Employer Group Waiver Plan Overview Chart—Calendar Year 2025

	Medicare Secure Freedom (HMO-POS)	
	In Network	Out of Network[5]
MONTHLY PLAN PREMIUM	Contact your Account Executive for Premium Rates	
Medical Deductible	$0	$0
Annual Preventive Exam	$0	$0
Office Visits	$15	$55
Specialist Office Visits	$15	$55
Lab Work/X-rays	$0	$0
Diagnostic Imaging (MRI, PET, CT Scans)[1]	$50	$200[PA]
Durable Medical Equipment/Prosthetics[1]	$0	20% coinsurance[PA]
Teladoc[4]	$0	N/A
Worldwide Emergency Room (ER)	$65	$65
Inpatient Hospital	$300 per admission	$900 per admission[PA]
Outpatient Surgery[1]	$150	$450
Medical Out-of-Pocket Maximum	$3,400	No maximum
ADDITIONAL BENEFITS		
Over-the-Counter (OTC) Items Allowance[6]	$40 allowance per quarter via Additional Benefits Card	
Preventive Hearing Exam[2]	$15	$55
Hearing Aid Benefit–TruHearing®[3]	$699 copay per aid for Advanced Aids $999 copay per aid for Premium Aids	N/A
Preventive Vision Exam–EyeMed®[2†]	$0	N/A
Vision Eyewear Allowance–EyeMed®[2†]	$200 every two years	N/A
Dental Services Allowance[2]	$250 allowance per year via Additional Benefits Card	
Fitness Center/Weight Management Programs/ Acupuncture/Activity Tracker[2]	$150 allowance per year via Additional Benefits Card	
PRESCRIPTION DRUG (PART D) COVERAGE[7]		
Deductible–Applies to Preferred Brand, Non-Preferred Drug, Specialty Medication	No Deductible	
Initial Coverage: Up to $2,000 in Drug Costs	**Preferred Generic:** $0 preferred pharmacy/$4 standard pharmacy; **Generic:** $5 preferred pharmacy/$10 standard pharmacy; **Preferred Brand:** $20 preferred pharmacy/$25 standard pharmacy; **Non-Preferred Drug:** $40 preferred pharmacy/$45 standard pharmacy; **Specialty Tier:** $45 preferred pharmacy/$50 standard pharmacy	
Catastrophic Coverage: Over $2,000 in Drug Costs	If you reach the Catastrophic Coverage stage, you pay nothing for covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.	
Mail Order (three-month supply)	$8 Preferred Generic | $20 Generic | $50 Preferred Brand | $135 Non-Preferred Drug	

Disclaimers

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

[1]Some services require prior authorization (PA). Our network providers know what we cover under your benefit plan. They also know what requires prior authorization and will request approval from Health New England on your behalf. For a complete list of services that require prior authorization, refer to the summary of benefits.

[2] Health New England additional benefits include allowances that must be used within the one or two calendar year period, as well as other additional benefits. Refer to the Summary of Benefits or call Member Services if you have questions about what items and services are covered.

[3] You must see a TruHearing® provider to use this benefit. Please note, hearing aids purchased through other providers are not covered.

[4] You must use Teladoc® service to receive this benefit.

[5] Out-of-network/non-contracted providers are under no obligation to treat Health New England Medicare Advantage members, except in emergency situations. Please call our Member Services number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

[6]The OTC benefit can be redeemed through certain mail order and retail locations. Quarterly allowance expires every three months and does not accumulate.

[7] For questions related to Prescription Drug coverage, please call our pharmacy benefit manager Optum Rx at (800) 393-0395, 24 hours a day, 7 days a week. TTY users should call 711.

Preferred Pharmacy Network: CVS, Big Y, Walmart and Baystate Health. Other pharmacy providers are available in our network.

Mail Order: Preferred Network Mail Order includes two pharmacies: OptumRx and WellDyneRx.

[†]You must use an EyeMed® provider.

[PA] Members of the Health New England Medicare Secure Freedom (HMO-POS) plan who choose to get these services out-of-network are responsible for getting prior authorization from Health New England. Please tell your out-of-network provider that prior authorization is required. The provider may be willing to contact Health New England Member Services for you to get prior authorization. Call Member Services to confirm prior authorization. For a complete list of services that require prior authorization, refer to the Summary of Benefits.

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