

Tufts Health Plan Senior Care Options (HMO SNP) and Tufts Health Plan Senior Care Options CW (HMO SNP) offered by Tufts Health Plan

Annual Notice of Change for 2026

Introduction

You're currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, rules, and costs. This *Annual Notice of Change* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at www.thpmp.org/sco. Call Member Services at the number at the bottom of the page to get a copy by mail. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*. Members do not have costs for covered services.

Additional resources

- This document is available for free in Spanish. Other languages are available upon request.
- You can get this *Annual Notice of Change* for free in other formats, such as large print, braille, or audio. Call Member Services at 1-855-670-5934 (TTY users should call 711.) Hours are 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday – Friday from April 1 to September 30. The call is free.
- Your request for this document in an accessible format or language will be applied on a standing basis unless you request otherwise.

OMB Approval 0938-1444 (Expires: June 30, 2026)

If you have questions, please call Tufts Health Plan Senior Care Options Member Services at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thpmp.org/sco.



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A. Disclaimers

Tufts Health Plan Senior Care Options is an HMO-SNP plan with a Medicare contract and a contract with the Commonwealth of Massachusetts MassHealth (Medicaid) program. Enrollment in Tufts Health Plan Senior Care Options depends on contract renewal. The plan also has a written agreement with the Massachusetts Medicaid program to coordinate your MassHealth Standard (Medicaid) benefits.

The HMO SNP is available to anyone who has both MassHealth Standard (Medicaid) and Medicare Parts A and B. You are not eligible to enroll in Tufts Health Plan Senior Care Options if you are enrolled in any other health insurance plan, with the exception of Medicare. Other eligibility requirements and restrictions may apply.

Tufts Health Plan Senior Care Options is a voluntary MassHealth (Medicaid) program in association with EOHHS and CMS.

Estate Recovery Awareness: MassHealth is required by federal law to recover money from the estates of certain MassHealth members who are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth estate recovery, please visit www.mass.gov/estaterecovery.

Tufts Health Plan Senior Care Options complies with applicable Federal civil rights laws and doesn't discriminate on the basis of race, color, national origin, age, disability, or sex (including sexual orientation, and gender identity).

B. Reviewing your Medicare and MassHealth (Medicaid) coverage for next year

It's important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to **Section E** for more information on changes to your benefits for next year.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section F2**.
- MassHealth (Medicaid) options and services in **Section F2**.

If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thpmp.org/sco.



B1. Information about Tufts Health Plan Senior Care Options

- Tufts Health Plan Senior Care Options is a health plan that contracts with both Medicare and Medicaid (Medicaid) to provide benefits of both programs to members.
- When this *Annual Notice of Change* says “we,” “us,” “our,” or “our plan,” it means Tufts Health Plan Senior Care Options.

B2. Important things to do

- **Check if there are any changes to our benefits that may affect you.**
 - Are there any changes that affect the services you use?
 - Review benefit changes to make sure they’ll work for you next year.
 - Refer to **Section D1** for information about benefit changes for our plan.
- **Check if there are any changes to our drug coverage that may affect you.**
 - Will your drugs be covered? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits?
 - Review changes to make sure our drug coverage will work for you next year.
 - Refer to **Section D2** for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Refer to **Section C** for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan. Members do not have costs for covered services.**
 - How do the total costs compare to other coverage options?
- **Think about whether you’re happy with our plan.**



If you decide to stay with Tufts Health Plan Senior Care Options:

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in Tufts Health Plan Senior Care Options.

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section F2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.

C. Changes to our network providers and pharmacies

Our provider and pharmacy networks have changed for 2026.

Please review the 2026 *Provider and Pharmacy Directory* to find out if your providers (primary care provider, specialists, hospitals, etc.) or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at www.thpmp.org/documents. You may also call Member Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Member Handbook* or call Member Services at the number at the bottom of the page for help.

D. Changes to benefits for next year

D1. Changes to benefits for medical services

We're changing our coverage for certain medical services next year. The table below describes these changes.

If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thpmp.org/sco.



	2025 (this year)	2026 (next year)
Breast Cancer Screening (mammograms)	Covered for screening mammogram and clinical breast exam under Medicare.	<p>Covered for screening mammogram and clinical breast exam under Medicare.</p> <p>Additional coverage under MassHealth (Medicaid) for diagnostic breast examinations for breast cancer, digital breast tomosynthesis screening and medically necessary and appropriate screening with breast MRIs or screening breast ultrasounds on the same basis as screening mammograms.</p> <p>Please refer to your <i>Member Handbook</i> for more information.</p>
Chronic pain management and treatment services	Not covered under Medicare.	<p>Covered under Medicare.</p> <p>Please refer to your <i>Member Handbook</i> for more information.</p>
Dental services	Additional dental coverage includes inlay, replacement crown, and implants (4 per year; one per tooth per member every 5 years).	<p>Inlay, replacement crown, and implants are not covered.</p> <p>Please refer to your <i>Member Handbook</i> for more information.</p>
Diabetes self-management training.	Referral is required.	<p>Referral is not required.</p> <p>Please refer to your <i>Member Handbook</i> for more information.</p>

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	2025 (this year)	2026 (next year)
Medicare Part B prescription drugs	Part B drugs may be subject to Step Therapy requirements that include Part B to Part B drugs.	Part B drugs may be subject to Step Therapy requirements that include Part B to Part B drugs, Part B to Part D drugs, and Part D to Part B drugs. Please refer to your <i>Member Handbook</i> for more information.
Medicare preventive services	The plan covers Medicare preventive services covered by Medicare.	The plan covers Medicare preventive services covered by Medicare, including the following new services: <ul style="list-style-type: none"> ○ Pre-exposure prophylaxis (PrEP) for HIV prevention ○ Screening for Hepatitis C Virus infection Please refer to your <i>Member Handbook</i> for more information.
Outpatient hospital observation services	Prior authorization is not required.	Prior authorization may be required. Please refer to your <i>Member Handbook</i> for more information.

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	2025 (this year)	2026 (next year)
Office visits - Additional telehealth services not covered by Medicare	<p>Covered services include:</p> <ul style="list-style-type: none"> ▪ Primary Care Physician Services and Other Health Care Professionals (PAs & NPs) ▪ Physician Specialist Services ▪ Individual or Group Sessions for Mental Health Specialty Services ▪ Individual or Group Sessions for Psychiatric Services ▪ Opioid Treatment Program Services ▪ Observation Services ▪ Individual or Group Sessions for Outpatient Substance Use Disorder ▪ Kidney Disease Education Services ▪ Diabetes Self-Management Training ▪ Urgently Needed Services ▪ Physical Therapy and Speech-Language Pathology Services 	<p>Covered services include:</p> <ul style="list-style-type: none"> ▪ Primary Care Physician Services and Other Health Care Professionals (PAs & NPs) ▪ Physician Specialist Services ▪ Individual or Group Sessions for Mental Health Specialty Services ▪ Individual or Group Sessions for Psychiatric Services ▪ Opioid Treatment Program Services ▪ Observation Services ▪ Individual or Group Sessions for Outpatient Substance Use Disorder ▪ Kidney Disease Education Services ▪ Diabetes Self-Management Training ▪ Urgently Needed Services ▪ Physical Therapy and Speech-Language Pathology Services ▪ Pulmonary Rehabilitation Services ▪ Partial Hospitalization Services

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	2025 (this year)	2026 (next year)
Office visits - Additional telehealth services not covered by Medicare, continued		<ul style="list-style-type: none"> ▪ Intensive Outpatient Services ▪ Cardiac Rehabilitation Services ▪ Intensive Cardiac Rehabilitation services <p>Please refer to your <i>Member Handbook</i> for more information.</p>
Over-the-Counter (OTC) Items	<p>You receive a single credit of \$425 per calendar quarter on your Instant Savings card towards the purchase of eligible Medicare-approved health-related OTC items, eligible groceries, and personal hygiene items at plan-approved retailers and online stores.</p> <p>Unused balance at the end of a calendar quarter will not roll over to the next quarter.</p> <p>Benefit is covered by the plan under the Medicare Value-Based Insurance Design (VBID) Model.</p>	<p>You receive two separate quarterly credits on your Instant Savings card, as follows:</p> <ul style="list-style-type: none"> ▪ Medicare allowance of \$115 per calendar quarter for Medicare-approved health-related OTC items ▪ Medicaid (MassHealth) allowance of \$235 per calendar quarter for Food and Beverages and other personal items. <p>The two credit amounts are separate and can't be combined, which means that the amount designated for Medicare-approved OTC items cannot be used to purchase food and beverages and other personal items, and vice versa.</p> <p>Unused balances at the end of a calendar quarter will not roll over to the next quarter.</p>

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	2025 (this year)	2026 (next year)
Over-the-Counter (OTC) Items, (<i>continued</i>)		<p>Your current Instant Savings card will continue to work in 2026, so don't throw it out. However, note that the card will work differently with two separate allowances as described above. If you lose your card, call Tufts Health Plan Senior Care Options Member Services at the number listed at the bottom of this page and request a replacement.</p> <p>Benefit is covered by the plan under the Medicare and MassHealth (Medicaid) benefits</p> <p>Please refer to your <i>Member Handbook</i> for more information.</p>
Transportation (To and from non-medical appointments)	<p>Two round trips per month (up to 24 round trips per calendar year) are provided for non-medical purposes. Limit of 20 miles each way.</p>	<p>Four round trips per month (up to 48 round trips per calendar year) are provided for non-medical purposes. Limit of 20 miles each way.</p> <p>Please refer to your <i>Member Handbook</i> for more information.</p>

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	2025 (this year)	2026 (next year)
Vision care Eyewear Allowance (Lenses and Frames or Contact Lenses)	<p>The plan covers up to \$300 per year toward the full retail price (not sale price) for eyeglasses (lenses, frames, or a combination) and/or contact lenses from a provider in the EyeMed Vision Care network or up to \$180 from a provider not in the EyeMed Vision Care network.</p> <p>Multiple purchases are allowed during the year up to the full annual benefit amount.</p>	<p>The plan covers up to \$300 per year toward the full retail price (not sale price) for eyeglasses (lenses, frames, or a combination) and/or contact lenses from a provider in the EyeMed Vision Care network or up to \$180 from a provider not in the EyeMed Vision Care network.</p> <p>Only one purchase is allowed per calendar year up to the benefit amount; any unused amount after the single purchase will expire and cannot be applied toward another purchase during the calendar year.</p> <p>Please refer to your <i>Member Handbook</i> for more information.</p>

D2. Changes to drug coverage

Changes to our *Drug List*

An updated *List of Covered Drugs* is located on our website at www.thpmp.org/documents. You may also call Member Services at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*.

We made changes to our *Drug List*, which could include removing or adding drugs, changing drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the *Drug List* to **make sure your drugs will be covered next year** and to find out if there are any restrictions.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes as allowed by Medicare and/or the state that will affect you during the



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calendar year. We update our online *Drug List* at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at the numbers at the bottom of the page or contact your Care Manager to ask for a *List of Covered Drugs* that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask us to make an exception to cover the drug.
 - You can ask for an exception before next year, and we'll give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
 - To learn what you must do to ask for an exception, refer to **Chapter 9** of your *Member Handbook* or call Member Services at the numbers at the bottom of the page.
 - If you need help asking for an exception, contact Member Services or your Care Manager. Refer to **Chapters 2 and 3** of your *Member Handbook* to learn more about how to contact your Care Manager.
- Ask us to cover a temporary supply of the drug.
 - In some situations, we cover a **temporary** supply of the drug during the first 108 days of the calendar year.
 - This temporary supply is for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)
 - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.

For example, if you take a brand name drug or biological product that's being replaced by a generic or biosimilar version, you may not get notice of the change 30 days in advance, or



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before you get a month's supply of the brand name drug or biological product. You might get information on the specific change after the change is already made.

Some of these drug types may be new to you. For definitions of drug types, please go to **Chapter 12** of your *Member Handbook*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Go to the FDA website:

www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients.

You can also call Member Services at the number at the bottom of the page or ask your health care provider, prescriber, or pharmacist for more information.

Changes to drug costs

There are no changes to the amount you pay for drugs in 2026. Read below for more information about your drug coverage. Note: Our SCO Drug List includes all covered drugs on one tier, and you pay \$0 for all covered drugs on the Drug List.

The following table shows your costs for drugs on our one-tier formulary.

	2025 (this year)	2026 (next year)
Drugs in Tier 1 Cost for a one-month supply of a drug in Tier 1 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0 .	Your copay for a one-month (30-day) supply is \$0 .

E. Administrative changes

	2025 (this year)	2026 (next year)
Coverage for blood glucose monitors and blood glucose test strips	Coverage for blood glucose monitors and blood glucose test strips is limited to the OneTouch products manufactured by LifeScan, Inc. Please note, there is no preferred brand for lancets or glucose control solutions.	Coverage for blood glucose monitors and blood glucose test strips is limited to the Accu-Chek products manufactured by Roche Diabetes Care, Inc. Please note, there is no preferred brand for lancets or glucose control solutions.

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F. Choosing a plan

F1. Staying in our plan

We hope to keep you as a plan member. You don't have to do anything to stay in our plan. Unless you sign up for a different Medicare plan or change to Original Medicare, you'll automatically stay enrolled as a member of our plan for 2026.

F2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have MassHealth (Medicaid), you can end your membership in our plan any month of the year.

In addition, you may end your membership in our plan during the following periods:

- The **Open Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you're eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,
- your eligibility for MassHealth (Medicaid) or Extra Help changed, **or**
- you recently moved into or are currently getting care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.

Your Medicare services

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section F2**. By choosing one of these options, you automatically end your membership in our plan.

If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thpmp.org/sco.



<p>1. You can change to:</p> <p>Another plan that provides your Medicare (Medicaid) and most or all of your Medicaid benefits and services in one plan, also known as an integrated dual-eligible special needs plan (D-SNP) or a Program of All-inclusive Care for the Elderly (PACE) plan, if you qualify.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048 to enroll in a new integrated D-SNP.</p> <p>For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-800-841-2900.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users may call 1-800-439-2370. For more information or to find a local SHINE office in your area, please visit http://www.mass.gov/health-insurance-counseling. <p>OR</p> <p>Enroll directly with a new integrated D-SNP.</p> <p>You'll automatically be disenrolled from our plan when your new plan's coverage begins.</p>
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<p>2. You can change to:</p> <p>Original Medicare with a separate Medicare drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048 to enroll in Original Medicare with a separate Medicare drug plan.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users may call 1-800-439-2370. For more information or to find a local SHINE office in your area, please visit http://www.mass.gov/health-insurance-counseling. <p>OR</p> <p>Enroll in a new Medicare drug plan.</p> <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p>
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<p>3. You can change to:</p> <p>Original Medicare without a separate Medicare drug plan</p> <p>NOTE: If you switch to Original Medicare and don't enroll in a separate Medicare drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the SHINE Program at 1-800-243-4636. TTY users should call 1-800-439-2370.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048 to enroll in Original Medicare.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users should call 1-800-439-2370. <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p>
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<p>4. You can change to:</p> <p>Any Medicare health plan during certain times of the year including the Open Enrollment Period and the Medicare Advantage Open Enrollment Period or other situations described in Section F.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048 to enroll in a new Medicare plan.</p> <p>For Program of All-Inclusive Care for the Elderly (PACE) inquiries, call 1-800-841-2900.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. <i>TTY users should call 1-800-439-2370.</i> <p>OR</p> <p>Enroll in a new Medicare plan.</p> <p>You're automatically disenrolled from our Medicare plan when your new plan's coverage begins.</p>
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Your MassHealth services

For questions about how to get your MassHealth (Medicaid) services after you leave our plan, contact the MassHealth (Medicaid) Customer Service at 1-800-841-2900. TTY: 711 (for people who are deaf, hard of hearing, or speech disabled). You can call Monday through Friday, 8:00 A.M. to 5:00 P.M. Ask how joining another plan or returning to Original Medicare affects how you get your MassHealth (Medicaid) coverage.

G. Getting help

G1. Our plan

We're here to help if you have any questions. Call Member Services at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thpmp.org/sco.



Read your *Member Handbook*

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits for 2026. It explains your rights and the rules to follow to get services and drugs we cover.

The *Member Handbook for 2026 will be available by October 15*. An up-to-date copy of the *Member Handbook* is available on our website at www.thmp.org/documents. You may also call Member Services at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2026.

Our website

You can visit our website at www.thmp.org/documents. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our *Drug List (List of Covered Drugs)*.

G2. SHINE Program (Serving Health Insurance Needs of Everyone)

You can also call the state health insurance program (SHIP). In Massachusetts the SHIP is called SHINE (Serving the Health Insurance Needs of Everyone). SHINE can help you understand your plan choices and answer questions about switching plans. SHINE isn't connected with us or with any insurance company or health plan. SHINE has trained counselors in every location and services are free. SHINE's phone number is 1-800-243-4636. TTY (for people who are deaf, hard of hearing, or speech disabled): 1-800-439-2370 (Massachusetts only). For more information or to find a local SHINE office in your area, please visit <http://www.mass.gov/health-insurance-counseling>.

G3. My Ombudsman

The Ombudsman Program can help you if you have a problem with our plan. The ombudsman's services are free and available in all languages. The Ombudsman Program:

- works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- isn't connected with us or with any insurance company or health plan. The phone number for the Ombudsman Program is 1-855-781-9898, Monday through Friday from 9:00 A.M. to 4:00 P.M.
 - Use 7-1-1 to call 1-855-781-9898. This number is for people who are deaf, hard of hearing, or speech disabled.

If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thmp.org/sco.



- Use Videophone (VP) 339-224-6831. This number is for people who are deaf or hard of hearing.
- Email info@myombudsman.org or contact My Ombudsman through its website at www.myombudsman.org.
- Write to or visit the My Ombudsman office at 25 Kingston Street, 4th floor, Boston, MA 02111.
 - Please refer to the My Ombudsman website or contact them directly for updated information about location, setting up an appointment, and walk-in hours.

G4. Medicare

To get information directly from Medicare:

- call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048
- chat live at www.Medicare.gov/talk-to-someone
- write to Medicare at PO Box 1270, Lawrence, KS 66044.

Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to www.medicare.gov and click on "Find plans.")

Medicare & You 2026

You can read the *Medicare & You 2026* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.



G5. MassHealth (Medicaid)

MassHealth (Medicaid) is a joint Federal and state government program that helps with medical costs for certain people with limited incomes and resources. MassHealth (Medicaid) coverage varies depending on the type of MassHealth (Medicaid) you have. Some people with MassHealth (Medicaid) get help paying for their Medicare premiums and other costs. Other people also get coverage for additional services and drugs that are not covered by Medicare.

Because you get assistance from MassHealth (Medicaid) with your Medicare Part A and B cost sharing (deductibles, copayments, and coinsurance) you may pay nothing for your Medicare health care services. MassHealth (Medicaid) also provides other benefits to you by covering health care services that are not usually covered under Medicare. You will also receive “Extra Help” from Medicare to pay for the costs of your Medicare prescription drugs. Tufts Health Plan Senior Care Options will help manage all of these benefits for you, so that you get the health care services and payment assistance that you are entitled to.

If you have questions about the assistance you get from MassHealth (Medicaid), contact MassHealth (Massachusetts’s Medicaid program) at 1-800-841-2900 (TTY 711). Hours: Self-service available 24 hours a day in English and Spanish. Other services available Mon-Fri 8:00 a.m. – 5:00 p.m. Interpreter service available. The MassHealth Enrollment Center (MEC) hours are Mon-Fri 8:00 a.m. – 5:00 p.m.



Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-670-5934 (TTY: 711) or speak to your provider.

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-855-670-5934 (TTY: 711) o hable con su proveedor.

Português (Portuguese) ATENÇÃO: Se fala Português, estão disponíveis para si serviços gratuitos de assistência linguística. Estão também disponíveis gratuitamente ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-855-670-5934 (TTY - Dispositivo das telecomunicações para surdos: 711) ou fale com o seu prestador.

中文 (Simplified Chinese) 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-855-670-5934（文本电话：711）或咨询您的服务提供商。

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou. Rele nan 1-855-670-5934 (TTY: 711) oswa pale avèk founisè w la.

Việt (Vietnamese) LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-855-670-5934 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

РУССКИЙ (Russian) ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-855-670-5934 (TTY: 711) или обратитесь к своему поставщику услуг.

(Arabic) العربية تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجاناً. اتصل على الرقم 711 (1-855-670-5934) أو تحدث إلى مقدم الخدمة.

ភាសាខ្មែរ (Khmer) សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរ សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 1-855-670-5934 (TTY: 711) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

Français (French) ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-855-670-5934 (TTY: 711) ou parlez à votre fournisseur.

Italiano (Italian) ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-855-670-5934 (tty: 711) o parla con il tuo fornitore.

한국어 (Korean) 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-855-670-5934(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

Ελληνικά (Greek) ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το 1-855-670-5934 (TTY: 711) ή απευθυνθείτε στον πάροχό σας.

POLSKI (Polish) UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-855-670-5934 (TTY: 711) lub porozmawiaj ze swoim dostawcą.

हिंदी (Hindi) न दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-855-670-5934 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

ગુજરાતી (Gujarati) ધ્યાન આપો: જો તમે ગુજરાતી બોલતા છો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસલરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-855-670-5934 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

ລາວ(Laos) ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-855-670-5934 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.