

2026 Summary of Benefits

Mass General Brigham Senior Care Options (SCO)

January 1, 2026 – December 31, 2026

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Introduction

This document is a brief summary of the benefits and services covered by Mass General Brigham Senior Care Options (SCO). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Mass General Brigham SCO. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*, otherwise known as the *Evidence of Coverage*.

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If you have questions, please call Mass General Brigham SCO 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 <http://www.mgbadvantage.org/sco>.

A. Disclaimers



This is a summary of health services covered by Mass General Brigham Senior Care Options (SCO) for 2026. This is only a summary. Please read the *Member Handbook* for the full list of benefits. To get the *Member Handbook*, call Member Services 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). A copy of the *Member Handbook* can also be found online at <http://www.mgbadvantage.org/sco>.

- ❖ Mass General Brigham SCO is an HMO-DSNP health plan that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees. Enrollment in Mass General Brigham SCO depends on contract renewal.
- ❖ Mass General Brigham SCO is a voluntary MassHealth (Medicaid) program in association with the Executive Office of Health and Human Services (EOHHS) and the Centers for Medicare and Medicaid Services (CMS).
- ❖ 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.
- ❖ For more information about Medicare, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- ❖ For more information about MassHealth (Medicaid), you can contact the Office of the Ombudsman by phone at 1-855-781-9898 (Toll Free), videophone (VP) users may call 1-339-224-6831, Monday-Friday, 9 a.m.- 4 p.m.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 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.
- ❖ This document is available for free in Spanish. Other languages are available upon request. Please reach out to Member Services at 1-888-816-6000 (TTY 711).
- ❖ ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call Member Services 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.



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- ❖ ATENCIÓN: Si hablas otro idioma, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame Servicios para Miembros al número que figura al pie de página de este documento. La llamada es gratis.
- ❖ 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 so you don't have to ask again each time we send you something. If you ever want to change your choice later, you can do that too. By calling Member Services at 1-888-816-6000.
- ❖ 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.



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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)** 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, braille 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務，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 aksèsib 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.



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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 أو تحدث إلى مقدم الرعاية الصحية المتابع لك **1-888-816-6000 (TTY: 711)**

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/កម្ពុជា (Khmer/Cambodian) សម្គាល់៖ មានផ្តល់ជូនដល់អ្នកនូវសេវាជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ។ ជំនួយបន្ថែម និងសេវាបន្ថែមដែលមានលក្ខណៈសមស្រប ដើម្បីផ្តល់ព័ត៌មាននៅក្នុងទម្រង់ដែលអាចប្រើប្រាស់បាន ដូចជា ការព្រីនអក្សរធំ អក្សរស្នាប ឬសំឡេង ក៏មានផ្តល់ជូនដោយឥតគិតថ្លៃដែរ។ នូវសេវាទៅលេខ **1-888-816-6000 (TTY: 711)** ឬ និយាយទៅកាន់អ្នកផ្តល់សេវាកម្មរបស់អ្នក។

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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 નિ:શુલ્ક ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. મોટી પ્રિન્ટ, બ્રેઇલ અથવા ઓડિઓ જેવા સુલભ ફોર્મેટમાં માહિતી પૂરી પાડવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ નિ:શુલ્ક 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)** o makipag-usap sa iyong tagapagbigay ng serbisyo.

ພາສາລາວ (Laotian): ກະລຸນາຮັບຊາບ: ມີບໍລິການພາສາແບບບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ເຄື່ອງຊ່ວຍເຫຼືອ ແລະ ບໍລິການເສີມທົດໝາະສົມ ໃນການໃຫ້ຂໍ້ມູນໃນຮູບແບບເຂົ້າເຖິງໄດ້ ເຊັ່ນ: ຕົວອັກສອນຂະໜາດໃຫຍ່, ຕົວໜັງສືພູນ ຫຼື ສຽງ ກໍ່ມີໃຫ້ແບບບໍ່ເສຍຄ່າເຊັ່ນກັນ. 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。



If you have questions, please call Mass General Brigham SCO 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 <http://www.mgbadvantage.org/sco>.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

| Frequently Asked Questions (FAQ) | Answers |
|---|--|
| What's a Senior Care Options (SCO) Plan? | A Senior Care Options (SCO) Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services and supports, and other providers. It also has Care Coordinators and Geriatric Support Services Coordinators (GSSC) to help you manage all your providers and services and supports. They all work together to provide the care you need. Mass General Brigham SCO is a SCO Plan that provides benefits of Medicare and MassHealth to enrollees in the SCO program. Mass General Brigham SCO is a health plan that covers Medicare Parts A and B (Hospital and Medical services) and MassHealth (Medicaid) Services, Medicare Part D which covers retail drugs, and Long Term Services and Supports (LTSS) to help you live independently and in the community. To be eligible for the Mass General Brigham SCO plan you must be age 65 or older, eligible for both Medicare and MassHealth Standard and live in our service area. You will have \$0 copays for services. You will also have a dedicated Care Coordinator to help you with your needs and coordinate your services. |



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| Frequently Asked Questions (FAQ) | Answers |
|---|--|
| <p>Will I get the same Medicare and MassHealth (Medicaid) benefits in Mass General Brigham SCO that I get now?</p> | <p>You'll get most of your covered Medicare and MassHealth (Medicaid) benefits directly from Mass General Brigham SCO. You'll work with a team of providers who will help determine what services will best meet your needs. This means some of the services you get now may change based on your needs, your doctor, your care team and your Care Coordinator's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a state agency like the Department of Mental Health or the Department of Developmental Services.</p> <p>When you enroll in Mass General Brigham SCO, you and your care team will work together to develop an Individualized Care Plan (ICP) to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you're taking any Medicare Part D drugs that Mass General Brigham SCO doesn't normally cover, you can get a temporary supply, and we'll help you to transition to another drug or get an exception for Mass General Brigham SCO to cover your drug if medically necessary. For all other current services, you can keep using your doctors and getting your current services for 90 days, or until your ICP is complete. For more information, call Member Services at the numbers in the footer of this document.</p> |
| <p>Can I use the same doctors I use now? (continued on the next page)</p> | <p>This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Mass General Brigham SCO and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services that our plan covers. You must use the providers in Mass General Brigham SCO's network. If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. Mass General Brigham SCO will pay the cost of an out-of-network provider. Prior authorization may be required for any out-of-network providers. |



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| Frequently Asked Questions (FAQ) | Answers |
|--|--|
| <p>Can I use the same doctors I use now? (continued from previous page)</p> | <ul style="list-style-type: none"> • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Mass General Brigham SCO's plan. • If you're currently under treatment with a provider that's out of Mass General Brigham SCO's network, or have an established relationship with a provider that's out of Mass General Brigham SCO's network, call Member Services to check about staying connected. <p>To find out if your providers are in the plan's network, call Member Services at 1-888-816-6000 (TTY 711) or read Mass General Brigham SCO's Provider and Pharmacy Directory on the plan's website at https://mgbadvantage.org/sco. Out-of-network/non-contracted providers are under no obligation to treat Mass General Brigham SCO Plan members, except in emergency situations. Please call our Member Services number or see your Evidence of Coverage / Member Handbook for more information.</p> <p>If Mass General Brigham SCO is new to you, we'll work with you to develop an Individualized Care Plan to address your needs.</p> |
| <p>What's a Mass General Brigham SCO Care Coordinator?</p> | <p>A Mass General Brigham SCO Care Coordinator is the one main person for you to contact. This person helps to manage all your providers and services and makes sure you get what you need.</p> |



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| Frequently Asked Questions (FAQ) | Answers |
|---|--|
| <p>What are Long-term Services and Supports (LTSS)?</p> | <p>Long-term Services and Supports are services for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, another agency may administer these services, and your Mass General Brigham SCO Care Coordinator will work with that agency.</p> |
| <p>What happens if I need a service but no one in Mass General Brigham SCO's network can provide it?</p> | <p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Mass General Brigham SCO will pay the cost of an out-of-network provider. Prior authorization may be required for any out-of-network providers.</p> |
| <p>Where's Mass General Brigham SCO available?</p> | <p>The service area for this plan includes: Bristol, Dukes, Middlesex, Essex, Suffolk, Nantucket, Norfolk, and Plymouth Counties, Massachusetts. You must live in one of these areas to join the plan.</p> |



If you have questions, please call Mass General Brigham SCO 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 <http://www.mgbadvantage.org/sco>.

| Frequently Asked Questions (FAQ) | Answers |
|---|--|
| <p>What's prior authorization?</p> | <p>Prior authorization means an approval from Mass General Brigham SCO to seek services outside of our network or to get services not routinely covered by our network before you get the services. Mass General Brigham SCO may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. Mass General Brigham SCO can provide you or your provider with a list of services or procedures that require you to get prior authorization from Mass General Brigham SCO before the service is provided.</p> <p>Refer to Chapter 3 of the <i>Member Handbook</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> to learn which services require prior authorization.</p> <p>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers in the footer of this document for help.</p> |
| <p>Do I pay a monthly amount (also called a premium) under Mass General Brigham SCO?</p> | <p>SCO members won't have to pay monthly premiums, including the Medicare Part B premium, for their health coverage.</p> <p>Some MassHealth Standard members with higher incomes may need to pay Medicare Part B Premiums. Additionally, if you pay a premium to MassHealth (Medicaid), you must continue to pay the premium to MassHealth (Medicaid) to keep your coverage. For more information, call the MassHealth (Medicaid) Customer Service Center at 1-800-841-2900 or 711 for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it.</p> |
| <p>Do I pay a deductible as a member of Mass General Brigham SCO?</p> | <p>No. You do not pay deductibles in Mass General Brigham SCO.</p> |



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| Frequently Asked Questions (FAQ) | Answers |
|---|--|
| <p>What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Mass General Brigham SCO?</p> | <p>There is no cost sharing for medical services in Mass General Brigham SCO, so your annual out-of-pocket costs will be \$0.</p> |
| <p>What's a Geriatric Support Services Coordinator (GSSC)?</p> | <p>A Mass General Brigham SCO GSSC is a person for you to contact and have on your care team who is an expert in long-term services and supports and/or recovery services. This person helps you get services that help you live independently in your home and community.</p> |



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C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|--|-------------------------------------|---|
| You need hospital care | Inpatient hospital stay | \$0 | Prior authorization is required except for inpatient substance use and emergency admissions (including behavioral health). |
| | Outpatient hospital services, including observation | \$0 | Prior authorization is required for some outpatient surgical procedures. Prior authorization is not required for observation services. |
| | Ambulatory surgical center (ASC) services | \$0 | Prior authorization may be required. |
| | Doctor or surgeon care | \$0 | Prior authorization may be required. |
| You want a doctor (continued on the next page) | Visits to treat an injury or illness | \$0 | Prior authorization is not required for an in-network provider. |
| | Care to keep you from getting sick, such as flu shots and screenings to check for cancer | \$0 | Prior authorization is not required for an in-network provider. |



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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--------------------------------------|--|-------------------------------------|--|
| You want a doctor (continued) | Wellness visits, such as a physical | \$0 | Prior authorization is not required for an in-network provider. |
| | “Welcome to Medicare” (preventive visit one time only) | \$0 | Prior authorization is not required for an in-network provider. |
| | Specialist care | \$0 | Prior authorization is not required for an in-network provider. |
| | Transportation to a doctor’s office | \$0 | The plan covers transportation for non-emergent medical appointments 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 provider. Limitations may apply |
| You need emergency care | Emergency room services | \$0 | Prior authorization is not required for emergency room services provided by an in-network or out-of-network provider. |
| | Urgent care | \$0 | If you require urgent care you should try and seek care from an in-network provider or call our 24/7 Nurseline. However, you may receive urgent care from an out-of-network provider; prior authorization is not required. |

? **If you have questions**, please call Mass General Brigham SCO 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 <http://www.mgbadvantage.org/sco>.

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|--|-------------------------------------|---|
| You need medical tests | Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs) | \$0 | Prior authorization may be required. |
| | Lab tests and diagnostic procedures, such as blood work | \$0 | Prior authorization may be required. |
| | Screening tests, such as tests to check for cancer | \$0 | Prior authorization may be required. |
| You need hearing/auditory services | Hearing screenings | \$0 | Prior authorization is not required for diagnostic hearing exams or the annual routine hearing exam when using an in-network provider. |
| | Hearing aids | \$0 | Prior authorization is required. Limitations may apply. |
| You need dental care (continued on the next page) | Dental check-ups and preventive care | \$0 | Prior authorization is not required for most routine dental services provided by a network provider in the DentaQuest network. Prior authorization is required for non-routine dental services provided by a network provider. The following routine services are covered without prior authorization: Preventive cleanings, fluoride treatment, and periodic oral evaluation. Dental x-rays may require prior authorization. |

? **If you have questions**, please call Mass General Brigham SCO 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 <http://www.mgbadvantage.org/sco>.

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---------------------------------------|-------------------------------------|---|
| You need dental care (continued) | Restorative and emergency dental care | \$0 | Prior authorization may be required for dental x-rays, restorative fillings, deep cleanings, crowns, complete and partial dentures, and adjunctive general services. |
| You need eye care | Eye exams | \$0 | You must use an in-network provider (EyeMed) to receive covered benefits. Routine eye exams are covered once a year. Prior authorization is not required for routine eye exams. |
| | Glasses or contact lenses | \$0 | You have a \$200 allowance for eyeglasses (lenses and/or frames) and/or contact lenses per calendar year. You must purchase your lenses and/or frames from an in-network provider (EyeMed) to receive the \$200 allowance. You would be responsible for any cost over the \$200 allowance. No prior authorization is required. Other limitations apply. |
| | Other vision care | \$0 | Prior authorization is not required for an in-network provider for services such as screening services and therapeutic eyeglasses. |



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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|---|-------------------------------------|--|
| You need behavioral health services | Behavioral health services | \$0 | Prior authorization is not required for services provided by an in-network provider, except for transcranial magnetic stimulation, psychiatric day treatment, Program of Assertive Community Treatment (PACT), and psychological testing (>5 hours). |
| | Inpatient and community-based services for people who need behavioral health services | \$0 | Inpatient care and/or community-based services may require prior authorization or notification to the plan for an in-network provider. |
| You need substance use disorder services | Substance use disorder services | \$0 | Prior authorization is not required for an in-network provider. Notification may be required. |
| You need a place to live with people available to help you | Skilled nursing care | \$0 | Prior authorization is required. |
| | Nursing home care | \$0 | Prior authorization is required. You are responsible for any monthly Patient Paid Amounts (PPA) for your care determined by MassHealth (Medicaid). |
| | Adult Foster Care and Group Adult Foster Care | \$0 | Prior authorization is required. |

 **If you have questions**, please call Mass General Brigham SCO 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 <http://www.mgbadvantage.org/sco>.

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|---|-------------------------------------|--|
| You need therapy after a stroke or accident | Occupational, physical, or speech therapy | \$0 | Prior authorization is not required for the first 20 physical therapy visits or the first 20 occupational therapy visits or the first 20 speech therapy visits. Prior authorization is required for visits over the 20 benefit limit for each type of therapy. |
| You need help getting to health services (continued on the next page) | Ambulance services | \$0 | <p>Prior authorization is not required for in-network and out-of-network emergency ambulance services.</p> <p>Prior authorization may be required for Medicare non-emergent ambulance services.</p> |
| | Emergency transportation | \$0 | Prior authorization is not required for in-network and out-of-network emergency ambulance services. |
| | Transportation to medical appointments and non-medical destinations | \$0 | <p>The plan covers non-emergent medical appointment 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 provider (Coordinated Transportation Services, Inc. (CTS)).</p> <p>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</p> |

 **If you have questions**, please call Mass General Brigham SCO 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 <http://www.mgbadvantage.org/sco>.

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|-------------------------------------|--|
| You need help getting to health services (continued) | | | the plan-approved transportation provider (Coordinated Transportation Services, Inc. (CTS)). Limitations may apply. |
| You need drugs to treat your illness or condition | Medicare Part B drugs | \$0 | Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs. Prior authorization may be required. |
| | Medicare Part D drugs Your plan has 1 Tier: All Preferred Generic, Generic, Preferred and non-Preferred Brand, and Specialty drugs are in this tier. | \$0 for a 30-day supply. | There may be limitations on the types of drugs covered. Please refer to Mass General Brigham SCO's <i>List of Covered Drugs (Drug List)</i> for more information. Prior authorization may be required. You can get up to a 100-day supply of most of your prescription drugs through our mail order program and through some retail pharmacies. There is a \$0 copay for both the 30-day and the 100-day supply. |
| | Over-the-counter (OTC) drugs | \$0 | There may be limitations on the types of drugs covered. Please refer to Mass General Brigham SCO's <i>List of Covered Drugs (Drug List)</i> for more information. |



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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|------------------------------------|-------------------------------------|---|
| You need help getting better or have special health needs | Rehabilitation services | \$0 | Prior authorization may be required. Prior authorization is not required for cardiac and pulmonary rehabilitation services when provided by an in-network provider. |
| | Medical equipment for home care | \$0 | Prior authorization may be required. |
| | Dialysis services | \$0 | Prior authorization is not required for an in-network provider. |
| You need foot care | Podiatry services | \$0 | Prior authorization is not required for an in-network provider. |
| | Orthotic services | \$0 | Prior authorization may be required. |
| You need durable medical equipment (DME) (continued on the next page) | Wheelchairs, crutches, and walkers | \$0 | Prior authorization is required. |
| | Nebulizers | \$0 | Prior authorization is required. |



If you have questions, please call Mass General Brigham SCO 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 <http://www.mgbadvantage.org/sco>.

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|-------------------------------------|--|
| <p>You need durable medical equipment (DME) (continued)</p> <p>Note: This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the <i>Member Handbook</i></p> | Oxygen equipment and supplies | \$0 | Prior authorization may be required. |
| <p>You need help living at home</p> | Home health services | \$0 | Prior authorization is required. |
| | Home services, such as cleaning or housekeeping, or home modifications such as grab bars | \$0 | Prior authorization is required, including for home modifications. |
| | Adult day health or other support services | \$0 | Prior authorization is required. |
| | Day habilitation services | \$0 | Prior authorization is required. |
| | Services to help you live on your own (home health care services or personal care attendant services) | \$0 | Prior authorization is required. Please discuss these services with your Care Coordinator. |



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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|--|-------------------------------------|---|
| Additional services (continued on the next page) | Chiropractic services | \$0 | Prior authorization is not required for visits 1-20 when service is provided by an in-network provider. Prior authorization is required for visits beyond the 20 visit benefit limit. |
| | Diabetes supplies and services | \$0 | Prior authorization is required. For more information, please read the Mass General Brigham SCO Member Handbook. |
| | Prosthetic services | \$0 | Prior authorization is required. |
| | Radiation therapy | \$0 | Prior authorization is required. |
| | Services to help manage your disease | \$0 | Prior authorization may be required. |
| | Acupuncture | \$0 | Prior authorization is not required for visits 1-20 when using an in-network provider. Prior authorization is required after visit 20. Limitations may apply. |
| | Flexible Benefit Card for Over-the-Counter (OTC) items, personal care, home aids, and more | \$0 | Members receive \$250 per calendar quarter. Any unused amounts do not carry over to the next quarter. Amounts can cover the cost of eligible over-the-counter drugs and other health-related pharmacy products. You can also use your allowance to purchase vitamins, cold remedies, and other health products easily online, by phone, mail order, or at participating retail locations. |

 **If you have questions**, please call Mass General Brigham SCO 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 <http://www.mgbadvantage.org/sco>.

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|-----------------------|-------------------------------------|---|
| Additional services (continued) | Fitness Benefit | \$0 | Members have a \$250 annual allowance to help you stay healthy and maintain your physical well-being. You may use your allowance through your Flex Card at eligible health clubs, such as YMCA or community fitness centers, who offer cardiovascular or strength training classes or programs; for fitness equipment, or a fitness/physical activity tracker. All purchases must be made in accordance with your benefits (details available within your Mass General Brigham SCO Member Handbook) and at participating retailers. |

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the Mass General Brigham SCO *Member Handbook*. If you don't have a *Member Handbook*, call Mass General Brigham SCO Member Services at the numbers in the footer of this document to get one. If you have questions, you can also call Member Services or visit <http://www.mgbadvantage.org/sco>.



If you have questions, please call Mass General Brigham SCO 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 <http://www.mgbadvantage.org/sco>.

D. Benefits covered outside of Mass General Brigham SCO

There are some services that you can get that aren't covered by Mass General Brigham SCO but are covered by Medicare, MassHealth (Medicaid), or a State or county agency. This isn't a complete list. Call Member Services 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) to find out about these services.

| Other services covered by Medicare, MassHealth (Medicaid), or a State Agency | Your costs |
|--|------------|
| Psychosocial Rehabilitation | \$0 |
| Targeted Case Management | \$0 |
| Rest Home Room and Board | \$0 |
| Certain hospice care services covered outside of Mass General Brigham SCO | \$0 |



If you have questions, please call Mass General Brigham SCO 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 <http://www.mgbadvantage.org/sco>.

E. Services that Mass General Brigham SCO, Medicare, and MassHealth (Medicaid) don't cover

This isn't a complete list. Call Member Services 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). to find out about other excluded services.

Services that Mass General Brigham SCO, Medicare, and MassHealth (Medicaid) don't cover

Services considered not "reasonable and medically necessary", according to Medicare and MassHealth (Medicaid), unless we list these as covered services

Naturopath services (the use of natural or alternative treatments)

Personal items in your room at a hospital or a nursing facility, such as a telephone or television

F. Your rights as a member of the plan

As a member of Mass General Brigham SCO, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but aren't limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including behavioral impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
 - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
 - Be free from any form of physical restraint or seclusion.

 **If you have questions**, please call Mass General Brigham SCO 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 <http://www.mgbadvantage.org/sco>.

- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you. SCO members have \$0 costs.
 - Names of health care providers and Care Coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP) and change your PCP at any time during the year
 - Choose a Geriatric Support Services Coordinator (GSSC)
 - Use a women’s health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they’re covered. SCO members have \$0 costs.
 - Refuse treatment, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it
 - Ask for a second opinion. Mass General Brigham SCO will pay for the cost of your second opinion visit
 - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that doesn’t have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care for covered services within the time frames described in the *Member Handbook* and to file an appeal if you don't receive your care within those timeframes.
 - Get in and out of a health care provider’s office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act.
 - Have interpreters to help with communication with your doctors, other providers, and your health plan. Call 1-888-816-6000 if you need help with this service.



If you have questions, please call Mass General Brigham SCO 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 <http://www.mgbadvantage.org/sco>.

- Have your *Member Handbook* and any printed materials from Mass General Brigham SCO translated into your prevalent language, and/or to have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
- Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience, or retaliation.
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior authorization in an emergency
 - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected.
 - Have your personal health information kept private.
 - Have privacy during treatment.
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers
 - File a complaint with MassHealth (Medicaid) at 1-800-841-2900 and 711. The Mass General Brigham SCO website <http://www.mgbadvantage.org/sco> has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online. You can also call Mass General Brigham SCO Member Services 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).
 - Appeal certain decisions made by Mass General Brigham Health Plan
 - Ask for a State Hearing
 - Get a detailed reason for why services were denied

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can call Mass General Brigham SCO Member Services 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).



If you have questions, please call Mass General Brigham SCO 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 <http://www.mgbadvantage.org/sco>.

My Ombudsman can help MassHealth (Medicaid) members when they have questions or need help getting benefits and services from MassHealth (Medicaid) or their MassHealth (Medicaid) health plan. They can provide information about MassHealth (Medicaid) benefits and rights, listen to concerns, help address problems, and explain how to file a grievance or appeal. Their services are free. Call 1-855-781-9898 (TTY: 711) or videophone (VP) at 1-339-224-6831. Hours: Monday–Friday, 9 a.m.– 4 p.m.

G. How to file a complaint or appeal a denied service

If you have a complaint or think Mass General Brigham SCO should cover something we denied, call Member Services 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). You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the *Member Handbook*. You can also call Mass General Brigham SCO Member Services 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).

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Mass General Brigham SCO Member Services. Phone numbers are 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).
- Or, call MassHealth (Medicaid) Customer Service Center at toll-free number 1-800-841-2900 TTY users may call toll-free number 711.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.



If you have questions, please call Mass General Brigham SCO 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 <http://www.mgbadvantage.org/sco>.

I. What to do if you want independent help with a complaint or concern

My Ombudsman is an independent program that can help you if you have questions, concerns, or problems related to SCO. You can contact My Ombudsman to get information or assistance. My Ombudsman services are free. My Ombudsman staff:

- can answer your questions or refer you to the right place to find what you need.
- can help you address a problem or concern with SCO or your SCO plan, Mass General Brigham SCO. My Ombudsman staff will listen, investigate the issue, and discuss options with you to help solve the problem.
- help with appeals. An appeal is a formal way of asking your SCO plan, MassHealth (Medicaid), or Medicare to review a decision about your services. My Ombudsman staff can talk with you about how to make an appeal and what to expect during the appeal process.

You can call, write, or visit My Ombudsman at its office.

- Call 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.
 - Use Videophone (VP) 1-339-224-6831. This number is for people who are deaf or hard of hearing.
- Email info@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 and walk-in hours.
- Visit My Ombudsman online at www.myombudsman.org



If you have questions, please call Mass General Brigham SCO 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 <http://www.mgbadvantage.org/sco>.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Mass General Brigham SCO Member Services:

1-888-816-6000 Calls to this number are free. 8AM to 8PM EST Mon-Sun (Oct 1 – Mar 31) and 8AM to 8PM EST Mon-Fri (Apr 1 – Sep 30). **For more information**, visit <http://www.mgbadvantage.org/sco>.

Member Services also has free language interpreter services available.

TTY 711 Calls to this number are free. 8AM to 8PM EST Mon-Sun (Oct 1 – Mar 31) and 8AM to 8PM EST Mon-Fri (Apr 1 – Sep 30). **For more information**, visit <http://www.mgbadvantage.org/sco>.

If you have questions about your health:

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

If your PCP's office is closed, you can also call Mass General Brigham SCO's Nurse Line. A nurse will listen to your problem and tell you how to get care. (Example: urgent care, emergency room). The numbers for the Mass General Brigham SCO's Nurse Line are:

1-833-511-3252

Calls to this number are free. Available 24/7.

Mass General Brigham SCO also has free language interpreter services available.

TTY 711

Calls to this number are free. Available 24/7.

If you need immediate behavioral health care, please call the Behavioral Health Crisis Line at our Member Services:

1-888-816-6000

Calls to this number are free. Available 24/7.

Mass General Brigham SCO also has free language interpreter services available.

TTY 711

Calls to this number are free. Available 24/7.



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