

**Welcome to your
Mass General Brigham SCO Plan
Benefit Kit**

Hello!

Thank you for your interest in learning more about our Mass General Brigham SCO plan. This plan is called a Dual Eligible Special Needs Plan (D-SNP). It's for people who have both Medicare and Medicaid (MassHealth).

We've included a brochure that tells you about the benefits in this plan and how your care team helps manage your care. The SCO plan brings together all your benefits, such as:

- Comprehensive medical care and behavioral health services
- Dental
- Vision
- Hearing
- Over-the-counter (OTC) allowance
- Transportation

We're here to help you get the most out of your Medicare and Medicaid benefits. Our team can answer any questions you have about the benefits. We can help you enroll, too.

From October 1 through March 31, we're available seven days a week from 8 a.m. to 8 p.m.
From April 1 through September 30, we're available Monday through Friday from 8 a.m. to 8 p.m.
Call us at 888-403-7578 (TTY:711).

On behalf of everyone at Mass General Brigham Health Plan, we look forward to supporting your healthcare needs.

Sincerely,



Lisa Fulchino
Vice President, Dual Eligible Programs



Mass General Brigham
Health Plan

**Care and coverage.
Better together.**



Enrollment kit:

Senior Care Options

Table of contents

Senior Care Options plan brochure

Pre-enrollment checklist

Multi-language interpreter services

Welcome

Thank you for your interest in Mass General Brigham SCO (Senior Care Options).

Whether you are looking to learn more about our plan for yourself or for a loved one, this guide will provide you with all of the information you'll need to get started.



Connect with a Plan Associate

Call us at **888-403-7578 (TTY: 711)**

- October 1 – March 31, 8 a.m. to 8 p.m. ET
Monday through Sunday
- April 1 – September 30, 8 a.m. to 8 p.m. ET
Monday through Friday



Explore plan benefits online

Visit MGBAdvantage.org/SCO

Background and eligibility

What is Mass General Brigham SCO (Senior Care Options)?

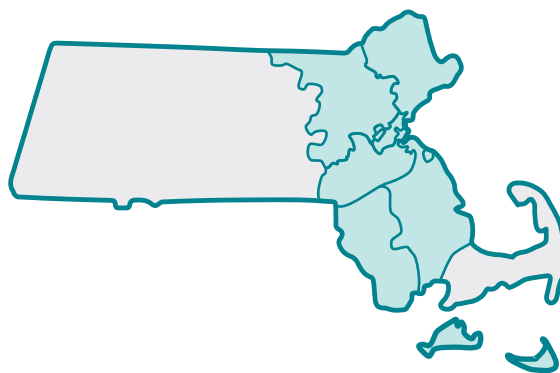
Our Senior Care Options plan is made for individuals who qualify for both **MassHealth** and **Medicare**.

It combines benefits into one convenient plan that covers medical care, dental, vision, behavioral health, transportation, and support services. We work closely with trusted providers and community partners to ensure you get the quality care and support you need to live your healthiest life.

Who is eligible for SCO?

In order to qualify, an individual must:

- Be age 65 or older
- Have MassHealth Standard
- Have Medicare
- Be a Massachusetts resident living in our service area (service area shaded in teal)
- Not be enrolled into any other comprehensive health insurance plan (except Medicare)



Have MassHealth and Medicare?

You can enroll in Mass General Brigham **SCO** today!



Call us at
888-403-7578
(TTY: 711)



Or visit
[MGBAdvantage.org](https://MGBAdvantage.org/SCO)
[/SCO](https://MGBAdvantage.org/SCO)

MGBAdvantage.org/SCO

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Mass General Brigham SCO (Senior Care Options) is a Coordinated Care plan with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in the plan depends on the plan's contract renewal with Medicare. This plan is a voluntary program that is available to anyone 65 and older who qualifies for MassHealth Standard and Original Medicare and does not have any other comprehensive health insurance, except Medicare. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **888-403-7578** (TTY: 711).

Benefit highlights

Have questions about benefits?

Call us at
888-403-7578 (TTY: 711)
or visit
MGBAdvantage.org/SCO

Our Senior Care Options plan includes a wide range of benefits including:



\$0 copays for doctor visits, hospital stays, and urgent care



\$0 dental care includes exams and cleanings, X-rays, crowns, root canals, and dentures



\$0 prescription drugs on the plan drug list



Fitness allowance of \$250 per year to use on participating gyms, virtual classes, and equipment



Vision care includes a \$0 eye exam every year and a \$200 annual allowance for eyeglasses or contact lenses



Hearing care includes \$0 exams and coverage for hearing aids



Behavioral health services to support you within the community and help you achieve your recovery goals



Transportation includes unlimited rides to medical appointments. Two monthly round trips up to 50 miles each way to non-medical destinations connected to your care plan



Over-the-counter (OTC) allowance of \$250 every three months for health-related purchases like aspirin, bandages, vitamins, and more



Personalized care team to help manage your health



24/7 Nurse Line to talk to a nurse anytime

MGBAdvantage.org/SCO

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Your care team

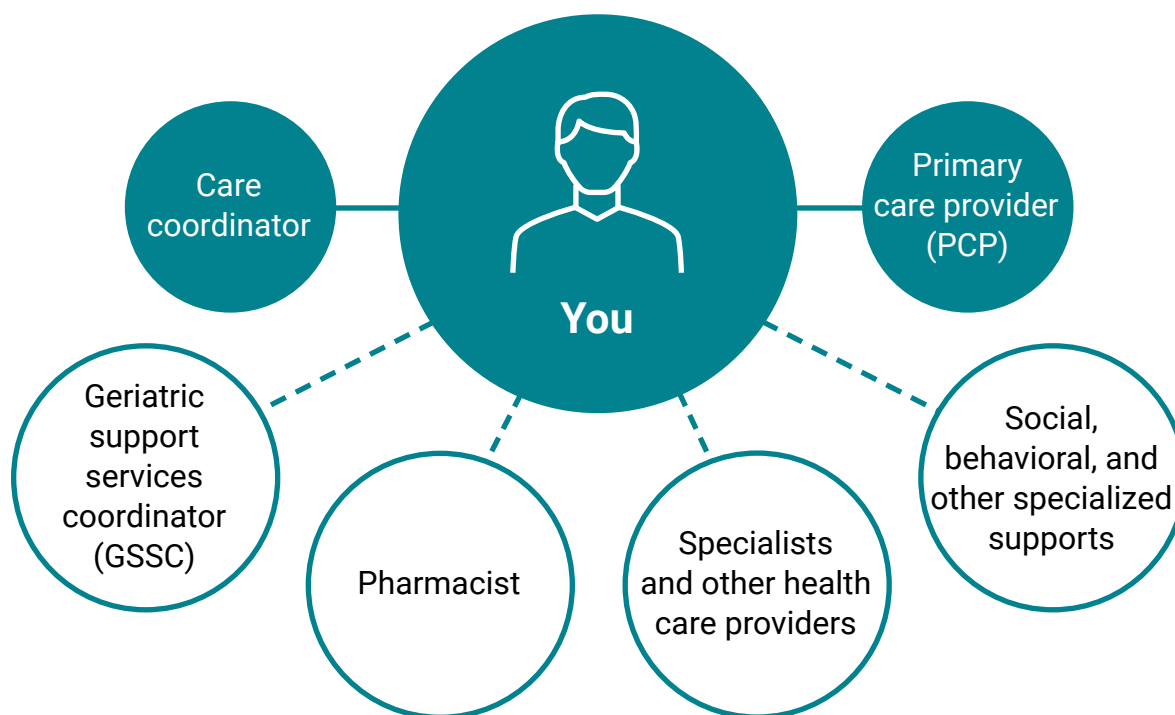
What does a care team look like?

When you enroll, you'll be assigned a **care coordinator** who works with you, your **primary care provider (PCP)**, and your care team to create a personalized plan.

Based on your needs, your care team may also include:

Have questions?

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OTC benefits

Receive \$250 every three months¹ to spend on qualifying over-the-counter (OTC) products like:

- Pain relievers
- Cold and allergy medications
- Vitamins and supplements
- First aid supplies
- Personal care items
- And more!

Have questions about OTC benefits?

Call us at
888-403-7578 (TTY: 711)
or visit
MGBAdvantage.org/SCO



¹Amount does not rollover between three-month periods.

[**MGBAdvantage.org/SCO**](https://MGBAdvantage.org/SCO)

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Dental, hearing, and vision benefits

**Have questions
about dental,
vision, or hearing
benefits?**

Call us at
888-403-7578 (TTY: 711)
or visit
MGBAdvantage.org/SCO



Dental

Dental health is essential to overall well-being.
Our plan includes:

- Cleanings and exams
- X-rays and fillings
- Extractions and root canals
- Dentures and denture fittings



Vision

Get a \$0 eye exam every year and a \$200 annual allowance for eyeglasses or contact lenses



Hearing

Annual hearing exams are free and hearing aids are covered.

Fitness

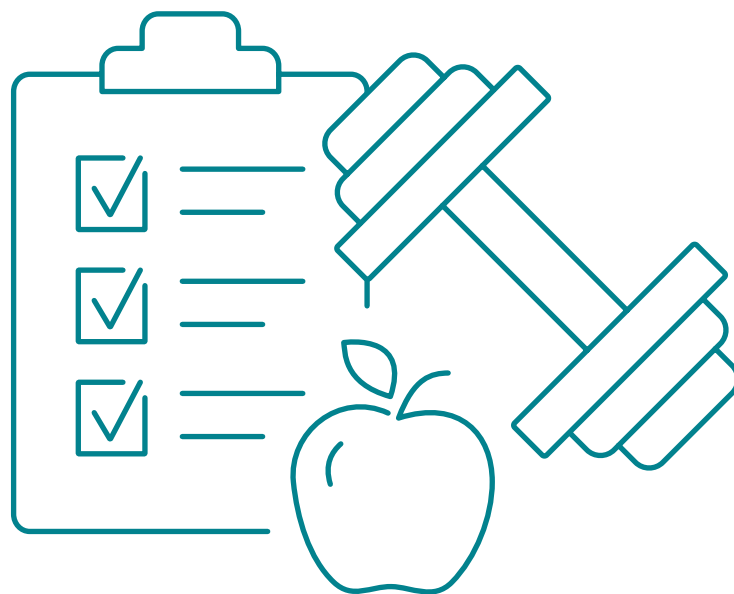
Stay active at-home or on-the-go with your fitness benefit!

Your benefit includes \$250 per year added to your flex card to use on wellness purchases like:

- Membership at participating gyms
- Fitness classes
- Activity trackers
- Workout equipment
- Virtual classes

Have questions about your fitness benefit?

Call us at
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Transportation

Transportation

Senior Care Options includes unlimited rides to medical appointments and two round trips per month up to 50 miles each way to non-medical destinations connected to your care plan.

Long-term support services (LTSS)

You may be eligible for long-term support services that provide hands-on care and monitoring in your home, allowing you to live independently and get help with everyday activities like getting dressed, eating, taking a bath, and laundry.

Want to learn more?

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MGBAdvantage.org/SCO

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How to enroll

Need help enrolling?

Call us at
888-403-7578 (TTY: 711)
or visit
MGBAdvantage.org/SCO

①

Call us

Connect with a Plan Associate
at **888-403-7578** (TTY: 711)

②

Walkthrough options

Our Plan Associates will help you review
plan benefits and determine eligibility

③

Enroll

Complete your Senior Care Options
enrollment forms

MGBAdvantage.org/SCO

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What happens next?

Once you enroll, here's what to expect:



Enrollment letter: You'll get a letter from MassHealth confirming your enrollment.



New member kit: You'll receive your member ID card and benefit guide.



Welcome call: A care team member will reach out to give you an overview of your plan and schedule your first health assessment.



Start using benefits: Begin scheduling appointments and accessing services.



Ongoing support: Your care team is available to help with questions, referrals, and care planning.

Have questions?



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Pre-enrollment checklist - SCO

Before making an enrollment decision, it's important that you fully understand our benefits and rules. If you have questions, you can talk to a Plan Associate. Call **888-897-8947** (TTY: 711)

October 1 – March 31, 8 a.m. to 8 p.m. ET, Monday through Sunday

April 1 – September 30, 8 a.m. to 8 p.m. ET, Monday through Friday

Understanding the benefits

- ☐ The Member Handbook, otherwise known as the Evidence of Coverage, provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit MGBAdvantage.org/sco or call **888-816-6000** (TTY: 711) to view a copy of the Member Handbook.
- ☐ Review the Provider and Pharmacy Directory (or ask your doctor) to make sure the doctors you see now are in network. If they are not listed, it means you will likely have to select a new doctor. If you need help changing doctors, call **888-816-6000** (TTY: 711).
- ☐ Review the Provider and Pharmacy Directory to make sure the pharmacy you use for any prescription medicine is in network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions. For help changing pharmacies, call **888-816-6000** (TTY: 711).
- ☐ Review the formulary to make sure your drugs are covered. If drugs you take are not listed, call **888-816-6000** (TTY: 711).

Understanding important rules

- ☐ Benefits may change minimally on January 1, 2026.
- ☐ Except in medically necessary, emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the Provider or pharmacies).
- ☐ Effect on Current Coverage. If you are enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ☐ SCO is a Dual Eligible Special Needs Plan (D-SNP). Your ability to enroll will be based on verification that you are eligible for both Medicare and MassHealth Standard.

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Multi-language Interpreter Services

Form Approved OMB# 0938-1421

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)** o hable con su proveedor.

Português (Portuguese): ATENÇÃO: você tem à disposição serviços gratuitos de assistência em diferentes idiomas. Além disso, estão disponíveis gratuitamente assistência e serviços auxiliares adequados para apresentar informações em formatos acessíveis, por exemplo, em letras grandes, braile ou áudio. Ligue para **1-888-816-6000 (TTY: 711)** ou fale com seu prestador.

简体中文 (Chinese Mandarin): 注意：您可享受免费语言协助服务。我们还免费提供适当的辅助工具和服务，用于以无障碍格式（例如大字印刷文本、盲文或音频）提供信息。请拨打 **1-888-816-6000 (TTY: 711)** 或咨询您的医疗服务提供者。

繁體中文 (Chinese Cantonese): 注意：您可以使用免費的語言協助服務。另外，也可免費獲得相應的輔助工具和服务，以諸如大字印刷版、盲文版或語音版等無障礙格式了解資訊。請致電 **1-888-816-6000 (TTY: 711)**（聽語障專線: 711）或聯絡您的服務提供者。

Français (French): ATTENTION : des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles, par exemple en gros caractères, en braille ou en audio, sont également disponibles gratuitement. Appelez le **1-888-816-6000 (TTY: 711)** ou consultez votre fournisseur.

Kreyòl Ayisyen (Haitian/French Creole): ATANSYON: 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, pa egzanp an gwo karaktè, bray oswa odyo. Rele nan **1-888-816-6000 (TTY: 711)** oswa pale avèk founisè w la.

Tiếng Việt (Vietnamese): CHÚ Ý: Dịch vụ hỗ trợ ngôn ngữ miễn phí được cung cấp cho quý vị. Các dịch vụ và thiết bị hỗ trợ bổ sung thích hợp để cung cấp thông tin ở các định dạng dễ tiếp cận, ví dụ như chữ in lớn, chữ nổi hoặc âm thanh, cũng được cung cấp miễn phí. Hãy gọi **1-888-816-6000 (TTY: 711)** hoặc nói chuyện với nhà cung cấp của quý vị.

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

Русский (Russian): ВНИМАНИЕ! Вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах, например, крупным шрифтом, шрифтом Брайля или в аудиоформате, также доступны бесплатно. Позвоните по телефону **1-888-816-6000 (TTY: 711)** или обратитесь к своему поставщику услуг.

हिंदी (Hindi): ध्यान दें: आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ फॉर्मेट्स में जानकारी उपलब्ध कराने के लिए उपयुक्त सहायक उपकरण और सेवाएँ, उदाहरण के लिए बड़े प्रिंट, ब्रेल या ऑडियो, भी निःशुल्क उपलब्ध हैं। **1-888-816-6000 (TTY: 711)** पर कॉल करें या अपने प्रदाता से बात करें।

한국어 (Korean): 수신: 무료 언어 지원 서비스를 이용하실 수 있습니다. 큰 활자, 점자 또는 오디오와 같이 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구 및 서비스도 무료로 이용할 수 있습니다. **1-888-816-6000 (TTY: 711)** 번으로 전화하거나 서비스 제공자와 상의하십시오.

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) សង្ខារៈ មានផ្តល់ជូនដល់អ្នកនូវសេវាជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ។ ជំនួយបន្ថែម និងសេវាបន្ថែមដែលមានលក្ខណៈសមស្រប ដើម្បីផ្តល់ព័ត៌មាននៅក្នុងទម្រង់ដែលអាចប្រើប្រាស់បានដូចជា ការព្រីនអក្សរធំ អក្សរស្រួច ឬសំឡេង ក៏មានផ្តល់ជូនដោយឥតគិតថ្លៃដែរ។ ទូរសព្ទទៅលេខ **1-888-816-6000 (TTY: 711)** ឬ និយាយទៅកាន់អ្នកផ្តល់សេវាកម្មរបស់អ្នក។

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.

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 કૉલ 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)** o makipag-usap sa iyong tagapagbigay ng serbisyo.

ພາສາລາວ (Laotian): ກະລຸນາຮັບຮູ້: ມີບໍລິການພາສາແບບບໍ່ຮອຍຄ່າໃຫ້ແກ່ທ່ານ. ເຄື່ອງຊ່ວຍເຫຼືອ ແລະ ບໍລິການເສີມທີ່ເໝາະສົມ ໃນການໃຫ້ຂໍ້ມູນໃນຮູບແບບເຂົ້າເຖິງໄດ້ ເຊັ່ນ: ຕົວອັກສອນຂະໜາດໃຫຍ່, ຕົວໜັງສືພູມ ຫຼື ສຽງ ກໍ່ມີໃຫ້ແບບບໍ່ຮອຍຄ່າເຊັ່ນກັນ. ໂທຫາເບີ **1-888-816-6000 (TTY: 711)** ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

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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