

# Massachusetts Medicare Enhance Small Group Plans 2026

*This document is for illustrative purposes only. Please refer to the Summary of Benefits and Benefit Handbook for details about coverage provided for this plan.*

	Medicare Enhance MD0000000242	Medicare Enhance Preventive Plus MD00000005602	Medicare Enhance Preventive Plus MD00000005603	Medicare Enhance Preventive Plus \$500 Deductible MD00000005604	Medicare Enhance Preventive Plus \$1,000 Deductible MD00000000243
<b>Network</b>	Any provider who accepts Medicare				
<b>Enrollment Area</b>	Nationwide				
<b>Deductible</b>	\$0 deductible	\$0 deductible	\$0 deductible	\$500 deductible*	\$1,000 deductible*
<b>Office Visits</b>	\$20 copayment	\$5 copayment	\$15 copayment	\$15 copayment	\$25 copayment
<b>Routine Physical</b>	Only covers Medicare-covered services	\$0 copayment, 1 per calendar year	\$0 copayment, 1 per calendar year	\$0 copayment, 1 per calendar year	\$0 copayment, 1 per calendar year
<b>Preventive Care (mammograms, bone mass measurement, colorectal screening, PSA test)</b>	\$0 copayment; Only covers Medicare-covered services	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment
<b>Breast Ultrasound or MRI</b>	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment
<b>Pap Smears and Pelvic Exams</b>	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment
<b>Radiology</b>	\$0 copayment	\$0 copayment	\$0 copayment	Annual deductible applies*	Annual deductible applies*
<b>Lab Services &amp; X-rays</b>	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment
<b>Immunizations</b>	Only covers Medicare covered immunizations	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment
<b>Allergy Shots</b>	\$5 copayment	\$5 copayment	\$5 copayment	\$10 copayment	\$10 copayment
<b>Hospital Outpatient</b>	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment
<b>Day Surgery</b>	\$0 copayment	\$0 copayment	\$0 copayment	Annual deductible applies	Annual deductible applies
<b>Emergency Room</b>	Covered in full after \$100 emergency room copayment, waived if admitted to hospital	Covered in full after \$50 emergency room copayment, waived if admitted to hospital	Covered in full after \$50 emergency room copayment, waived if admitted to hospital	Covered in full after \$50 emergency room copayment, waived if admitted to hospital	Covered in full after \$150 emergency room copayment, waived if admitted to hospital

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<b>Ambulance</b>	\$0 copayment	\$0 copayment	\$0 copayment	Annual deductible applies	Annual deductible applies
<b>Hospital Inpatient (includes acute, rehabilitation and psychiatric hospitalization)</b>	\$0 copayment; covered at 100% per benefit period, unlimited medically necessary inpatient days will be covered (including when Medicare inpatient benefit is exhausted)	\$0 copayment; covered at 100% per benefit period, unlimited medically necessary inpatient days will be covered (including when Medicare inpatient benefit is exhausted)	\$0 copayment; covered at 100% per benefit period, unlimited medically necessary inpatient days will be covered (including when Medicare inpatient benefit is exhausted)	After calendar year deductible of \$500 is met, unlimited medically necessary inpatient days will be covered (including after Medicare inpatient benefit is exhausted)	After calendar year deductible of \$1,000 is met, unlimited medically necessary inpatient days will be covered (including after Medicare inpatient benefit is exhausted)
<b>Skilled Nursing Facility</b>	\$0 copayment, up to 100 days each benefit period	\$0 copayment, up to 100 days each benefit period	\$0 copayment, up to 100 days each benefit period	Annual deductible applies to the following: — Inpatient Hospital Services 100 days of coverage	Annual deductible applies to the following: — Inpatient Hospital Services 100 days of coverage
<b>Home Health Care</b>	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment
<b>Occupational therapy, physical therapy, speech therapy</b>	\$20 copayment for each Medicare-covered visit	\$5 copayment for each Medicare-covered visit	\$15 copayment for each Medicare-covered visit	\$15 copayment for each Medicare-covered visit	25 copayment for each Medicare-covered visit
<b>Podiatry</b>	\$20 copayment for each medically necessary foot care visit	\$5 copayment for each medically necessary foot care visit	\$15 copayment for each medically necessary foot care visit	\$15 copayment for each medically necessary foot care visit	\$25 copayment for each medically necessary foot care visit
<b>Chiropractic</b>	\$20 copayment for Medicare covered services.	\$5 copayment for Medicare covered services.	\$15 copayment for Medicare covered services.	\$15 copayment for Medicare covered services.	\$25 copayment for Medicare covered services.
<b>Durable Medical Equipment</b>	\$0 copayment for Medicare covered items	\$0 copayment for Medicare covered items	\$0 copayment for Medicare covered items	\$0 copayment for Medicare covered items	\$0 copayment for Medicare covered items
<b>Annual routine eye exam</b>	Only covers Medicare covered services	\$5 copayment for annual exam	\$15 copayment for annual exam	\$15 copayment for annual exam	\$25 copayment for annual exam
<b>Eyewear</b>	Covered for one pair of eyeglasses or contact lenses after each cataract surgery	Covered for one pair of eyeglasses or contact lenses after each cataract surgery	Covered for one pair of eyeglasses or contact lenses after each cataract surgery	Covered for one pair of eyeglasses or contact lenses after each cataract surgery	Covered for one pair of eyeglasses or contact lenses after each cataract surgery

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<b>Hearing</b>	No Coverage	\$5 copayment for annual exam	\$15 copayment for annual exam	\$15 copayment for annual exam	\$25 copayment for annual exam
<b>Hearing Aids</b>	Not covered (see Member Savings)	Not covered (see Member Savings)	Not covered (see Member Savings)	Not covered (see Member Savings)	Not covered (see Member Savings)
<b>Mental Health Outpatient</b>	\$20 copayment per visit individual and group	\$5 copayment per visit individual and group	\$15 copayment per visit individual and group	\$15 copayment per visit individual and group	\$25 copayment per visit individual and group
<b>Hospice</b>	\$0 copayment, you must get care from a Medicare certified hospice	\$0 copayment, you must get care from a Medicare certified hospice	\$0 copayment, you must get care from a Medicare certified hospice	\$0 copayment, you must get care from a Medicare certified hospice	\$0 copayment, you must get care from a Medicare certified hospice
<b>Worldwide Coverage for Emergency Services</b>	Covered for emergency services in the United States only, less Emergency Room copayment of \$100	Covered for emergency services worldwide, less Emergency Room copayment of \$50	Covered for emergency services worldwide, less Emergency Room copayment of \$50	Covered for emergency services worldwide, less Emergency Room copayment of \$50	Covered for emergency services worldwide, less Emergency Room copayment of \$150
<b>Retail Pharmacy (up to 30 day supply)</b>	Multiple Rx options available	Multiple Rx options available	Multiple Rx options available	Multiple Rx options available	Multiple Rx options available
<b>Mail Order Pharmacy (up to 90 day supply)</b>	Multiple Rx options available	Multiple Rx options available	Multiple Rx options available	Multiple Rx options available	Multiple Rx options available
<b>Member Savings</b>	<ul style="list-style-type: none"> <li>– Up to \$150/year Fitness reimbursement</li> <li>– Eyewear discounts</li> <li>– Hearing Aid discounts</li> <li>– 25% off participating acupuncturists and chiropractors</li> <li>– Other health related discounts</li> </ul>	<ul style="list-style-type: none"> <li>– Up to \$150/year Fitness reimbursement</li> <li>– Eyewear discounts</li> <li>– Hearing Aid discounts</li> <li>– 25% off participating acupuncturists and chiropractors</li> <li>– Other health related discounts</li> </ul>	<ul style="list-style-type: none"> <li>– Up to \$150/year Fitness reimbursement</li> <li>– Eyewear discounts</li> <li>– Hearing Aid discounts</li> <li>– 25% off participating acupuncturists and chiropractors</li> <li>– Other health related discounts</li> </ul>	<ul style="list-style-type: none"> <li>– Up to \$150/year Fitness reimbursement</li> <li>– Eyewear discounts</li> <li>– Hearing Aid discounts</li> <li>– 25% off participating acupuncturists and chiropractors</li> <li>– Other health related discounts</li> </ul>	<ul style="list-style-type: none"> <li>– Up to \$150/year Fitness reimbursement</li> <li>– Eyewear discounts</li> <li>– Hearing Aid discounts</li> <li>– 25% off participating acupuncturists and chiropractors</li> <li>– Other health related discounts</li> </ul>