

# Summary of Benefits

JANUARY 1–DECEMBER 31, 2026



**Alliance (HMO)**

**H5591-003**

For All Maine Counties

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**Martin's Point Generations Advantage Alliance (HMO)** is a Medicare Advantage HMO Plan (HMO stands for Health Maintenance Organization) with a Medicare contract. Enrollment in the Plan depends on contract renewal.

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 call Member Services at 1-866-544-7504 (TTY 711) and request the *Evidence of Coverage* or access it online at [www.martinspoint.org/medicaremembers](http://www.martinspoint.org/medicaremembers).

To join Martin's Point Generations Advantage Alliance (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

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

Martin's Point Generations Advantage Alliance (HMO) has a network of doctors, hospitals, pharmacies, and other providers that can be found on our website at [www.martinspoint.org/medicaremembers](http://www.martinspoint.org/medicaremembers). Except in emergency situations, if you use providers that are not in our network, the plan may not pay for these services.

If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 7 days a week, 24 hours a day. TTY users should call 1-877-486-2048.

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|   | <b>Martin's Point Generations Advantage Alliance (HMO)</b>   |
| <b>Monthly Plan Premium</b>   | \$0  |
| <b>Deductible</b>   | No deductible for medical.   |
| <b>Maximum out-of-pocket amount</b>   | \$5,000  |
| <b>Inpatient Hospital coverage</b>  | \$350 copayment each day for days 1 to 5 and \$0 copayment each day for days 6 to 90 for Medicare-covered hospital care.<br><i>Prior Authorization is required.</i>        |
| <b>Outpatient Hospital coverage</b><br><br>Outpatient hospital services<br><br>Outpatient hospital observation services | \$0 - \$275 copayment<br><i>Prior Authorization is required.</i><br><br>\$275 copayment per stay   |
| <b>Ambulatory Surgical Center (ASC)</b>   | \$10 copayment   |
| <b>Doctor Visits</b><br><br>Primary Care Providers<br><br>Specialists   | \$0 copayment<br><br>\$15 copayment  |
| <b>Preventive Care (e.g., flu vaccine, diabetic screenings)</b>   | \$0 copayment  |
| <b>Emergency care</b>   | \$125 copayment in country and out-of-country<br>Copayment is waived if you are admitted to a hospital within 24 hours. (\$25,000 out-of-country limit for emergency care) |
| <b>Urgently needed services</b>   | \$0 copayment<br>Copayment is waived if you are admitted to a hospital within 24 hours. (\$25,000 out-of-country limit for emergency care)                                 |

|   | <b>Martin's Point Generations Advantage Alliance (HMO)</b>   |
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| <b>Diagnostic Services/Labs/Imaging</b>                       |  |
| Diagnostic tests and procedures                               | 0% coinsurance for cardiopulmonary tests, ambulatory blood pressure monitors, and spirometry<br>5% coinsurance for all other outpatient diagnostic tests and therapeutic services/supplies<br><br><i>Prior Authorization may be required.</i>  |
| Lab services  | \$0 copayment for Preventive labs and COVID-19 viral testing<br>\$5 copayment for all other lab testing (including COVID-19 antibody testing)<br>0% coinsurance for lab services<br>20% coinsurance for lab services related to genetic testing<br><br><i>Prior Authorization may be required.</i> |
| Diagnostic radiology services (e.g. MRI, CAT Scan)            | 20% coinsurance<br><br><i>Prior Authorization may be required.</i>   |
| Outpatient X-rays   | \$15 copayment<br><br><i>Prior Authorization may be required.</i>  |
| Therapeutic Radiology   | 20% coinsurance<br><br><i>Prior Authorization may be required.</i>   |
| <b>Hearing services</b>                                       |  |
| Exam to diagnose and treat hearing and balance issues         | \$5 copayment  |
| <b>Hearing aids</b>   | \$1,400 benefit allowance (\$700 per ear every year) for hearing aids.   |
| <ul style="list-style-type: none"> <li>○ All types</li> </ul> | \$0 copayment<br>Limited to 2 hearing aid(s) every year  |

|  | <b>Martin's Point Generations Advantage Alliance (HMO)</b>  |
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| <b>Dental services</b><br><br><b>Preventive dental services</b> <ul style="list-style-type: none"> <li>○ Oral Exams</li> <li>○ Prophylaxis (Cleaning)</li> <li>○ Dental X-Rays</li> </ul> <b>Comprehensive dental services</b> <ul style="list-style-type: none"> <li>○ Diagnostic Services</li> <li>○ Other Services</li> <li>○ Restorative Services</li> <li>○ Periodontics</li> <li>○ Endodontics</li> <li>○ Oral and Maxillofacial Surgery</li> <li>○ Maxillofacial Prosthetics</li> <li>○ Prosthodontics - fixed</li> <li>○ Prosthodontics - removable</li> </ul> | <p>There is a \$2,500 benefit maximum every year for preventive and comprehensive dental services. Please reach out to Northeast Delta Dental for more information.</p> <p><b>In-Network</b><br/>\$0 copayment for each office visit.</p> <p>Limited to 1 oral exam(s) every year</p> <p>Limited to 2 cleaning(s) every year</p> <p>Limited to 1 x-ray(s) every year</p> <p>20% coinsurance</p> <p>20% coinsurance</p> <p>50% coinsurance</p> <p>20% coinsurance</p> <p>20% coinsurance</p> <p>50% coinsurance</p> <p>50% coinsurance</p> <p>50% coinsurance</p> <p>50% coinsurance</p> |
| <b>Vision care</b><br><br>Exam to diagnose and treat diseases and conditions of the eye  | <p>\$0 copayment</p>  |

|   | <b>Martin's Point Generations Advantage Alliance (HMO)</b>  |
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| <p>For people with diabetes, screening for diabetic retinopathy is covered once per year.</p> <p>Eyewear after cataract surgery</p> <p>Glaucoma screening</p> <p>Routine eye exam</p> <p><b>Additional routine eyewear</b></p> <ul style="list-style-type: none"> <li>○ Contact lenses</li> <li>○ Eyeglass lenses</li> <li>○ Eyeglass frames</li> <li>○ Eyeglasses (lenses and frames)</li> <li>○ Upgrades</li> </ul> | <p>\$0 copayment</p> <p>20% coinsurance</p> <p>\$0 copayment</p> <p>\$0 copayment<br/>Limited to 1 visit(s) every year</p> <p>There is a \$200 benefit maximum every year for prescription lenses, frames, and contact lenses.</p> <p>\$0 copayment</p> <p>\$0 copayment</p> <p>\$0 copayment</p> <p>\$0 copayment</p> <p>\$0 copayment</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 <a href="http://www.MartinsPoint.org/eyewear">www.MartinsPoint.org/eyewear</a>.</p> |
| <b>Mental Health Services</b>   |   |
| Inpatient visit   | <p>\$220 copayment each day for days 1 to 7 and \$0 copayment each day for days 8 to 90 for Medicare-covered hospital care. \$0 copayment for an additional 60 lifetime reserve days.<br/><i>Prior Authorization is required.</i></p>   |
| Outpatient group therapy visit  | <p>\$0 copayment<br/><i>Prior Authorization is required.</i></p>  |

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|  | <b>Martin's Point Generations Advantage Alliance (HMO)</b>  |
| Outpatient individual therapy visit        | \$0 copayment<br><i>Prior Authorization is required.</i>  |
| <b>Skilled nursing facility (SNF) care</b> | \$10 copayment each day for days 1 to 20 and \$218 copayment each day for days 21 to 100 for Medicare-covered skilled nursing facility care.<br><i>Prior Authorization is required.</i>       |
| <b>Physical Therapy</b>                    | \$0 copayment<br><i>Prior Authorization is required.</i>  |
| <b>Ambulance services</b>                  |   |
| Ground Ambulance                           | \$325 copayment<br><i>Prior authorization may be required for non-emergency ambulance transport and out-of-country emergency services. Ask your provider to contact the plan for details.</i> |
| Air Ambulance                              | \$325 copayment<br><i>Prior authorization may be required for non-emergency ambulance transport and out-of-country emergency services. Ask your provider to contact the plan for details.</i> |
| <b>Medicare Part B drugs</b>               |   |
| Chemotherapy/Radiation drugs               | 0% - 20% coinsurance<br><i>Prior Authorization is required.</i>   |
| Insulin drugs                              | 0% - 20% coinsurance<br>You will pay no more than \$35 for a one-month supply of Part B insulin products covered by our plan  |
| Other Part B drugs                         | 0% - 20% coinsurance<br><i>Prior Authorization is required.</i>   |

**Additional Benefits**

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|   | <b>Martin's Point Generations Advantage Alliance (HMO)</b>         |
| <b>Alternative therapies</b>  | See <b>Wellness Wallet</b>   |
| <b>Annual routine physical exam</b>   | \$0 copayment  |
| <b>Chiropractic services</b><br>Medicare-covered services only<br><br>Routine chiropractic care | \$5 copayment<br><br>\$20 copayment<br>Unlimited visits every year |
| <b>Diabetic monitoring supplies</b>   | \$0 copayment  |
| <b>Diabetic therapeutic shoes or inserts</b>  | \$0 copayment  |
| <b>Durable medical equipment (DME) and related supplies</b>                                     | 10% coinsurance<br><i>Prior Authorization is required.</i>         |
| <b>Home health agency care</b>  | \$0 copayment<br><i>Prior authorization is required.</i>           |
| <b>Home infusion services</b>   | \$0 copayment<br><i>Prior authorization may be required.</i>       |
| <b>Intensive outpatient program services</b>  | \$0 copayment per day  |



|  | <b>Martin's Point Generations Advantage Alliance (HMO)</b>   |
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| <b>Meal benefit</b><br>Up to 3 weeks (42 meals) per inpatient stay or surgery.<br>Up to 1 week (14 meals) per year as part of supervised program to transition into lifestyle modifications. | \$0 copayment<br><i>Referral is required.</i><br><i>Prior Authorization is required.</i><br>Meals may be offered as a supplemental benefit to address the following types of circumstances: immediately following surgery or inpatient hospitalization or for a chronic illness.   |
| <b>Nursing hotline</b>   | \$0 copayment  |
| <b>Opioid treatment program services</b>   | \$0 copayment<br><i>Prior Authorization is required.</i>   |
| <b>Outpatient diagnostic tests and therapeutic services and supplies</b>   | 20% coinsurance<br><i>Prior authorization may be required.</i>   |
| <b>Outpatient rehabilitation services:</b><br><b>Physical Therapy</b><br><b>Occupational Therapy</b><br><b>Speech Therapy</b>  | \$0 copayment<br><i>Prior Authorization is required</i>  |
| <b>Outpatient substance use disorder services</b>  | \$0 copayment for each Medicare-covered Individual Session. <i>Prior Authorization is required.</i><br><br>\$0 copayment for each Medicare-covered Group Session.<br><i>Prior Authorization is required.</i>   |
| <b>Over-the-counter benefit</b>  | The plan will cover up to \$100 per quarter for members to purchase select CVS brand over-the-counter (OTC) products.<br><br><b>Phone/Online purchases:</b> Total may not exceed \$100.<br><br><b>In-store purchases:</b> Members are responsible for balances exceeding the \$100 allowance (of the qualifying OTC purchase). |

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|  | <b>Martin's Point Generations Advantage Alliance (HMO)</b>  |
| <b>Partial hospitalization services</b>                      | \$0 copayment per day<br><i>Prior Authorization is required.</i>  |
| <b>Personal emergency response system (PERS)</b>             | \$0 copayment   |
| <b>Podiatry services</b>                                     | \$0 copayment for Medicare-covered podiatry services performed by a PCP<br>\$5 copayment for Medicare-covered podiatry services performed by a specialist |
| <b>Prosthetic and orthotic devices and related supplies</b>  | 10% coinsurance<br><i>Prior Authorization is required.</i>  |
| <b>Pulmonary rehabilitation services</b>                     | \$0 copayment<br><i>Prior Authorization is required.</i>  |
| <b>Services to treat kidney disease</b><br>Dialysis Services | 20% coinsurance<br><i>Prior Authorization is required.</i>  |
| <b>Welcome to Medicare preventive visit</b>                  | \$0 copayment   |

|   | <b>Martin's Point Generations Advantage Alliance (HMO)</b>  |
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| <b>Wellness Wallet</b>                    | <p>The plan will reimburse up to \$425 each year in total.</p> <p>You'll get your <b>Wellness Wallet</b> debit card separately from your Generations Advantage ID card, closer to your enrollment date. It can be used for eligible items at select merchants.</p> <p>For a full list of covered items and services, visit: <a href="http://www.MartinsPoint.org/WellnessWallet">www.MartinsPoint.org/WellnessWallet</a>.</p> <p>The benefit renews annually. Unused funds don't roll over, and your balance updates automatically after each purchase.</p> <p>Fitness equipment must be bought from licensed retailers. Gym and golf memberships are reimbursable up to your <b>Wellness Wallet</b> limit.</p> |
| <b>Worldwide emergency coverage</b>       | <p>\$125 copayment<br/> <i>Prior authorization may be required.</i></p>   |
| <b>Worldwide emergency transportation</b> | <p>\$325 copayment<br/> <i>Prior authorization may be required.</i></p>   |
| <b>Worldwide urgent care coverage</b>     | <p>\$125 copayment<br/> <i>Prior authorization may be required.</i></p>   |

Please contact our Member Services number at 1-866-544-7504 for additional information. (TTY users should call 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. You may also visit the website at [www.MartinsPoint.org/MedicareMembers](http://www.MartinsPoint.org/MedicareMembers).



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.) 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](https://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  
1-877-696-6775 (TDD: 1-800-537-7697)

Complaint forms are available at <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>.

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## 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 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 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 ककसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाकिया सेवाएँ उपलब्ध हैं. एक दुभाकिया प्राप्त करने के लिए, बस हमें 1-877-553-7054 (TTY: 711) पर फोन करें. कोई व्यक्ति जो कहन्दी बोिता 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。

## **Pre-Enrollment Checklist**

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-866-544-7504.

### **Understanding the Benefits**

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [www.martinspoint.org/medicaremembers](http://www.martinspoint.org/medicaremembers) or call 1-866-544-7504 to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

### **Understanding Important Rules**

- ☐ In addition to your 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.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2027.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).



For more information  
about benefits or enrollment,  
call us or visit our website at  
[MartinsPoint.org/Medicare](https://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.

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