

Mass General Brigham Advantage (PPO) offered by Mass General Brigham Health Plan

Annual Notice of Change for 2026

You're enrolled as a member of Mass General Brigham Advantage (PPO).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Mass General Brigham Advantage (PPO)
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at MGBAdvantage.org or call Customer Service at 1-855- 833-3668 (TTY users call 711) to get a copy by mail.

More Resources

- Call Customer Services at 1-855- 833-3668 (TTY users call 711). Hours are October 1 through March 31, seven days a week from 8:00 am – 8:00 pm EST and April 1 through September 30, Monday through Friday from 8:00 am – 8:00 pm EST. This call is free.
- This document is also available in braille and large print. Please contact Customer Service at the number above for more information.
- Our plan provides the Notice of Availability of language assistance services and auxiliary aids and services free of charge in English and at least the 15 languages most commonly spoken by individuals with limited English proficiency in Massachusetts, in our service area. We provide the notice in alternate formats for individuals with disabilities who require auxiliary aids and services to ensure effective communication.

About Mass General Brigham Advantage (PPO)

- Mass General Brigham Health Plan is an HMO-POS/ PPO organization with a Medicare contract. Enrollment in Mass General Brigham Health Plan depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Mass General Brigham Health Plan. When it says “plan” or “our plan,” it means Mass General Brigham Advantage (PPO).

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* *Your premium can be higher or lower than this amount. Go to Section 1.1 for details.	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	From network providers: \$5,500 From network and out-of-network providers combined: \$9,550	From network providers: \$5,500 From network and out-of-network providers combined: \$9,550
Primary care office visits	In-Network \$0 Copay per visit Out-of-Network \$20 Copay per visit	In-Network \$0 Copay per visit Out-of-Network \$20 Copay per visit
Specialist office visits	In-Network \$50 Copay per visit Out-of-Network \$65 Copay per visit	In-Network \$50 Copay per visit Out-of-Network \$65 Copay per visit

	2025 (this year)	2026 (next year)
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	In-Network \$350 Copay per day for days 1-5. \$0 Copay per day for days 6 and beyond. Out-of-Network For each admission, you pay 30% Coinsurance per stay.	In-Network \$350 Copay per day for days 1-5. \$0 Copay per day for days 6 and beyond. Out-of-Network For each admission, you pay 30% Coinsurance per stay.
Part D drug coverage deductible (Go to Section 1.6 for details.)	\$0	\$350 on tiers 3, 4 and 5 except for covered insulin products and most adult Part D vaccines. Deductible is not applicable on tiers 1 and 2.

	2025 (this year)	2026 (next year)
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	<p>During the Initial Coverage Stage:</p> <p>Drug Tier 1: \$0 Drug Tier 2: \$5 Drug Tier 3: \$47 You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 4: \$100 You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 5: 33% You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs. You can have cost sharing for drugs that are covered under our enhanced benefit.</p>	<p>During the Initial Coverage Stage:</p> <p>Drug Tier 1: \$0 Drug Tier 2: \$5 Drug Tier 3: \$47 You pay up to \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 4: 25% You pay up to \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 5: 29% You pay up to \$35 per month supply of each covered insulin product on this tier.</p> <p>Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs. You can have cost sharing for drugs that are covered under our enhanced benefit.</p>

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium	\$0	\$0
(You must also continue to pay your Medicare Part B premium.)		

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.
- Extra Help - Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section 4 for more information about Extra Help from Medicare.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from network providers count toward your in-network maximum out-of-pocket amount. Our plan costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$5,500	\$5,500 Once you've paid \$5,500 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network providers for the rest of the calendar year.
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs don't count toward your maximum out-of-pocket amount for medical services.	\$9,550	\$9,550 Once you've paid \$9,550 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year. There is no change in the combined maximum out-of-pocket for the upcoming benefit year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* MGBAdvantage.org to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at MGBAdvantage.org.
- Call Customer Services at 1-855- 833-3668 (TTY users call 711) to get current provider information or to ask us to mail you a Provider Directory.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Customer Service at 1-855- 833-3668 (TTY users call 711) for help.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* MGBAdvantage.org to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at MGBAdvantage.org.
- Call Customer Services at 1-855- 833-3668 (TTY users call 711) to get current pharmacy information or to ask us to mail you a Pharmacy Directory.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Customer Service at 1-855- 833-3668 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Acupuncture for Chronic Low Back Pain	In-Network: You pay \$45 copay for each visit for Medicare-covered services.	In-Network: You pay \$50 copay for each visit for Medicare-covered services.
Ambulance Services - Medicare Covered Air and Ground Ambulance	<p>In-Network: You pay \$275 copay for each one-way trip for Medicare-covered air and ground ambulance.</p> <p>Out-of-Network: You pay \$275 copay for each one-way trip for Medicare-covered air and ground ambulance.</p>	<p>In-Network: You pay \$330 copay for each one-way trip for Medicare-covered air and ground ambulance.</p> <p>Out-of-Network: You pay \$330 copay for each one-way trip for Medicare-covered air and ground ambulance.</p>
Ambulance Services - Worldwide Emergency Transportation	You pay \$275 copay for each one-way trip for Worldwide Emergency Transportation.	You pay \$330 copay for each one-way trip for Worldwide Emergency Transportation.
Emergency Care - Medicare Covered	In-Network and Out-of-Network: You pay \$90 copay for each emergency room visit.	In-Network and Out-of-Network: You pay \$130 copay for each emergency room visit.

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	2025 (this year)	2026 (next year)
Emergency Care - Worldwide Coverage	You pay \$90 copay for each worldwide emergency room visit.	You pay \$130 copay for each worldwide emergency room visit.
Medicare Part B Insulin Drugs	<p>In-Network: You pay \$35 copay for Medicare Part B Insulin Drugs.</p> <p>Out-of-Network: You pay \$35 copay for Medicare Part B Insulin Drugs.</p>	<p>In-Network: You pay up to \$35 copay for Medicare Part B Insulin Drugs.</p> <p>Out-of-Network: You pay up to \$35 copay for Medicare Part B Insulin Drugs.</p>
Medicare Part B Prescription Drugs:	No step therapy.	<p>Certain Part B prescription drugs may be subject to Part B step therapy. *Refer to the list of covered drugs (Formulary).</p> <p>Visit our website at MGBAdvantage.org or call Customer Service at 1-855-833-3668 (TTY: 711). *Trying certain drugs for your medical condition before coverage of another drug for that same condition.</p>
Over-the-counter (OTC) drugs and supplies.	\$85 per calendar quarter allowance.	\$65 per calendar quarter allowance.

	2025 (this year)	2026 (next year)
Transportation to Medical Visits	<p>\$120 per calendar quarter allowance to non-emergent transportation to medical appointments. Transportation includes but not limited to taxis, public transportation, and rideshare.</p> <p>For more information, visit MGBAdvantageOTC.org or call 1-800-695-5306 (TTY: 711) to learn benefit availability, view account balance & activity, to obtain your PIN and/or report your card lost or stolen.</p>	<p>\$120 per calendar quarter allowance to non-emergent transportation to medical appointments and to pick up prescriptions from the pharmacy. Transportation includes but not limited to taxis, public transportation, rideshare and ferry boats.</p> <p>For more information, visit https://mgbflexiblebenefits.org or call 1-800-695-5306 (TTY: 711) to learn benefit availability, view account balance & activity, to obtain your PIN and/or report your card lost or stolen.</p>
Worldwide Emergency Coverage, Worldwide Urgent Coverage and Worldwide Emergency Transportation	<p>Worldwide maximum coverage limits not applicable.</p>	<p>\$50,000 maximum coverage limit.</p> <p>Limited services classified as emergency or post stabilization care had they been provided in the US or its territories. Part D prescription drugs obtained at a retail pharmacy outside the US and its territories not covered. Foreign taxes and fees (including but not limited to currency conversion or</p>

	2025 (this year)	2026 (next year)
		transaction fees) are not covered.

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

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 rules 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 your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Customer Service at 1-855- 833-3668 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

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If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells about your drug costs. If you get Extra Help and you don't get this material by September 30, 2025, call Customer Service 1-855- 833-3668 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 3, Tier 4 and Tier 5 drugs until you reach the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date total Out-Of-Pocket costs reach \$2,100.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage

	2025 (this year)	2026 (next year)
Yearly Deductible	Because we have no deductible, this payment stage doesn't apply to you.	\$350 During this stage, you pay \$0 cost-sharing for a 30-day supply of drugs on Tier 1, \$5 cost-sharing for a 30-day supply of drugs on Tier 2, and the full cost of drugs on Tiers 3-5 until you've reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

Please see the following chart for the changes from 2025 to 2026.

For drugs on Tier 4, your cost sharing in the Initial Coverage Stage is changing from a copayment to coinsurance. Go to the following table for the changes from 2025 to 2026.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; or for mail-order prescriptions, go to Chapter 6 of your Evidence of Coverage.

Once you've paid \$2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
Tier 1 Preferred Generic:	You pay \$0 per prescription.	You pay \$0 per prescription.
Tier 2 Generic:	You pay \$5 per prescription.	You pay \$5 per prescription.
Tier 3 Preferred Brand:	You pay \$47 per prescription.	You pay \$47 per prescription.
Tier 4 Non-Preferred Drug:	You pay \$100 per prescription	You pay 25% of the total cost.
Tier 5 Specialty Tier:	You pay 33% of the total cost.	You pay 29% of the total cost.

Changes to the Catastrophic Coverage Stage

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6 in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Annual Wellness Visit Reward	Not applicable.	\$50 reward upon completion of your annual wellness visit. The dollars will be associated with your Flexible Benefit Card to be used in addition to your other supplemental benefits on your flexible benefit card.
Dental Services	A separate notation is given for adjunctive comprehensive services in your Evidence of Coverage. <i>Adjunctive is part of Comprehensive services. It is additional procedures performed with the primary dental treatment.</i>	A separate notation is no longer given for adjunctive comprehensive services in your Evidence of Coverage. <i>Adjunctive is part of Comprehensive services. It is additional procedures performed with the primary dental treatment.</i>
Health and wellness education programs (Fitness, Weight Loss)	For more information, visit MGBAdvantageOTC.org or call 1-800-695-5306 (TTY:	For more information, visit https://mgbflexiblebenefit

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	2025 (this year)	2026 (next year)
Benefit, and Prescription Hearing Aids)	711) to learn more about benefit availability, view account balance & activity, to obtain your PIN and/or report your card lost or stolen.	s.org or call 1-800-695-5306 (TTY: 711) to learn benefit availability, view account balance & activity, to obtain your PIN and/or report your card lost or stolen. Benefit information is still accessible at MGBAdvantageOTC.org .
Mass General Brigham Health Plan Important Resource	Website: MassGeneralBrighamAdvantage.org	Website: MGBAdvantage.org
Medicare Part D Prescriptions Pharmacy Benefits Manager (PBM) Change Mass General Brigham Health Plan (MGBHP) partners with a Pharmacy Benefit Manager (PBM) to administer our pharmacy benefit. Our PBM partner for the 2026 plan year is changing to OptumRx. You will receive an updated MGBHP ID card. Please begin using your updated ID card on 1/1/26. To ensure your pharmacy has your most up to date information, please show	CVS Caremark	Optum Rx

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	2025 (this year)	2026 (next year)
<p>your new ID card when you fill a prescription for the first time on or after 1/1/26. If you don't have your new MGBHP ID card with you when you fill your prescription, ask the pharmacy to call the plan to obtain the necessary information. If the pharmacy is not able to obtain the necessary information, you may have to pay the full cost of the prescription when you pick it up and then submit for reimbursement. For more information, call Customer Service 1-855-833-3668.</p>		
<p>Medicare Prescription Payment Plan</p>	<p>The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option. 2025 balances will continue to be billed by CVS Caremark and</p>	<p>If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026. 2025 balances will continue to be billed by CVS Caremark and payments should be directed to CVS Caremark. As of 1/1/26, any new balances will be billed by Optum Rx, and payments</p>

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	2025 (this year)	2026 (next year)
	payments should be directed to CVS Caremark.	<p>should be directed to Optum Rx. If you are currently enrolled in autopay with CVS Caremark, and you wish to continue autopay in 2026, you must set up autopay in the Optum Rx Member Portal. You can access their portal here (https://member.massgeneralbrighamhealthplan.org).</p> <p>To learn more about this payment option, call us at 1-855-833-3668 (TTY users call 711) or visit www.Medicare.gov.</p>
Over-the-counter (OTC) drugs and supplies.	For more information, visit MGBAdvantageOTC.org or call 1-800-695-5306 (TTY: 711) to learn benefit availability, view account balance & activity, to obtain your PIN and/or report your card lost or stolen.	For more information, visit https://mgbflexiblebenefits.org or call 1-800-695-5306 (TTY: 711) to learn benefit availability, view account balance & activity, to obtain your PIN and/or report your card lost or stolen.

SECTION 3 How to Change Plans

To stay in Mass General Brigham Advantage (PPO), you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, 2025, you'll automatically be enrolled in our Mass General Brigham Advantage (PPO).

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from Mass General Brigham Advantage (PPO).
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from Mass General Brigham Advantage (PPO).
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll or visit our website to disenroll online MGBAdvantage.org. Call Member Services at 1-855- 833-3668 (TTY users call 711) for more information on how to do this. Or call Medicare at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (Go to Section 5).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit www.Medicare.gov, check *the Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Mass General Brigham Health Plan, Inc. offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people can have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You can qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday - Friday for a representative. Automated messages are available 24 hours a day. TTY users call 1-800-325-0778.
 - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** Massachusetts has a program called Prescription Advantage that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about

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the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Massachusetts HIV Drug Assistance Program – HDAP. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you’re currently enrolled, how to continue getting help, call 1-800-228-2714. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn’t save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 1-855- 833-3668 (TTY users should call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from Mass General Brigham Advantage (PPO)

- Call Member Services at **1-855- 833-3668**. (TTY users call 711.)

We’re available for phone calls October 1 through March 31, seven days a week from 8:00 am – 8:00 pm EST and April 1 through September 30, Monday through Friday from 8:00 am – 8:00 pm EST. This call is free.

- **Read your 2026 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for Mass General Brigham Advantage (PPO). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at MGBAdvantage.org or call Member Services 1-855- 833-3668 (TTY users call 711 to ask us to mail you a copy. You can also review the attached OR enclosed OR separately mailed Evidence of Coverage to see if other benefit or cost changes affect you.

- **Visit MGBAdvantage.org**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Massachusetts, the SHIP is called SHINE.

Call SHINE to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call SHINE at 1-800-243-4636. Learn more about SHINE by visiting www.mass.gov/health-insurance-counseling.

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- Visit www.Medicare.gov

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- Read *Medicare & You 2026*

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.