



# MARTIN'S POINT<sup>®</sup>

MEDICARE ADVANTAGE PLANS

GENERATIONS ADVANTAGE



**Our plans  
are built  
around *yours*.**

Learn more inside. Call today  
with questions or to enroll!

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





# MARTIN'S POINT®

MEDICARE ADVANTAGE PLANS

GENERATIONS ADVANTAGE

## Inside

- 2021 Plan Options ..... 4
- Choose the Plan That's Right for You..... 6
- Benefit Highlights ..... 8
- Plan Details.....10
- Prescription Drug Benefit and Coverage Phases.....12
- Wellness Wallet, Over-the-Counter Items .....14
- Dental and Hearing Aid Benefits ..16
- How to Enroll .....20

### *Glossary of Insurance Terms*

See page 18 for the meanings of common terms like, deductible, premium, copay, coinsurance and more!

# We've got great plans for you!

Dear Neighbor,

At Martin's Point Health Care, we believe that, at its core, a health plan has one purpose—to support your health so you can live your best life. That's why we're proud to offer our neighbors high-quality Medicare Advantage plans designed to do just that.

We invite you to learn more about our plans and discover how a Generations Advantage plan can help you live your best life.

Call us today at **1-888-408-8285 (TTY: 711)** if you have any questions about Medicare, Generations Advantage, or how to enroll. We're right here, waiting to lend a hand.

Wishing you good health,

***Your Martin's Point Generations Advantage Team***

Choose a Medicare Advantage plan with all-in-one coverage options and extra benefits that are ***right for you.***

As you learn more about our organization and our plans, you'll discover the many reasons why Martin's Point

Generations Advantage plans are the most popular Medicare Advantage plans in Maine:

### ***Proven Quality***

Our Medicare Star ratings are among the highest year after year, including excellence for service and plan quality.



### ***Choice***

Our plans fit a wide range of care needs and preferences.

### ***Complete Coverage***

Our plans cover doctor visits, hospital stays, and prescription drugs with the added benefits you want.

### ***Affordable Options***

Low premiums, copays, and annual maximums keep your costs down.

### ***Flexibility***

Over 15,000 network providers! We also offer plans with out-of-network options.

### ***Local Service***

As Mainers ourselves, we connect with our members, treating each with care and respect.

### ***Trust***

As a local not-for-profit driven to create a healthy community, our priority is your health and well-being.

# Introducing Our 2021 Plans!

Martin's Point offers Medicare Advantage plans with a range of benefits, costs, and provider choice to fit your needs and your budget.

## **Prime (HMO-POS) Plan**

Our flagship and most popular plan with \$0 premium and valuable added benefits. Covers a variety of out-of-network services. Includes Part D prescription drug coverage.

## **Value Plus (HMO) Plan**

(York County only) Excellent value! Offers comprehensive, low-cost coverage from a wide network of providers. Includes Part D prescription drug coverage.

## **Flex (RPPO) Plan**

Flexible, affordable In-network costs for all of Maine and New Hampshire, plus nationwide out-of-network coverage. Includes Part D prescription drug coverage.

## **Select (LPPO) Plan**

Wide choice of providers with no PCP requirement. Out-of-network coverage, with lower costs for in-network services. Includes Part D prescription drug coverage.

## **Alliance (HMO) Plan**

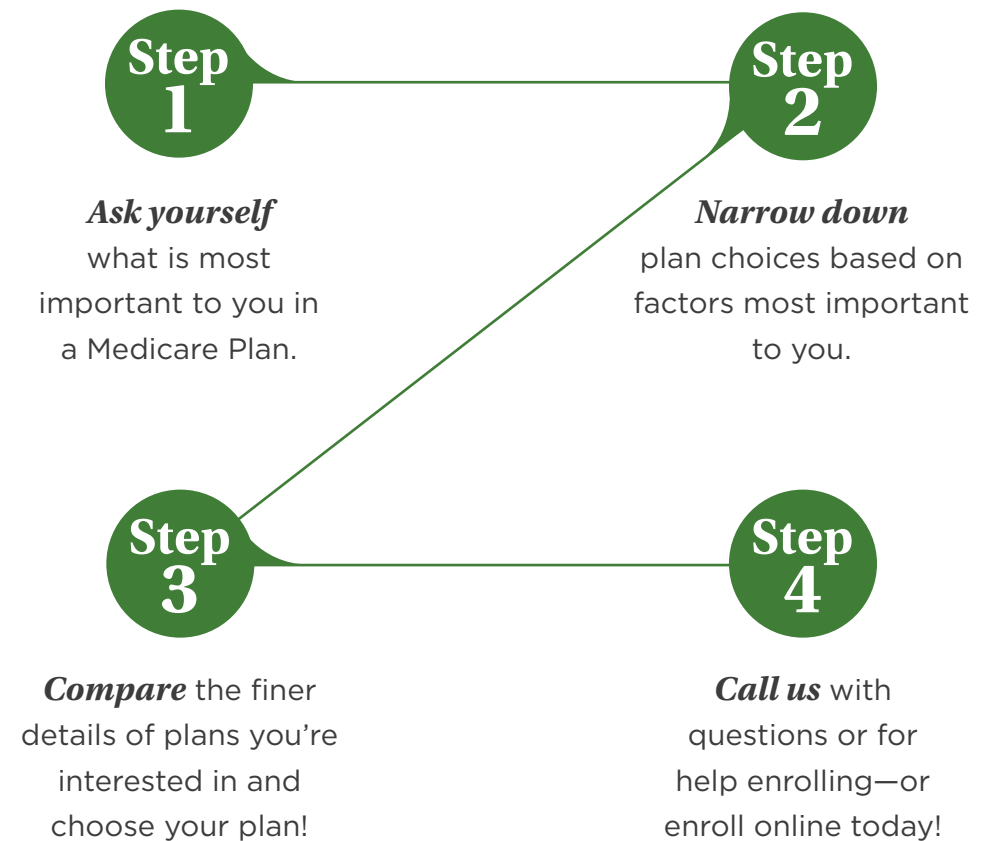
In-network coverage with rich added benefits. Part D drugs not included. Ideal if you get your prescriptions through the VA or TRICARE For Life.

## **Focus DC (HMO SNP) Plan**

(Cumberland County only) In-network benefits and care management tailored to those living with diabetes. Includes Part D prescription drug coverage.

# How to Choose a Plan

Follow these steps to learn about Martin's Point Generations Advantage plans and choose the one that's right for your needs and budget!



## We're here for you.

If you have any questions, please give us a call or visit us on the web.

**1-888-408-8285 (TTY:711)**  
**MartinsPoint.org/LearnMore**



# Choose the Plan That's Right for You!



## Step 1

Start thinking about the features and benefits you want in a plan.

Here are some questions to ask yourself:

**Do you want prescription drug coverage?**

You're in luck—we've got plans for you.

**Are you looking for a low monthly premium?**

There's a plan for every budget.

**Is out-of-network coverage important to you?**

We've got plans with provider flexibility!

**Do you want enhanced dental coverage?**

Your smile is important to us, too.

As you answer these questions, **use the chart on the next pages to find the plans that offer what matters most to you.**

Once you narrow your plan options, use the full chart on pages 10 and 11 to dig into the details of these plans to find your best choice.



# Step 2

## Know that all Generations Advantage plans include coverage for the items below.

Then use the chart on the next page to start narrowing down plans you're interested in:

- ✓ Doctor and Hospital Visits
- ✓ \$0 Preventive Screenings/Care including Annual Physical Exam!
- ✓ Annual Out-of-Pocket Maximum
- ✓ Nationwide Urgent Care
- ✓ Worldwide Emergency Care
- ✓ Routine Vision Exam
- ✓ No Medical/Hospital Deductibles
- ✓ Hearing Aids
- ✓ Over-the-Counter Items
- ✓ Wellness Wallet Reimbursements
  - Fitness Services and Equipment
  - Eyewear and Contact Lenses\*
  - Nutrition, Dietary, and Weight Management
  - Acupuncture and Naturopathic Services
  - Face Masks

\*Alliance plan has a separate eyewear benefit

Check off the items that are MOST important to you!

Then use this chart to narrow down which plans you're interested in and compare the details for those plans on the next page.

	Prime (HMO-POS)	Flex (RPPO)	Alliance (HMO)	Value Plus* (HMO)	Select (LPPO)	Focus DC** (HMO SNP)
<input type="checkbox"/> Monthly Plan Premium	\$0	\$53	\$0	\$0	\$99	\$0
<input type="checkbox"/> Part D Prescription Coverage	✓	✓		✓	✓	✓
<input type="checkbox"/> Out-of-Network Coverage in Addition to Urgent/Emergency	✓	✓			✓	
<input type="checkbox"/> PCP Visit Cost (In-Network)	\$0	\$0	\$0	\$10	\$20	\$0
<input type="checkbox"/> No Prescription Deductible	✓		N/A		✓	✓
<input type="checkbox"/> Comprehensive Dental Coverage	✓	✓	✓			✓
<input type="checkbox"/> Hearing Aids	✓	✓	✓	✓	✓	✓
<input type="checkbox"/> Eyewear and Contact Lense Reimbursement	✓	✓	✓	✓	✓	✓
<input type="checkbox"/> Yearly Wellness Wallet Reimbursement (See Page 14)	\$400	\$200	\$350	\$300	\$200	\$450
<input type="checkbox"/> Over-the-Counter Items Quarterly Amount (See Page 15)	\$50	\$50	\$180	\$50	\$50	\$50
<input type="checkbox"/> Part B Monthly Premium Reduction			\$60	\$10		

EXTRA BENEFITS

\*Value Plus plan available only in York County.

\*\*Focus DC plan available only to those in Cumberland County diagnosed with diabetes.

# Step 3

Compare the details of plans you're interested in and choose your plan!

## Benefit Highlights

Jan. 1–Dec. 31, 2021

Visit [MartinsPoint.org/LearnMore](https://MartinsPoint.org/LearnMore) for additional benefit information.

### EXTRA BENEFITS

	<b>Prime</b> (HMO-POS)		<b>Flex</b> (RPPO)		<b>Alliance</b> (HMO)	<b>Value Plus</b> (HMO)*	<b>Select</b> (LPPO)		<b>Focus DC</b> (HMO SNP)**
<b>Monthly Plan Premium</b>	<b>\$0</b>		<b>\$53</b>		<b>\$0</b> And monthly Medicare Part B Premium <b>reduced by up to \$60!</b>	<b>\$0</b> And monthly Medicare Part B Premium <b>reduced by up to \$10!</b>	<b>\$99</b>		<b>\$0</b>
	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>All services must be in network</b>	<b>All services must be in network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>All services must be in network</b>
<b>Maximum Out of Pocket</b>	Combined in-and out-of-network maximum of \$7,050		\$5,500	\$8,000	\$5,000	\$7,550	\$7,300	\$10,000	\$5,700
<b>Prescription Deductible</b>	\$0	\$0	\$275	\$275	No prescription coverage	\$275	\$0	\$0	\$0
<b>Primary Care Physician Office Visits</b>	\$0 copay	\$35 copay	\$0 copay	30% of cost	\$0 copay	\$10 copay	\$20 copay	30% of cost	\$0 copay
<b>Specialist Office Visits</b>	\$40 copay	\$55 copay	\$50 copay	30% of cost	\$5 copay	\$50 copay	\$40 copay	30% of cost	\$0/\$40 copays <sup>++</sup>
<b>Outpatient Surgery</b> (ASC/hospital-based)	\$175/\$350 copay	\$200/\$400 copay	\$250/\$350 copay	30% of cost	\$10/\$350 copay	\$200/\$350 copay	\$200/\$350 copay	30% of cost	\$175/\$350 copay
<b>Worldwide Emergency Care</b> (\$25,000 annual limit)	\$90 copay	\$90 copay	\$90 copay	\$90 copay	\$90 copay	\$90 copay	\$90 copay	\$90 copay	\$90 copay
<b>Nationwide Urgent Care</b>	\$40 copay	\$40 copay	\$45 copay	\$45 copay	\$0 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay
<b>Inpatient Hospital Care</b> (per day, elective or planned)	\$375 days 1–5 \$0 days 6+	Not covered <sup>†</sup>	\$395 days 1–5 \$0 days 6+	30% of cost	\$300 days 1–5 \$0 days 6+	\$380 days 1–5 \$0 days 6+	\$375 days 1–5 \$0 days 6+	30% of cost	\$375 days 1–5 \$0 days 6+
<b>Outpatient Labs</b> (preventive) (non-preventive) (genetic)	\$0 copay \$5 copay 20% of cost	\$0 copay \$5 copay 20% of cost	\$0 copay \$5 copay 20% of cost	20% of cost	\$0 copay \$5 copay 20% of cost	\$0 copay \$5 copay 20% of cost	\$0 copay \$5 copay 20% of cost	\$0 copay \$5 copay 20% of cost	\$0 copay \$5 copay 20% of cost
<b>Diagnostic Imaging</b> (e.g., X-ray, Ultrasound)	15% of cost	15% of cost	\$12 or 20% of cost	30% of cost	5% of cost	15% of cost	15% of cost	15% of cost	15% of cost
<b>Complex Imaging</b> (e.g., MRI, CT, PET)	20% of cost	30% of cost	20% of cost	30% of cost	20% of cost	20% of cost	20% of cost	30% of cost	20% of the cost
<b>Preventive Care and Annual Routine Physical Exam</b>	\$0 copay	Not covered	\$0 copay	30% of cost	\$0 copay	\$0 copay	\$0 copay	30% of cost	\$0 copay
<b>Chiropractic Services</b> (Medicare-Covered Services) (Routine Services)	\$20 copay Not covered	\$55 copay Not covered	\$20 copay Not covered	30% of cost Not covered	\$5 copay Not covered	\$20 copay Not covered	\$20 copay Not covered	30% of cost Not covered	\$20 copay Not covered
<b>Annual Routine Vision Exam</b>	\$0 copay	30% of cost	\$0 copay	30% of cost	\$0 copay	\$0 copay	\$0 copay	30% of cost	\$0 copay
<b>Dental: Comprehensive Coverage</b> (Benefit Maximum) (Office Visit Copay) (Coinsurance by Category A, B, C) (Categories B & C Deductibles)	\$1,000 \$50 0%, 50%, 50% \$50	Not covered	\$1,000 \$50 0%, 50%, 50% \$50	\$1,000 \$50 50%, 75%, 75% \$50	\$2,000 \$5 0%, 20%, 50% \$0	Not covered	Not covered	Not covered	\$1,000 \$50 0%, 50%, 50% \$50
<b>Hearing Aids and Batteries, Fitting/Evaluations</b> No copay for fittings or evaluations	\$495, \$695, or \$1095 copay depending on Tier selected	\$495, \$695, or \$1095 copay depending on Tier selected	\$495, \$695, or \$1095 copay depending on Tier selected	\$495, \$695, or \$1095 copay depending on Tier selected	\$295, \$495, \$895 copay depending on Tier selected	\$495, \$695, or \$1095 copay depending on Tier selected	\$495, \$695, or \$1095 copay depending on Tier selected	\$495, \$695, or \$1095 copay depending on Tier selected	\$495, \$695, or \$1095 copay depending on Tier selected
<b>Wellness Wallet Reimbursement</b>	\$400		\$200		\$350	\$300	\$200		\$450
<b>Over-the-Counter Items</b>	\$50		\$50		\$180	\$50	\$50		\$50



OPEN FOR MORE PLANS!

## Service you can count on.

As Mainers ourselves, we have a deep connection with the people we serve. You can trust our top-notch team to always treat you with the kindness and respect you deserve.

Choosing Medicare coverage can be confusing. Whether it's the first time you're enrolling or you're thinking of switching plans, there's a lot you need to know about your options. We'll help get you the information you need so you can make the choice that best fits your life.

### Step 4

Call us with questions or for help enrolling—or enroll online today!

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

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.

[MartinsPoint.org/GetStarted](https://MartinsPoint.org/GetStarted)

## Prescription Drug Coverage (Part D)

Most Generations Advantage plans conveniently include Medicare Part D prescription drug coverage. Each plan has its own “formulary” which is a list of drugs covered by the plan. Drug costs can vary by tier, by source (where you fill your prescriptions), and by phase of coverage.\*

Depending on your prescription drug costs each year, you may not move through all the phases. On January 1, the process starts over and you return to the Initial Coverage phase.

**Have you heard of the Part D Insulin Senior Savings Model?** Because we care about your ability to afford your Part D insulin, we are a participating plan for this program! Call a Generations Advantage representative for details.

### Pharmacies with Preferred Cost Sharing (Including Hannaford Pharmacies) (cost is for 30-day supply)\*\*

Plan	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Prime, Select, Focus DC Plans	\$0	\$10	\$40	\$95	33% of cost
Flex Plan	\$2	\$10	\$40	\$95	28% of cost
Value Plus Plan	\$0	\$10	\$40	\$95	28% of cost

### Pharmacies with Standard Cost Sharing (cost is for 30-day supply)\*\*

Plan	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Prime, Select, Focus DC Plans	\$4	\$18	\$47	\$100	33% of cost
Flex Plan	\$4	\$18	\$47	\$100	28% of cost
Value Plus Plan	\$4	\$18	\$47	\$100	28% of cost

### Mail-Order (cost is for 90-day supply)

Plan	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Prime, Select, Focus DC Plans	\$10	\$45	\$117.50	\$250	33% of cost
Flex Plan***	\$0	\$20	\$100	\$237.50	28% of cost
Value Plus Plan	\$10	\$45	\$117.50	\$250	28% of cost

\*For a glossary of terms related to prescription drug coverage, see page 18.

\*\*For pharmacy 90-day supply cost, multiply 30-day supply cost amount by three.

\*\*\*Flex plan mail-order Tier 1 copay: \$2 for 30-day supply, \$4 for 60-day supply, \$0 for 90-day supply

### Preferred Cost Sharing!

We have some network pharmacies with preferred cost sharing—including Hannaford Pharmacies—that offer savings on drugs in Tiers 1 through 4.



## 2021 Prescription Drug Coverage Phases

### PHASE 1 Deductible

Flex and Value Plus Plans Only

Flex and Value Plus plan members must first meet the deductible for Tiers 3–5 drugs before moving into Phase 2. Tiers 1–2 drugs automatically start in Phase 2.

Prime, Select, and Focus DC plan members do not have a Part D deductible and automatically start in Phase 2 for all drug tiers.

### PHASE 2 Initial Coverage

In this phase the plan pays most of the cost.

IF  $\frac{\text{Total \$ You Pay}}{\text{Total \$ Plan Pays}}$   
\$4,130

THEN YOU MOVE INTO

### PHASE 3 Coverage Gap

In this phase you pay most of the drug costs.

IF  $\frac{\text{Total \$ You Paid in Phase 1} + \text{Total \$ You Paid in Phase 2} + \text{Total \$ You Paid in Phase 3}}{\text{Total \$ Paid by Drug Manufacturers}}$   
\$6,550

THEN YOU MOVE INTO

### PHASE 4 Catastrophic Coverage

In this phase the plan pays most of the drug costs.

In this phase, you pay a **SMALLER** share of the costs.

This phase continues until the end of the year. On January 1, the process begins again and you start back in Phase 1 or 2, depending on your plan.

Your cost for each prescription is the **GREATER** of

- \$3.70 for generics
- \$9.20 for brand name
- or 5% of the total cost

Formulary tiers may vary by plan. Other pharmacies are available in network. In the Coverage Gap, drug manufacturers pay 70% of total cost of brand name drugs and member cost shares may vary by plan. 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 [MartinsPoint.org/Medicare](https://MartinsPoint.org/Medicare).





## Wellness Wallet

### Health and Wellness Benefit

Yearly reimbursements covering:

- **Eyewear**—Covers prescription eyeglass lenses, frames, and contact lenses. (Note: Alliance plan members have a \$400 eyewear benefit separate from the Wellness Wallet.)
- **Fitness Services and Equipment**—Fees for fitness club membership and classes, personal trainer, and nonrecreational at-home fitness equipment (e.g., treadmills, stationary bikes, weights).
- **Face Masks**—Covers the cost of cloth masks, surgical masks, and face shields.
- **Acupuncture and Naturopathic Services**—Includes seeing a licensed Naturopathic Doctor for immunizations, some counseling, manipulative, and dietary therapy. (Homeopathy and hypnotherapy do not qualify.)
- **Nutrition, Dietary, and Weight Management**—Covers qualified nutrition/dietary/weight management programs.



## Over-the-Counter (OTC) Items

### OTC Health Solutions



Members receive a quarterly amount to purchase from over 300 CVS brand, over-the-counter products, including:

- **Smoking Cessation:** Nicotine replacement patches
- **Oral Health**—Toothpaste, toothbrushes, floss
- **Pain Relief:** Ibuprofen, acetaminophen
- **Allergy:** Allergy relief tablets
- **Cold Remedies:** Cough drops, daytime/nighttime cold medicine

- **Digestive Health:** Heartburn relief tablets, daily fiber
- **First Aid:** Bandages
- **Incontinence:** Bladder control products

It's easy to order! To find participating store locations, a list of eligible products, and phone/online ordering information, please visit [MartinsPoint.org/OTC](https://MartinsPoint.org/OTC). Note that unused quarterly amounts are forfeited (do not roll over into the next quarter).

	Prime Plan	Flex Plan	Alliance Plan	Value Plus Plan	Select Plan	Focus DC Plan
<i>Yearly Wellness Wallet Reimbursement</i>	\$400	\$200	\$350	\$300	\$200	\$450

	Prime Plan	Flex Plan	Alliance Plan	Value Plus Plan	Select Plan	Focus DC Plan
<i>Over-the-Counter Items Quarterly Amount</i>	\$50	\$50	\$180	\$50	\$50	\$50



# Dental Benefit



The Martin's Point Generations Advantage Prime (HMO-POS), Flex (RPPO), Alliance (HMO), and Focus DC (HMO SNP) plans include the following benefits when seeing a dentist in the Martin's Point Generations Advantage-Delta Dental networks (PPO or Premier) in Maine, New Hampshire, or Vermont.\* *The Flex plan also includes coverage for out-of-network dentists (see your Evidence of Coverage for applicable cost shares).* This benefit overview is provided for summary purposes only.

<div style="text-align: center;">A</div> <b>Diagnostic/Preventive</b>	<div style="text-align: center;">B</div> <b>Basic Restorative</b>	<div style="text-align: center;">C</div> <b>Major Restorative</b>
<ul style="list-style-type: none"> <li>• Oral exam and routine cleaning once in a calendar year</li> <li>• Problem-focused exams as needed</li> <li>• Bitewing X-rays once every calendar year and panoramic X-rays once in a 5-calendar-year period</li> <li>• X-rays of individual teeth, as needed</li> </ul>	<ul style="list-style-type: none"> <li>• Fillings</li> <li>• Surgical and routine extractions</li> <li>• Root canals</li> <li>• Treatment of gum disease (periodontics, including periodontal maintenance cleanings)</li> <li>• Denture repair</li> <li>• Emergency relief of pain</li> <li>• Brush biopsy</li> </ul>	<ul style="list-style-type: none"> <li>• Dentures</li> <li>• Crowns</li> <li>• Implants</li> </ul> <div style="background-color: #004a33; color: white; padding: 10px; margin-top: 10px;"> <p>Visit <a href="http://NEDelta.com">NEDelta.com</a> or call <b>Northeast Delta Dental at 1-800-832-5700</b> (TTY: 1-800-332-5905) to see if your dentist is in the Martin's Point Generations Advantage-Delta Dental networks (PPO or Premier).</p> </div>



# Hearing Aid Benefit



Benefit includes hearing aids, batteries, fittings, and more. Members are eligible to receive two hearing aids (one per ear) per year. Members will pay a copay per hearing aid device. Copays vary based on the type of hearing aid selected. Hearing aid devices are limited to the devices available through the Martin's Point-Amplifon program. Call Amplifon at 1-855-533-7486 (TTY: 1-763-268-4264) for more information.

	Prime Plan	Flex Plan	Alliance Plan	Value Plus Plan	Select Plan	Focus DC Plan		Prime Plan	Flex Plan	Alliance Plan	Value Plus Plan	Select Plan	Focus DC Plan
<i>Office Visit Copay</i>	\$50	\$50	\$5	N/A	N/A	\$50	<i>Tier 1 Hearing Aid Copay</i>	\$495	\$495	\$295	\$495	\$495	\$495
<i>A: Diagnostic/Preventive Coinsurance</i>	0%	0%	0%	N/A	N/A	0%	<i>Tier 2 Hearing Aid Copay</i>	\$695	\$695	\$495	\$695	\$695	\$695
<i>B: Basic Restorative Coinsurance</i>	50%	50%	20%	N/A	N/A	50%	<i>Tier 3 Hearing Aid Copay</i>	\$1095	\$1095	\$895	\$1095	\$1095	\$1095
<i>C: Major Restorative Coinsurance</i>	50%	50%	50%	N/A	N/A	50%							
<i>B and C Deductibles</i>	\$50	\$50	\$0	N/A	N/A	\$50							

# Glossary of Terms

**Coinsurance:** When you and your insurance plan share the cost of care based on a percentage. For example, a plan might pay 80% of the cost for a service and you pay the remaining 20%. Percentages vary by plan and service.

**Copayment (Copay):** When you and your insurance plan share costs based on a flat dollar amount that you pay. For example, at an office visit or a pharmacy, you may be asked to pay a \$10 or \$20 “copay” or other flat fee.

**Deductible:** The amount you must pay each year for health care or prescriptions before your insurance begins to share costs with you. *Generations Advantage plans do not include hospital or medical deductibles.*

**Drug Coverage Phases:** Under Part D, you, the health plan, and drug manufacturers share the cost of your prescriptions. Coverage is divided into four cost-sharing phases. The diagram on page 13 explains the cost-sharing differences in each phase, and the 2021 plan year dollar amounts that determine which phase you are in.

**Drug Formulary:** A list of covered drugs selected by Martin’s Point Generations Advantage in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Martin’s Point Generations Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Martin’s Point Generations Advantage network pharmacy, and other plan rules are followed.

**Drug Sources:** Your drug costs will vary depending on where you fill your prescriptions—at a network pharmacy with standard or preferred cost sharing or through the CVS Caremark mail-order service.

**Drug Tiers:** There are five drug cost tiers or levels. Depending on the tier and coverage phase, your drug costs will be a fixed amount (copay) or a percentage of the total cost (coinsurance).

**Network:** A set of health care providers who are contracted to provide health care services to patients with a particular health insurance plan. *The Generations Advantage network includes over 15,000 providers.*

**Out-of-Pocket Maximum:** The total amount that you will have to pay “out-of-pocket” each year for hospital and medical copays and coinsurances before your insurance will start paying 100% of these costs for covered services.

NOTE: Monthly premiums and prescription drug costs are not included when figuring out-of-pocket costs.

**Premium:** The amount you pay to the government or to an insurance company each month/quarter in order to have health or prescription drug coverage.

**Wellness Wallet:** Fitness/wellness reimbursement benefit offered with all Generations Advantage plans. See each plan’s benefit details for covered services and equipment.



MARTIN’S POINT®

MEDICARE ADVANTAGE PLANS

GENERATIONS ADVANTAGE

Martin’s Point Generations Advantage is a health plan with a Medicare contract offering HMO, HMO-POS, HMO SNP, Local and Regional PPO products. Enrollment in a Martin’s Point Generations Advantage plan depends on contract renewal. Medicare evaluates plans based on a 5-star rating system. Star Ratings are calculated each year and may change from one year to the next. Medicare Overall Star Rating for HMO Contract H5591—5 Stars in 2010, 2012, 2015, 2016, 2019; 4.5 Stars for 2011, 2013, 2014, 2017, 2018, 2020. Medicare Overall Star Rating for LPPO Contract H1365—5 Stars in 2020; 4.5 Stars in 2015, 2016, 2017, 2019; 4 Stars in 2018; 3.5 Stars in 2013, 2014; too small to receive a rating in 2012; too new to receive a rating in 2011, 2010. RPPO Contract R0802 was too new for a rating in 2019, 2020. Visit [www.Medicare.gov](http://www.Medicare.gov) for more information. Out-of-network providers are under no obligation to treat Prime, Select, or Flex plan members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. The Martin’s Point Generation Advantage 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 [MartinsPoint.org/MedicareMembers](http://MartinsPoint.org/MedicareMembers). Other pharmacies are available in network. You must continue to pay your Medicare Part B premium. Maximum out-of-pocket amount does not include monthly premium or member costs associated with Part D prescription drugs.

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 complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: Si vous parlez

français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 1-888-640-4423 (ATS : 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-640-4423 (TTY: 711).

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 Grievance Specialist.

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: Grievance Department, 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 Grievance Specialist 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](http://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](http://www.hhs.gov/ocr/office/file/index.html).

## Are You on TRICARE for Life®?

### We’re Here to Help You Understand Your Options!

Understanding your coverage options can be a challenge. We are here to provide simple, straightforward answers to guide you to the best choice for your health and your budget.

Call us today to learn how combining your TRICARE for Life plan with a Martin’s Point Medicare Advantage plan gets you the best of both, plus MORE!





# Four easy ways to enroll

in Martin's Point  
Generations  
Advantage



Enroll online at  
**[MartinsPoint.org/GetStarted](https://MartinsPoint.org/GetStarted)**



Call us at **1-888-408-8285 (TTY: 711)**. 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.



Fill out an enrollment form and mail it back in the prepaid envelope. If you need these, call us at the number above to request them.



In person: call us at the number above to join us at an upcoming seminar or to schedule a one-on-one appointment with one of our representatives.