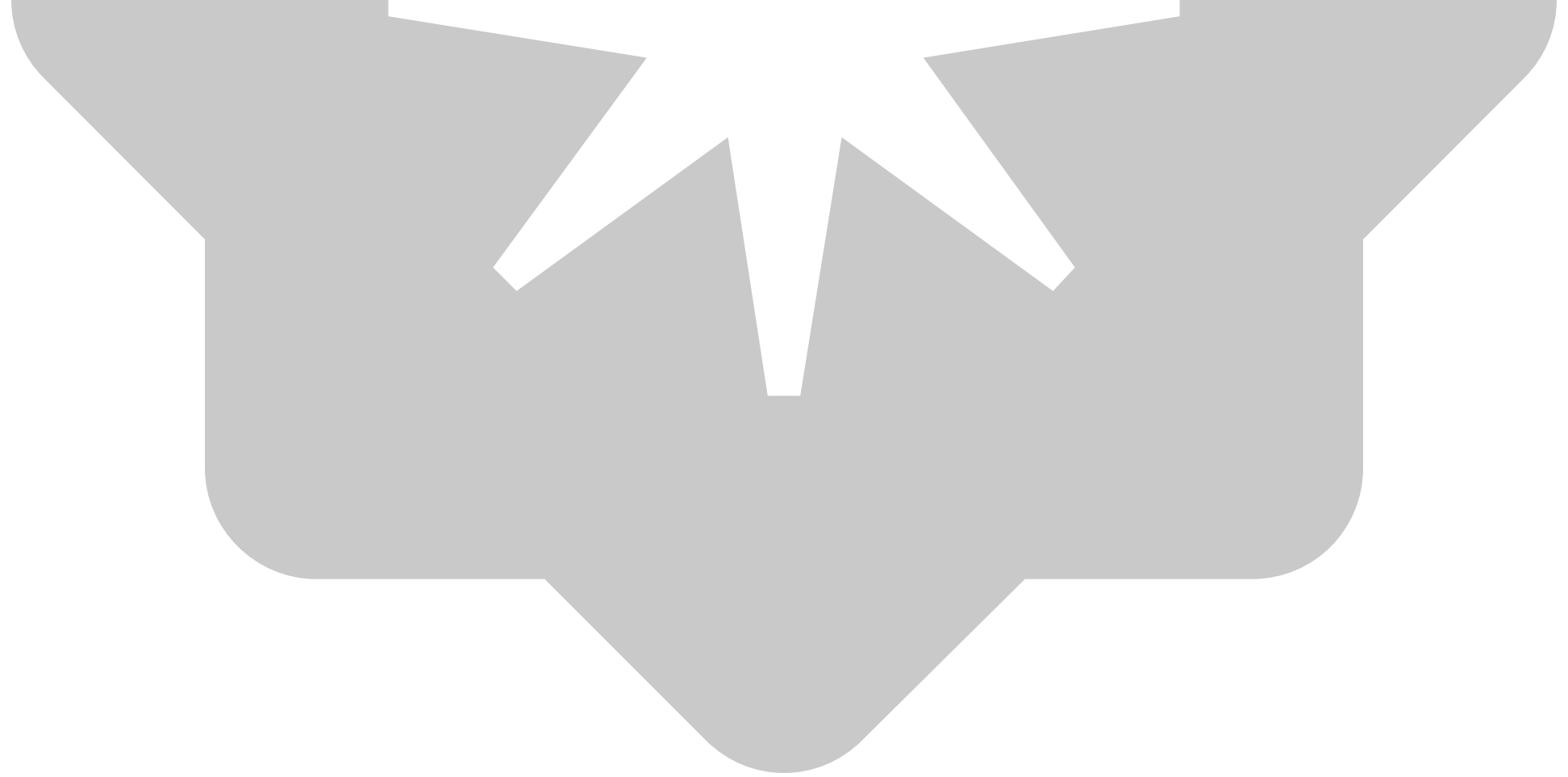
French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-553-7054 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

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。

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

1-833-953-3487 (TTY: 711)

We are available 8am–8pm, every
day from Oct. 1–Mar. 31 and
weekdays from Apr. 1–Sep. 30.

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