

Mass General Brigham One Care (HMO D-SNP) offered by MASS GENERAL BRIGHAM HEALTH PLAN, INC

Annual Notice of Change for 2027

OMB Approval 0938-1444 (Expires: 7/31/2029)



If you have questions, please call Mass General Brigham One Care at 1-888-816-6000 (TTY 711), 8AM to 8PM EST Mon-Sun (Oct 1 – Mar 31) and 8AM to 8PM EST Mon-Fri (Apr 1 – Sep 30). The call is free. **For more information**, visit <https://mgbadvantage.org/onecare>.

Multi-language Interpreter Services

English: ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats, for example large print, braille, or audio, are also available free of charge. Call **1-888-816-6000 (TTY: 711)** or speak to your provider.

Español (Spanish): ATENCIÓN: Tiene a su disposición servicios de asistencia lingüística sin cargo. También hay disponibles, sin cargo, ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles, como letra grande, braille o audio. Llame al **1-888-816-6000 (TTY: 711)** hable con su proveedor.

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العربية (Arabic): تنبيه: خدمات المساعدة اللغوية المجانية متاحة لك مجانًا. كما تتوفر مجانًا الوسائل والخدمات المساعدة المناسبة: لتوفير المعلومات بتنسيقات يسهل استخدامها، مثل الطباعة بحروف الكبيرة أو طريقة برايل أو الصوت. اتصل على الرقم 6000-816-888-1 (TTY: 711) أو تحدث إلى مقدم الرعاية الصحية المتابع لك.

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Italiano (Italian): ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente adeguati servizi e supporti ausiliari per fornire informazioni in formati accessibili, ad esempio caratteri grandi, braille o audio. Chiama il numero 1-888-816-6000 (TTY: 711) o parla con il tuo fornitore.

Ελληνικά (Greek): ΠΡΟΣΟΧΗ: Διατίθενται για εσάς δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Διατίθενται επίσης δωρεάν κατάλληλα βοηθήματα και υπηρεσίες που παρέχουν πληροφορίες σε προσβάσιμες μορφές, για παράδειγμα μεγάλη γραμματοσειρά, μπράιλ ή ήχο. Καλέστε το 1-888-816-6000 (TTY: 711) ή μιλήστε με τον πάροχό σας.

ខ្មែរ (Khmer/Cambodian): សម្គាល់: មានផ្តល់ជូនដល់អ្នក នូវ សេវា ជំនួយ ផ្នែកភាសា ដោយ ឥតគិតថ្លៃ។ ជំនួយ បន្ថែម និងសេវាបន្ថែមដែលមានលក្ខណៈសមស្រប ដើម្បីផ្តល់ ព័ត៌មាន នៅក្នុងទម្រង់ ដែលអាច ប្រើប្រាស់បាន ដូចជា ការព្រីនអក្សរធំ អក្សរស្រួច ឬ សំឡេង ក៏មានផ្តល់ជូន ដោយ ឥតគិតថ្លៃដែរ។ នូវសេវាទៅលេខ 1-888-816-6000 (TTY: 711) ឬ និយាយ ទៅកាន់អ្នក ផ្តល់សេវា កម្ម របស់អ្នក។

Deutsch (German): ACHTUNG: Kostenlose Sprachunterstützung steht Ihnen zur Verfügung. Geeignete Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in zugänglichen Formaten, z. B. Großdruck, Blindenschrift oder Audio, sind ebenfalls kostenlos erhältlich. Rufen Sie 1-888-816-6000 (TTY: 711) an oder sprechen Sie mit Ihrem Anbieter.

Polski (Polish): UWAGA: Dostępne są bezpłatne usługi pomocy językowej. Odpowiednie pomoce i usługi w celu dostarczania informacji w dostępnych formatach, na przykład dużym drukiem, alfabetem Braille’a lub audio, są również dostępne bezpłatnie. Zadzwoń pod numer 1-888-816-6000 (TTY: 711) lub porozmawiaj ze swoim świadczeniodawcą.



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Soomaali (Somali): FIIRO GAAR AH: Waxaad heli kartaa adeeg bilaash ah oo la xiriira taageerada luuqadda. Sidoo kale waxaa bilaash lagu heli karaa taageerada iyo adeegyo habboon oo bilaash ah kuwaasoo la xiriira helitaanka qaababka xogta macluumaadka, tusaale ahaan sida daabacaadda waaweyn, nooca daabacaadda ee loogu talo-galey indhoolayaasha, ama maqalka. Fadlan soo wac lanbarkal **1-888-816-6000 (TTY: 711)** ama la hadal bixiyaha qaabbilsan adeegga daryeelkaaga.

ગુજરાતી (Gujarati): ધ્યાન આપો: તમારા માટે નિઃશુલ્ક ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. મોટી પ્રિન્ટ, બ્રેઇલ અથવા ઓડિઓ જેવા સુલભ ફોર્મેટમાં માહિતી પૂરી પાડવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ નિઃશુલ્ક ઉપલબ્ધ છે. **1-888-816-6000 (TTY: 711)** પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

Tagalog (Tagalog): ATENSYON: Available ang mga libreng serbisyong tulong sa wika para sa iyo. Available din ang mga libreng naaangkop na auxiliary na tulong at serbisyo upang makapagbigay ng impormasyon sa mga naa-access na format, halimbawa malalaking print, braille, o audio. Tumawag sa **1-888-816-6000 (TTY: 711)** makipag-usap sa iyong tagapagbigay ng serbisyo.

ພາສາລາວ (Laotian): ກະລຸນາຮັບຊາບ: ມີ ບໍ ລິ ການ ພາ ສາ ແບບບໍ່ ເສຍ ຄ່າ ໃຫ້ ແກ່ ທ່ານ. ເຄື່ອງຊ່ວຍເຫຼືອ ແລະ ບໍ ລິ ການເສີມ ທີ່ ເໝາະ ສົມ ໃນການ ໃຫ້ ຂໍ້ ມູນ ໃນ ຮູບ ແບບ ເຂົ້າ ເຖິງ ໄດ້ ເຊັ່ນ: ຕົວອັກສອນ ຂະ ໜາດ ໃຫຍ່, ຕົວ ໜັງ ສື ນູນ ຫຼື ສຽງ ກໍ່ມີ ໃຫ້ແບບ ບໍ່ ເສຍ ຄ່າເຊັ່ນກັນ. ໂທ ຫາ ເບີ **1-888-816-6000 (TTY: 711)** ຫຼື ລົມ ກັບ ຜູ້ ໃຫ້ ບໍ ລິ ການ ຂອງ ທ່ານ.

日本語 (Japanese): 注意：無料の言語サポートサービスをご利用いただけます。大きい活字、点字、音声など、アクセスしやすい形で情報を提供するための適切な補助器具やサービスも無料でご利用いただけます。**1-888-816-6000 (TTY: 711)** までお電話いただくか、ご利用のプロバイダーにお問い合わせください。



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Introduction

You're currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, and rules. 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 <https://mgbadvantage.org/onecare>. 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*.

Additional resources

- This document is available for free in Spanish. Other languages are available for free upon request.
- You can get this *Annual Notice of Change* for free in other formats, such as large print, braille, or audio. Call Mass General Brigham One Care at 1-888-816-6000 (TTY 711), 8AM to 8PM EST Mon-Sun (Oct 1 – Mar 31) and 8AM to 8PM EST Mon-Fri (Apr 1– Sep 30). The call is free.
- When you join the plan, we will ask you during your welcome call if you would like to get information in a language other than English or in a different format, like large print. Once you tell us your choice, we will keep that information on file. If you ever want to change your choice later, you can do that too by calling Member Services at 1-888-816-6000. This call is free.



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A. Disclaimers

- ❖ Mass General Brigham One Care is a Dual Special Needs Plan (HMO D-SNP) that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- ❖ Our covered drugs, pharmacy network, and/or provider network may change at any time. You'll get a notice about any changes that may affect you at least 30 days in advance.
- ❖ Estate Recovery Awareness: MassHealth (Medicaid) is required by federal law to recover money from the estates of certain MassHealth (Medicaid) 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 (Medicaid) estate recovery, please visit www.mass.gov/estaterecovery.
- ❖ Coverage under Mass General Brigham One Care is qualifying health coverage called "minimum essential coverage." It satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement.
- ❖ Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call Member Services at the number at the bottom of the page for more information, including the cost-sharing that applies to out-of-network services.

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 D** for more information on changes to your benefits for next year.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You'll still be in the Medicare and MassHealth (Medicaid) programs as long as you're eligible.

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

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



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B1. Information about Mass General Brigham One Care (HMO D-SNP)

- Mass General Brigham One Care (HMO D-SNP) is a health plan that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to members.
- When this *Annual Notice of Change* says “we,” “us,” “our,” or “our plan,” it means Mass General Brigham One Care (HMO D-SNP).

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.**
 - How do the total costs compare to other coverage options?
- **Think about whether you’re happy with our plan.**



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If you decide to stay with Mass General Brigham One Care (HMO D-SNP):

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 Mass General Brigham One Care (HMO D-SNP).

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 2027.

Please review the 2027 *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 mgbadvantage.org/onecare. 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.

	2026 (this year)	2027 (next year)
Transportation (non-emergent non medical)	We cover non-emergent non-medical transportation through Non-Emergent Ambulance, Taxi Livery, Transportation Network Company (Uber / Lyft), Wheelchair Vehicle, Stretcher Van, and Ferry. Services must be provided by our plan-approved transportation	We cover non-emergent non-medical transportation through Non-Emergent Ambulance, Taxi Livery, Transportation Network Company (Uber / Lyft), Wheelchair Accessible Vehicle, Stretcher Van, and Ferry. Services must be provided by the plan-approved transportation



If you have questions, please call Mass General Brigham One Care at 1-888-816-6000 (TTY 711), 8AM to 8PM EST Mon-Sun (Oct 1 – Mar 31) and 8AM to 8PM EST Mon-Fri (Apr 1 – Sep 30). The call is free. **For more information**, visit <https://mgbadvantage.org/onecare>.

	2026 (this year)	2027 (next year)
	provider, CTS. NOTE: Non-emergent non-medical trips are limited to 50 miles each way. Covered Service \$0 co-pay to the transportation provider, CTS. Please call CTS at 1-844-247-2100 to schedule your appointments. The non-emergent non-medical transportation benefit covers two (2) round trips or four (4) one way trips per month.	provider (Coordinated Transportation Solutions, Inc. (CTS)). NOTE: Non-emergent non-medical trips are limited to 50 miles each way. Non-emergent non-medical transportation has a benefit limit of 2 round trips per month, and a 50 mile limit each way. Services must be provided by the plan-approved transportation provider (Coordinated Transportation Solutions, Inc. (CTS)). NOTE: Non-medical transportation must be documented within your Individualized Care Plan in order to qualify for these services. Talk to your care coordinator for more details. Limitations may apply.
Wigs	Wigs are covered if prescribed by a physician related to a medical condition.	For members who suffer hair loss as a result of the treatment for any form of cancer or leukemia, wigs are covered. Your plan will cover up to \$350 per calendar year. Members are responsible for amounts that exceed \$350.

D2. Changes to drug coverage

Changes to our *Drug List*

Our *List of Covered Drugs* is also called the *Formulary* or *Drug List*. A copy of our *Drug List* is posted online at mgbadvantage.org/onecare.

You can get the complete Drug List by calling Member services at the number at the bottom of the page or visiting our website at mgbadvantage.org/onecare.

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.



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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 that are allowed by Medicare and/or the state that will affect you during the 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 coordinator 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 coordinator. Refer to **Chapters 2 and 3** of your *Member Handbook* to learn more about how to contact your care coordinator.
- Ask us to cover a temporary supply of the drug.
 - In some situations, we cover a **temporary** supply of the drug during the first 90 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.



If you have questions, please call Mass General Brigham One Care at 1-888-816-6000 (TTY 711), 8AM to 8PM EST Mon-Sun (Oct 1 – Mar 31) and 8AM to 8PM EST Mon-Fri (Apr 1 – Sep 30). The call is free. **For more information**, visit <https://mgbadvantage.org/onecare>.

Starting in 2027, we can immediately remove brand name drugs or original biological products on our *Drug List* if, we replace them with new generics or certain biosimilars versions of the brand name drug or original biological product with the same or fewer rules. Also, when adding a new version, we can decide to keep the brand name drug or original biological product on our *Drug List*, but immediately add new rules.

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 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 2027. Read below for more information about your drug coverage.

Because you're eligible for MassHealth (Medicaid), you get Extra Help from Medicare to help pay for your Medicare Part D drugs.

The following table shows your costs for drugs in each of our 1 drug tiers.

	2026 (this year)	2027 (next year)
Drugs in Tier 1 There is only one drug tier for this plan. All drugs (e.g. brand, generics, etc.) fall into this tier. 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 days) supply is \$0.	Your copay for a one-month (30 days) supply is \$0.



If you have questions, please call Mass General Brigham One Care at 1-888-816-6000 (TTY 711), 8AM to 8PM EST Mon-Sun (Oct 1 – Mar 31) and 8AM to 8PM EST Mon-Fri (Apr 1 – Sep 30). The call is free. **For more information**, visit <https://mgbadvantage.org/onecare>.

E. Administrative changes

	2026 (this year)	2027 (next year)
Medicare Part B drugs that may be subject to step therapy	The following link takes you to a list of Medicare Part B drugs that may be subject to step therapy: https://massgeneralbrighamadvantage.org/member-resources/forms-resources#accordion-84a2724e00-item-ded7f49312 .	The following link takes you to a list of Medicare Part B drugs that may be subject to step therapy: https://resources.massgeneralbrighamhealthplan.org/members/medicareadvantage/DOC_2026_Part_B_Medical_Drugs_Requiring_ST.pdf

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 2027.

F2. Changing plans

Because you have Medicare and Medicaid (MassHealth), you can leave our plan by enrolling in another plan that covers all of your benefits, called a Dual Eligible Special Needs Plan (D-SNP). You can enroll in another D-SNP at any time during the year.

When you enroll in another D-SNP, your membership in our plan will end automatically. You don't need to call to disenroll.

If you want to switch to a different type of coverage you can end your membership in our plan during the following times each year:

- 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:



If you have questions, please call Mass General Brigham One Care at 1-888-816-6000 (TTY 711), 8AM to 8PM EST Mon-Sun (Oct 1 – Mar 31) and 8AM to 8PM EST Mon-Fri (Apr 1 – Sep 30). The call is free. **For more information**, visit <https://mgbadvantage.org/onecare>.

- 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.

1. You can change to: Another plan that provides your Medicare 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.	Here is what to do: 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. For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-800-841-2900. If you need help or more information: • 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 https://www.shiphelp.org/SHIPs/massachusetts/. OR Contact a new integrated D-SNP directly to enroll with their plan. You'll automatically be disenrolled from our plan when your new plan's coverage begins.
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If you have questions, please call Mass General Brigham One Care at 1-888-816-6000 (TTY 711), 8AM to 8PM EST Mon-Sun (Oct 1 – Mar 31) and 8AM to 8PM EST Mon-Fri (Apr 1 – Sep 30). The call is free. **For more information**, visit <https://mgbadvantage.org/onecare>.

2. You can change to: Original Medicare with a separate Medicare drug plan	Here is what to do: 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. If you need help or more information: • 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 https://www.shiphelp.org/SHIPs/massachusetts/. OR Contact a new Medicare drug plan to enroll directly with their plan. You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.
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If you have questions, please call Mass General Brigham One Care at 1-888-816-6000 (TTY 711), 8AM to 8PM EST Mon-Sun (Oct 1 – Mar 31) and 8AM to 8PM EST Mon-Fri (Apr 1 – Sep 30). The call is free. **For more information**, visit <https://mgbadvantage.org/onecare>.

3. You can change to:

Original Medicare without a separate Medicare drug plan if you have a valid disenrollment reason

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.

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, Monday through Friday from 8 a.m. to 5 p.m. TTY users should call 1-800-439-2370. For more information or to find a local SHINE office in your area, please visit

<https://www.shiphelp.org/SHIPs/massachusetts/>.

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048 to enroll in Original Medicare.

If you need help or more information:

- Call SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users should call 1-800-439-2370.

You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.



If you have questions, please call Mass General Brigham One Care at 1-888-816-6000 (TTY 711), 8AM to 8PM EST Mon-Sun (Oct 1 – Mar 31) and 8AM to 8PM EST Mon-Fri (Apr 1 – Sep 30). The call is free. **For more information**, visit <https://mgbadvantage.org/onecare>.

4. You can change to: 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 F2.	Here is what to do: 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. For Program of All-Inclusive Care for the Elderly (PACE) inquiries, call 1-800-841-2900. If you need help or more information: • 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> OR Contact a new Medicare Advantage plan to enroll directly with their plan. You'll automatically be disenrolled from our Medicare plan when your new plan's coverage begins.
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Your MassHealth (Medicaid) services

For questions about how to get your MassHealth (Medicaid) services after you leave our plan, contact the MassHealth 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 a.m. to 5 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.

Read your *Member Handbook*

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits for 2027. It explains your rights and the rules to follow to get services and drugs we cover.



If you have questions, please call Mass General Brigham One Care at 1-888-816-6000 (TTY 711), 8AM to 8PM EST Mon-Sun (Oct 1 – Mar 31) and 8AM to 8PM EST Mon-Fri (Apr 1 – Sep 30). The call is free. **For more information**, visit <https://mgbadvantage.org/onecare>.

The *Member Handbook for 2027* will be available by October 15. An up-to-date copy of the *Member Handbook* is available on our website at mgbadvantage.org/onecare. 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 2027.

Our website

You can visit our website at mgbadvantage.org/onecare. 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 the 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 county and services are free. SHINE 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 <https://www.shiphelp.org/SHIPs/massachusetts/>.

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 a.m. to 4 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.
 - 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.



If you have questions, please call Mass General Brigham One Care at 1-888-816-6000 (TTY 711), 8AM to 8PM EST Mon-Sun (Oct 1 – Mar 31) and 8AM to 8PM EST Mon-Fri (Apr 1 – Sep 30). The call is free. **For more information**, visit <https://mgbadvantage.org/onecare>.

- 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), 24 hours a day, 7 days a week. 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 2027

You can read the *Medicare & You 2027* 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) Customer Service can answer questions you may have about our plan and your options for getting your services. You can call 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 a.m. to 5 p.m.



If you have questions, please call Mass General Brigham One Care at 1-888-816-6000 (TTY 711), 8AM to 8PM EST Mon-Sun (Oct 1 – Mar 31) and 8AM to 8PM EST Mon-Fri (Apr 1 – Sep 30). The call is free. **For more information**, visit <https://mgbadvantage.org/onecare>.

Mass General Brigham Health Plan Non-Discrimination Notice One Care

Discrimination is Against the Law

Mass General Brigham Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). Mass General Brigham Health Plan does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Mass General Brigham Health Plan:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact One Care Member Services.

Mass General Brigham Health Plan
One Care Member Services
399 Revolution Drive, Suite 875
Somerville, MA 02145
Phone: 1-888-816-6000 (TTY 711) Fax: 1-617-526-1910
Email: DualsMemberService@mgb.org

If you believe that Mass General Brigham Health Plan 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: Appeals and Grievances Coordinator.

Mass General Brigham Health Plan
Appeals and Grievances Department
399 Revolution Drive, Suite 875
Somerville, MA 02145
Phone: 1-888-816-6000 (TTY 711) Fax: 1-617-526-1923
Email: HealthPlanDSNPMAAppealsGrievances@mgb.org

You can file a grievance in person, or by mail, fax, or email. If you need help filing a grievance, Appeals and Grievances Coordinator 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, or by mail or phone at:

U.S. Department of Health & Human Services
Room 509F, HHH BLDG
200 Independence AVE, SW
Washington, DC 20201

Phone: 1-800-368-1019

1-800-537-7697 (TDD)

Complaint forms are available at: hhs.gov/ocr/office/file/index.html

This notice is available at Mass General Brigham Health Plan website:

<https://mgbadvantage.org/onecare>

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