

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

Annual Notice of Changes for 2025

You are currently enrolled as a member of Tufts Health Plan Senior Care Options. Next year, there will be changes to the plan's costs and benefits. Because you get assistance from MassHealth Standard (Medicaid), you have no cost-share for covered services. ***Please see page 5 for a Summary of Important Changes, including Premium.*** Members do not have costs for covered services.

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.thmp.org/sco. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

What to do now

1. **ASK:** Which changes apply to you

- Check the changes to our benefits to see if they affect you. Members do not have costs for covered services.
 - Review the changes to medical care costs (doctor, hospital). Eligible members are not subjected to a cost for covered services.
 - Review the changes to our drug coverage, including coverage restrictions and cost sharing.
 - Think about how much you will spend on premiums, deductibles, and cost sharing. NOTE: Because you get assistance from MassHealth Standard (Medicaid), you have no cost-share for covered services.
 - Check the changes in the 2025 “Drug List” to make sure the drugs you currently take are still covered.
 - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for “Extra Help” from Medicare.
- Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

- ❑ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- ❑ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website. Because you get assistance from MassHealth Standard (Medicaid), you have no cost share for covered services.

3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2024, you will stay in Tufts Health Plan Senior Care Options.
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Tufts Health Plan Senior Care Options.
- Look in section 3.2, page 17 to learn more about your choices.
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

Additional Resources

- This document is available for free in other languages.
- Please contact our Member Services number at 1-855-670-5934 for additional information. (TTY users should call 711.) Hours are 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday – Friday from April 1 to September 30.
- This information is available in different formats, including large print.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Tufts Health Plan Senior Care Options

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

- The HMO SNP is available to anyone who has both MassHealth Standard (Medicaid) and Medicare Parts A and B. The SCO is available to anyone who has MassHealth Standard (Medicaid) only. You are not eligible to enroll into Tufts Health Plan Senior Care Options if you are enrolled in any other health insurance plan, with the exception of Medicare. Other eligibility requirements and restrictions may apply.
 - When this document says “we,” “us,” or “our,” it means Tufts Health Plan. When it says “plan” or “our plan,” it means Tufts Health Plan Senior Care Options.
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Summary of Important Changes for 2025

The table below compares the 2024 costs and 2025 costs for Tufts Health Plan Senior Care Options in several important areas. **Please note this is only a summary of costs.** Members have no cost for covered services.

Cost	2024 (this year)	2025 (next year)
Monthly plan premium	\$0	\$0
Doctor office visits	Primary care visits: \$0 per visit Specialist visits: \$0 per visit	Primary care visits: \$0 per visit Specialist visits: \$0 per visit
Inpatient hospital stays	You pay \$0 for covered services.	You pay \$0 for covered services.
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: \$0 Copayment during the Initial Coverage Stage: Drug Tier 1: \$0 per prescription at a retail or mail order pharmacy. Most prescriptions can be filled for a 30-day, 60-day, or 90-day supply. However, some drugs may be limited to a 30-day supply. Please see Tufts Health Plan Senior Care Options' List of Covered Drugs (Drug List) for more information.	Deductible: \$0 Copayment during the Initial Coverage Stage: Drug Tier 1: \$0 per prescription at a retail or mail order pharmacy. Most prescriptions can be filled for a 30-day, 60-day, or 90-day supply. However, some drugs may be limited to a 30-day supply. Please see Tufts Health Plan Senior Care Options' List of Covered Drugs (Drug List) for more information.

Cost	2024 (this year)	2025 (next year)
Maximum out-of-pocket amount	<p>\$0</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p>\$0</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>

Estate Recovery Awareness:

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

SECTION 1 Changes to Benefits for Next Year

Section 1.1 – Changes to the Monthly Premium (SCO members do not have a premium)

Cost	2024 (this year)	2025 (next year)
<p>Monthly premium</p> <p>(You must also continue to pay your Medicare Part B premium unless it is paid for you by MassHealth (Medicaid.)</p>	\$0	\$0

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount (members do not have a cost to covered services)

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 reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
<p>Maximum out-of-pocket amount</p> <p>Because our members also get assistance from MassHealth (Medicaid), very few members ever reach this out-of-pocket maximum.</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p> <p>Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Since you do not pay a plan premium or costs for prescription drugs, these amounts do not count toward your maximum out-of-pocket amount.</p>	<p>\$0</p>	<p>\$0</p> <p>Because you get assistance from MassHealth Standard (Medicaid), you do not have “out-of-pocket” costs for covered services. You pay nothing for medical services covered by Tufts Health Plan Senior Care Options.</p>

Section 1.3 – Changes to the Provider and Pharmacy Networks

Amounts you pay for your prescription drugs may 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.

Updated directories are located on our website at www.thpmp.org/sco. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2025 *Provider and Pharmacy Directory* at www.thpmp.org/sco to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2025 *Provider and Pharmacy Directory* at www.thpmp.org/sco to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) and pharmacies that are a part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare and MassHealth (Medicaid) benefits and costs.

We are making changes to benefits for certain medical services next year. The information below describes these changes.

Cost	2024 (this year)	2025 (next year)
Adult Foster Care (AFC)	You pay \$0 for covered services.	<p>You pay \$0 for covered services.</p> <p>Except in an emergency, prior authorization may be required before you receive this service.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
Cardiac rehabilitation services	You pay \$0 for covered services.	<p>You pay \$0 for covered services.</p> <p>Before you receive this service, you must first obtain a referral from your PCP.</p> <p>Except in an emergency, prior authorization may be required before you receive this service.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>

Cost	2024 (this year)	2025 (next year)
<p>Chiropractic services</p>	<p>You pay \$0 for covered services.</p> <p>Before you receive this service, you must first obtain a referral from your PCP.</p>	<p>You pay \$0 for covered services.</p> <p>Before you receive this service, you must first obtain a referral from your PCP.</p> <p>Except in an emergency, prior authorization may be required before you receive this service.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>Dental services – Medicare-covered</p>	<p>You pay \$0 for covered services.</p>	<p>You pay \$0 for covered services.</p> <p>Before you receive this service, you must first obtain a referral from your PCP.</p> <p>Except in an emergency, prior authorization may be required before you receive this service.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>

Cost	2024 (this year)	2025 (next year)
<p>Group Adult Foster Care</p>	<p>You pay \$0 for covered services.</p>	<p>You pay \$0 for covered services.</p> <p>Except in an emergency, prior authorization may be required before you receive this service.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>Home health agency care</p>	<p>You pay \$0 for home health care services. Limitations may apply.</p>	<p>You pay \$0 for home health care services. Limitations may apply.</p> <p>Before you receive this service, you must first obtain a referral from your PCP.</p> <p>Except in an emergency, prior authorization may be required before you receive this service.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>

Cost	2024 (this year)	2025 (next year)
<p>Outpatient behavioral health care</p>	<p>You pay \$0 for covered services.</p> <p>Before you receive services from a psychiatrist, you must first obtain a referral from your PCP. A referral is not required for all other outpatient behavioral health care services.</p>	<p>You pay \$0 for covered services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>Outpatient rehabilitation services</p>	<p>You pay \$0 for covered services.</p> <p>Before you receive services, you must first obtain a referral from your PCP.</p>	<p>You pay \$0 for covered services.</p> <p>Before you receive services, you must first obtain a referral from your PCP.</p> <p>Except in an emergency, prior authorization may be required before you receive this service.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>

Cost	2024 (this year)	2025 (next year)
<p>Personal Care Attendant (PCA) Services</p>	<p>You pay \$0 for covered services.</p> <p>Before you receive Personal Care Attendant (PCA) services, you must first discuss these services with your Plan Care Manager.</p>	<p>You pay \$0 for covered services.</p> <p>Before you receive Personal Care Attendant (PCA) services, you must first discuss these services with your Plan Care Manager.</p> <p>Except in an emergency, prior authorization may be required before you receive services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>Pulmonary rehabilitation services</p>	<p>You pay \$0 for covered services.</p>	<p>You pay \$0 for covered services.</p> <p>Before you receive this service, you must first obtain a referral from your PCP.</p> <p>Except in an emergency, prior authorization may be required before you receive this service.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>

Cost	2024 (this year)	2025 (next year)
<p>Supervised Exercise Therapy (SET)</p>	<p>You pay \$0 for covered Supervised Exercise Therapy services.</p>	<p>You pay \$0 for covered Supervised Exercise Therapy services.</p> <p>Before you receive this service, you must first obtain a referral from your PCP.</p> <p>Except in an emergency, prior authorization may be required before you receive this service.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>Telehealth - Remote Patient Monitoring services</p>	<p>You pay \$0 for remote patient monitoring services rendered by your PCP or Specialist.</p>	<p>You pay \$0 for remote patient monitoring services rendered by your PCP or Specialist.</p> <p>Before you receive this service, you must first obtain a referral from your PCP.</p> <p>Except in an emergency, prior authorization may be required before you receive this service.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>

Cost	2024 (this year)	2025 (next year)
<p>Transportation (non-medical purposes)</p>	<p>You pay \$0 for two round trips per month (up to 24 round trips per calendar year) for non-medical purposes. Limit of 20 miles each way.</p> <p>This benefit is covered by the plan under the MassHealth (Medicaid) benefit.</p>	<p>You pay \$0 for two round trips per month (up to 24 round trips per calendar year) for non-medical purposes. Limit of 20 miles each way.</p> <p>This benefit is covered by the plan under Medicare’s Value-Based Insurance Design (VBID) Model benefits.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>

Section 1.5 – Changes to Part D Prescription 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.** Note: Our SCO Drug List includes all covered drugs on one tier and you pay \$0 for all covered drugs on the Drug List.

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 plan year. We update our online Drug List at least annually to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 5 of your *Evidence of Coverage* and talk to your doctor to find out your

options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

Changes to Prescription Drug Benefits and Costs (Eligible members are not subjected to a cost for covered services.)

Beginning in 2025, there are three **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 will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the 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 do not count toward out-of-pocket costs.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2024 (this year)	2025 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing.</p>	<p>Your cost for a one-month supply is:</p> <p>Tier 1: You pay \$0 per prescription.</p>	<p>Your cost for a one-month supply is:</p> <p>Tier 1: You pay \$0 per prescription.</p>

Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

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

SECTION 2 Administrative Changes

Description	2024 (this year)	2025 (next year)
<p>Over-the-counter (OTC) and grocery benefit</p>	<p>Covered items do not include hospital bed sheets and produce boxes.</p> <p>For a full list of covered items, or to check your card balance, find participating retail locations near you, or to order items online, visit thpmp.org/sco-otc.</p>	<p>Covered items include hospital bed sheets and produce boxes.</p> <p>For a full list of covered items, or to check your card balance, find participating retail locations near you, or to order items online, visit thpmp.org/mybenefitscenter.</p>

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Tufts Health Plan Senior Care Options

To stay in our plan you don’t need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Tufts Health Plan Senior Care Options.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2025 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- *OR* – You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2025*

handbook, call the Massachusetts Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Tufts Health Plan Senior Care Options.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Tufts Health Plan Senior Care Options.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
 - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

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

In certain situations, changes are also allowed at other times of the year. Examples include people with MassHealth (Medicaid), those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

Because you have MassHealth (Medicaid), you can end your membership in our plan any month of the year. You also have options to enroll in another Medicare plan any month including:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare without a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

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 (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

SECTION 5 Programs That Offer Free Counseling about Medicare and MassHealth (Medicaid)

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 (Serving the Health Insurance Needs of Everyone).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHINE counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHINE at 1-800-243-4636 (1-800-AGE-INFO) (TTY: 1-800-439-2370). You can learn more about SHINE by visiting their website (www.mass.gov/health-insurance-counseling).

For questions about your MassHealth (Medicaid) benefits, contact the Massachusetts MassHealth (Medicaid) program at 1-800-841-2900. TTY users should call 711, Monday – Friday, 8:00 AM-5:00 PM. Ask how joining another plan or returning to Original Medicare affects how you get your MassHealth (Medicaid) coverage.

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** Because you have MassHealth (Medicaid), you are already enrolled in “Extra Help,” also called the Low Income Subsidy. “Extra Help” pays some of your prescription drug premiums, yearly deductibles and coinsurance. Because you qualify, you do not have a late enrollment penalty. If you have questions about “Extra Help” call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your Massachusetts Medicaid Office.

- **Help from the Massachusetts pharmaceutical assistance program.** 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 the program, check the Massachusetts State Health Insurance Assistance Program.

SECTION 7 Questions?

Section 7.1 – Getting Help from Tufts Health Plan Senior Care Options

Questions? We're here to help. Please call Member Services at 1-855-670-5934. (TTY only, call 711.) We are available for phone calls from 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday – Friday from April 1 to September 30. Calls to these numbers are free.

Read your 2025 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage* for Tufts Health Plan Senior Care Options. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.thpmp.org/sco. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.thpmp.org/sco. As a reminder, our website has the most up-to-date information about our provider network (*Provider and Pharmacy Directory*) and our list of covered drugs (Formulary/Drug List).

Section 7.2 – Getting Help from Medicare

To get information directly 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 should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2025*

Read the *Medicare & You 2025* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Section 7.3 – Getting Help from MassHealth (Medicaid)

To get information from MassHealth (Medicaid) you can call the Massachusetts MassHealth (Medicaid) program at 1-800-841-2900. TTY users should call 711.



Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Tufts Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Tufts Health Plan at 1-855-670-5934 (TTY: 711).

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with:

Tufts Health Plan, Attention:

Civil Rights Coordinator, Member Services
1 Wellness Way, Canton, MA 02021
Phone: 1-888-880-8699 ext. 48000, (TTY: 711)
Fax: 1-617-972-9048
Email: OCRCoordinator@point32health.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights; electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>; or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building, Washington, D.C. 20201
1-800-368-1019 (TDD: 1-800-537-7697)

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

www.thpmp.org/sco | 1-855-670-5934 (TTY: 711)



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Multi-language Interpreter Services

English: We have free interpreter services available for people who require translation services to answer any questions you may have about our health or drug plan. We can also give you information in English, braille, large print, or other alternate format. Just call us at 1-855-670-5934. Someone who speaks English can help you. This is a free service.

Spanish: Contamos con servicios gratuitos de intérpretes disponibles para personas que requieren servicios de traducción para responder cualquier pregunta que usted pueda tener sobre nuestro plan de salud o medicamentos. También podemos brindarle información en español, braille, letra grande u otro formato alternativo. Simplemente llámenos al 1-855-670-5934. Una persona que habla español le puede ayudar. Este es un servicio gratuito.

Chinese Simplified: 我们为需要翻译服务的人提供免费口译服务，回答您对我们的健康或药物计划的任何问题。我们还可以以简体中文、盲文、大字体或其他替代格式为您提供信息。请致电 1-855-670-5934 联系我们。会说普通话的人会帮助您。本项服务免费。

Chinese Traditional: 我們為有翻譯服務需求者提供免費口譯服務，以針對我們的健康或藥物計劃，為您回答任何您可能提出的問題。我們也以繁體中文、點字、大字體或其他替代格式為您提供資訊。請撥打電話：1-855-670-5934。會說中文的人可以協助您。此為免費服務。

Tagalog: Mayroon kaming mga libreng serbisyo ng interpreter na magagamit ng mga taong nangangailangan ng mga serbisyo ng pagsasalin upang masagot ang anumang maaaring tanong mo tungkol sa aming plano sa kalusugan o gamot. Maaari din kaming magbigay sa iyo ng impormasyon na nasa Tagalog, braille, malalaking titik, o iba pang alternatibong format. Tumawag lang sa amin sa 1-855-670-5934. Matutulungan ka ng isang taong nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French: Nous mettons des services d'interprétariat gratuits à la disposition de tous ceux qui ont besoin de services de traduction pour répondre aux questions que vous pourriez poser sur notre régime d'assurance-maladie ou médicaments. Nous pouvons vous fournir des informations en français, braille, lettres majuscules, ou tout autre format. Veuillez nous appeler au 1-855-670-5934. Une personne qui parle français pourra vous assister. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí cho người cần phiên dịch để trả lời bất kỳ câu hỏi nào mà quý vị có thể có về chương trình bảo hiểm y tế hay chương trình thuốc của chúng tôi. Chúng tôi cũng có thể cung cấp thông tin cho quý vị bằng Tiếng Việt, chữ nổi braille, bản in chữ lớn, hay định dạng thay thế khác. Quý vị chỉ cần gọi chúng tôi theo số 1-855-670-5934. Một người nói Tiếng Việt có thể giúp quý vị. Đây là dịch vụ miễn phí.

German: Wir stellen Dolmetscherdienste kostenlos all jenen zur Verfügung, die zwecks Beantwortung ihrer Fragen zu den für sie geltenden Kostenübernahme- und Zahlungsregeln Übersetzungsdienste benötigen. Zudem informieren wir Sie bei Bedarf in Deutsch, Brailleschrift, Großdruck oder anderen Formaten. Rufen Sie uns einfach an: 1-855-670-5934. Hier erhalten Sie Hilfe von jemand, der Deutsch spricht. Dieser Service ist kostenlos.

Korean: 번역 서비스가 필요하신 분들에게 건강 플랜 또는 약품 플랜에 대한 문의에 답변을 드리기 위해 무료 통역 서비스를 제공합니다. 또한 한국어, 점자, 큰 활자 또는 기타 대체 형식으로 정보를 제공할 수 있습니다. 1-855-670-5934번으로 전화해 주십시오. 한국어를 구사하는 사람이 도와드릴 수 있습니다. 통역은 무료 서비스입니다.

Russian: Мы предоставляем бесплатную услугу устного перевода для людей, которым он необходим, чтобы ответить на вопросы о здоровье или плане получения рецептурных препаратов. Мы также можем предоставить вам информацию на русском языке, с использованием шрифта Брайля, крупным шрифтом или в другом альтернативном формате. Просто позвоните по номеру 1-855-670-5934. Вам поможет сотрудник, владеющий русским языком. Это — бесплатная услуга.

Arabic: لدينا خدمات ترجمة فورية مجانية متاحة للأشخاص الذين يحتاجون إلى خدمات الترجمة للإجابة عن أي أسئلة قد تكون لديك حول خطتنا الصحية أو الدوائية. يمكننا أيضًا تزويدك بالمعلومات باللغة العربية أو بطريقة برايل أو بحروف كبيرة أو بأي تنسيق بديل آخر. كل ما عليك هو الاتصال بنا على الرقم 1-855-670-5934. يمكن أن يقوم شخص يتحدث باللغة العربية بمساعدتك. هذه الخدمة مجانية.

Hindi: हमारे पास उन लोगों के लिए मुफ्त दुभाषिया सेवाएं उपलब्ध हैं जिन्हें हमारी स्वास्थ्य या दवा योजना के बारे में उनके किसी भी प्रश्न का उत्तर देने के लिए अनुवाद सेवाओं की आवश्यकता है। हम आपको हिंदी, ब्रेल, बड़े प्रिंट या अन्य वैकल्पिक प्रारूप में भी जानकारी दे सकते हैं। बस हमें 1-855-670-5934 पर कॉल करें। हिन्दी बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Se occorre una traduzione, i nostri servizi di interpretariato sono disponibili gratuitamente per offrire chiarimenti e risposte in merito al nostro piano sanitario o per i medicinali. Possiamo offrire informazioni anche in italiano, braille, caratteri grandi o altri formati. Non esiti a chiamarci al recapito 1-855-670-5934. Una persona che parla italiano sarà pronta a offrire assistenza. Questo servizio è gratuito.

Portuguese: Temos serviços de interpretação gratuitos para quem necessite de serviços de tradução para responder a qualquer questão que possamos ter sobre o seu plano de saúde ou medicação. Também podemos dar todas as informações em Português, braille, letra de grande dimensão ou formato alternativo. Basta ligar para o 1-855-670-5934. Alguém fala Português e poderá ajudar. É um serviço gratuito.

French Creole: Nou gen sèvis entèprèt gratis ki disponib pou moun ki bezwen sèvis tradiksyon pou reponn nenpòt kesyon ou ka genyen sou plan sante ouwa anrapò ak plan medikaman nou an. Nou kapab ba w enfòmasyon tou nan lang Kreyòl ayisyen, bray, gwo lèt, ouwa lòt fòm. Jis rele nou nan 1-855-670-5934. Yon moun ki pale lang Kreyòl ayisyen ka ede w. Sa a se yon sèvis gratis.

Polish: Osobom potrzebującym tłumaczenia oferujemy bezpłatne usługi tłumacza, który odpowie na wszelkie pytania związane z naszym planem zdrowotnym lub dotyczącym leków. Możemy również udzielić informacji w języku polskim, alfabetcie Braille'a, dużym druku lub innym alternatywnym formacie. Wystarczy zadzwonić pod numer 1-855-670-5934. Ktoś mówiący w języku polskim może Ci pomóc. Jest to usługa bezpłatna.

Japanese: 私たちの医療や医薬品の計画に関する、どのような質問にもお答えするため、翻訳サービスが必要な方のための無料通訳サービスを提供しています。情報は、日本語、点字、大活字、その他の代替形式でも提供可能です。1-855-670-5934にお電話ください。日本語対応でお手伝いいたします。これは無料のサービスです。

Khmer: យើងមានសេវាកម្មអ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃសម្រាប់អ្នក ដែលត្រូវការសេវាកម្មបកប្រែ ដើម្បីឆ្លើយសំណួរណាមួយដែលអ្នកអាចមាន ទាក់ទងនឹងគម្រោងសុខភាព ឬឱសថរបស់យើង។ យើងក៏អាចផ្តល់ជូនអ្នកនូវព័ត៌មានជាភាសា ខ្មែរ អក្សរសម្រាប់ជនពិការផ្នែក អក្សរពុម្ពធំ ឬជាទម្រង់ដទៃផ្សេងទៀតបានផងដែរ។ គ្រាន់តែហៅទូរសព្ទមកយើងតាមលេខ 1-855-670-5934 ។ អ្នកដែលនិយាយភាសា ខ្មែរ អាចជួយអ្នកបាន។ នេះជាសេវាកម្មមិនគិតថ្លៃនោះទេ។

Laotian: ພວກເຮົາມີການບໍລິການນາຍພາສາພີທີມີໃຫ້ສໍາລັບຜູ້ທີ່ຕ້ອງການການບໍລິການການແປພາສາ ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດ ຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ພວກເຮົາຍັງສາມາດໃຫ້ທ່ານເປັນຂໍ້ມູນໃນພາສາລາວ, ຕົວໜັງສືພິມ, ການພິມຂະ ໜາດໃຫຍ່ ຫຼື ຮູບແບບອື່ນໆ. ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ 1-855-670-5934. ຄົນທີ່ເວົ້າພາສາລາວ ສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການພີ.

