

2026

**Tufts Health One Care**  
(HMO D-SNP) Plan

# Annual Notice of Changes



a **Point32Health** company

## Tufts Health One Care (D-SNP) offered by Tufts Health Plan

# ***Annual Notice of Change for 2026***

### **Introduction**

You're currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, and rules. This *Annual Notice of Change* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook otherwise known as the Evidence of Coverage*, which is located on our website at [TuftsHealthOneCare.org](https://TuftsHealthOneCare.org) or call Member Services at the number at the bottom of the page to get a copy by mail. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

### **Additional resources**

- This document is available for free in Spanish. Other languages are available for free upon request.
- You can get this *Annual Notice of Change* for free in other formats, such as large print, braille, or audio. Call **1-855-393-3154** (TTY:711), seven days a week, from 8 a.m. to 8 p.m. (Please note: Our hours shift to Monday through Friday, from April 1 through September 30). The call is free.
- You can get this *Annual Notice of Changes* for free in other formats, such as large print, formats that work with screen reader technology, braille, or audio. Call 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. (Please note: Our hours shift to Monday through Friday, from April 1 through September 30). The call is free.
- Call Member Services at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m., to request materials in languages other than English or in an alternate format. You may request to have future mailings in the alternate language or format. We will keep your standing request in our records so you will not need to make a separate request each time. You can also call Member Services to change your standing request for preferred language and/or format.

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OMB Approval 0938-1444 (Expires: June 30, 2026)

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[TuftsHealthOneCare.org](https://TuftsHealthOneCare.org).

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## A. Disclaimers

- ❖ Tufts Health One Care is a Dual Special Needs Plan (D-SNP) health plan that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees. Enrollment in Tufts Health One Care depends on contract renewal.
- ❖ The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.
- ❖ Benefits may change on January 1 of each year.

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## B. Reviewing your Medicare and MassHealth (Medicaid) coverage for next year

It's important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to **Section E** for more information on changes to your benefits for next year.

If you choose to leave our plan, membership will end on the last day of the month in which your request was made.

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

- Medicare options in the table in **Section G2**.
- MassHealth (Medicaid) services in **Section G2**.

### B1. Information about Tufts Health One Care

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

### B2. Important things to do

- **Check if there are any changes to our benefits that may affect you.**
  - Are there any changes that affect the services you use?

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- Review benefit changes to make sure they'll work for you next year.
- Refer to **Section E1** for information about benefit changes for our plan.
- **Check if there are any changes to our drug coverage that may affect you.**
  - Will your drugs be covered? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits?
  - Review changes to make sure our drug coverage will work for you next year.
  - Refer to **Section E2** for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
  - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Refer to **Section D** for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
  - How do the total costs compare to other coverage options?
  - Eligible members are not responsible for a cost to covered services.
- **Think about whether you're happy with our plan.**

#### **If you decide to stay with Tufts Health One Care:**

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in Tufts Health One Care.

#### **If you decide to change plans:**

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section G2** for more information). If you enroll in a new plan, or change to Original Medicare and/or MassHealth, your new coverage will begin on the first day of the following month.

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## C. Changes to our network providers and pharmacies

Our provider and pharmacy networks have changed for 2026.

**Please review the 2026 *Provider and Pharmacy Directory*** to find out if your providers (primary care provider, specialists, hospitals, etc.) or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at [TuftsHealthOneCare.org](https://TuftsHealthOneCare.org). You may also call Member Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Member Handbook* or call Member Services at the number at the bottom of the page for help.

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## D. Changes to benefits for next year

### D1. Changes to benefits for medical services

We're changing our coverage for certain medical services next year. The table below describes these changes.

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|                             | 2025 (this year)  | 2026 (next year)  |
|-----------------------------|---|---|
| <b>Prior Authorizations</b> | <p>The following services do not require prior authorization.</p> <ul style="list-style-type: none"> <li>• Acupuncture services (after 20 visits in a year)</li> <li>• Cardiac (heart) rehabilitation services</li> <li>• Chiropractic services</li> <li>• Home infusion therapy</li> <li>• Pulmonary rehabilitation services</li> <li>• Supervised exercise therapy (SET) for peripheral artery disease (PAD)</li> </ul> | <p>The following services may require prior authorization.</p> <ul style="list-style-type: none"> <li>• Acupuncture services (after 20 visits in a year)</li> <li>• Cardiac (heart) rehabilitation services</li> <li>• Chiropractic services</li> <li>• Home infusion therapy</li> <li>• Pulmonary rehabilitation services</li> <li>• Supervised exercise therapy (SET) for peripheral artery disease (PAD)</li> </ul> <p>Please refer to your <i>Member Handbook</i> for more information.</p> |
| <b>Prior Authorizations</b> | <p>The following services require prior authorization.</p> <ul style="list-style-type: none"> <li>• Inpatient hospital psychiatric services</li> <li>• Partial hospitalization</li> <li>• Physician specialist services</li> <li>• Other health care professional services</li> <li>• Medicare-covered zero dollar preventive services</li> <li>• Non-Medicare-covered dental services</li> </ul>                         | <p>The following services do not require prior authorization.</p> <ul style="list-style-type: none"> <li>• Inpatient hospital psychiatric services</li> <li>• Partial hospitalization</li> <li>• Physician specialist services</li> <li>• Other health care professional services</li> <li>• Medicare-covered zero dollar preventive services</li> <li>• Non-Medicare-covered dental services</li> </ul>  |

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|                                 |  |  |
|---------------------------------|--|--|
| <b>Referrals</b>                | <p>The following services do not require referral.</p> <ul style="list-style-type: none"> <li>• Cardiac (heart) rehabilitation services</li> <li>• Chiropractic services</li> <li>• Medicare dental services</li> <li>• Home health agency care</li> <li>• Outpatient hospital services</li> <li>• Ambulatory Surgical Center (ASC) Service</li> <li>• Outpatient rehabilitation services</li> <li>• Physician Specialist Services</li> <li>• Other Health Care Professionals</li> <li>• Podiatry services</li> <li>• Pulmonary rehabilitation services</li> <li>• Supervised exercise therapy (SET) for peripheral artery disease (PAD)</li> <li>• Diagnostic eye exam</li> <li>• Diabetic retinopathy screening</li> </ul> | <p>The following services may require referral.</p> <ul style="list-style-type: none"> <li>• Cardiac (heart) rehabilitation services</li> <li>• Chiropractic services</li> <li>• Medicare dental services</li> <li>• Home health agency care</li> <li>• Outpatient hospital services</li> <li>• Ambulatory Surgical Center (ASC) Service</li> <li>• Outpatient rehabilitation services</li> <li>• Physician Specialist Services</li> <li>• Other Health Care Professionals</li> <li>• Podiatry services</li> <li>• Pulmonary rehabilitation services</li> <li>• Supervised exercise therapy (SET) for peripheral artery disease (PAD)</li> <li>• Diagnostic eye exam</li> <li>• Diabetic retinopathy screening</li> </ul> <p>Please refer to your <i>Member Handbook</i> for more information.</p> |
| <b>Step Therapy Requirement</b> | <p>Part B drugs may be subject to Step Therapy requirements that include Part B to Part B drugs.</p>   | <p>Part B drugs may be subject to Step Therapy requirements that include Part B to Part B drugs, Part B to Part D drugs, and Part D to Part B drugs.</p> <p>Please refer to your <i>Member Handbook</i> for more information.</p>  |



|  |   |  |
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| <p><b>Breast Cancer Screening (mammograms)</b></p>           | <p>Covered for screening mammogram and clinical breast exam under Medicare.</p> | <p>Covered for screening mammogram and clinical breast exam under Medicare.</p> <p>Additional coverage under MassHealth (Medicaid) for diagnostic breast examinations for breast cancer, digital breast tomosynthesis screening and medically necessary and appropriate screening with breast MRIs or screening breast ultrasounds on the same basis as screening mammograms.</p> <p>Please refer to your <i>Member Handbook</i> for more information.</p> |
| <p><b>Chronic pain management and treatment services</b></p> | <p>Not covered under Medicare.</p>  | <p>Covered under Medicare.</p> <p>Please refer to your <i>Member Handbook</i> for more information.</p>  |

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|---------------------------------|--|--|
| <p><b>Flexible benefits</b></p> | <p>Items or services other than Covered Services.</p> <p>Your health plan may cover Flexible Benefits as specified in your Individualized Care Plan (ICP) and to help address needs.</p> <p>Prior authorization may be required.</p> | <p>A few examples of Flexible benefits you may be eligible for:</p> <ul style="list-style-type: none"> <li>• dental implants (Limited to 2 per year; one per tooth per lifetime)</li> <li>• free YMCA membership at your local YMCA health club facility, located within our service area in Massachusetts.</li> <li>• Over-the-Counter (OTC) + Daily Health and Hygiene Items + Healthy Food – Instant Savings Card - You will receive an OTC card called <b>Instant Savings Card</b> when this flexible benefit is added to your ICP. The card comes ready to use (i.e., no activation is required) and will be loaded with \$155 every calendar quarter for use to purchase eligible items at participating retailers and plan-approved online stores. Eligible items include plan approved OTC drugs and other health-related items; plan-approved healthy food items; and other plan-approved items, including those used daily for personal care, health or hygiene. You may qualify for the above Tufts Health One Care - defined Flexible Benefits if: (1) there is not an alternative Medicare or MassHealth (Medicaid)- covered service, (2) your Individualized Care Plan (ICP) includes the</li> </ul> |
|---------------------------------|--|--|

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|  |   | <p>service to help address needs and improve a condition, and (3) the service meets required medical necessity criteria.</p> <p>Prior authorization is required and must be part of your individualized care plan.</p>   |
| <b>Medicare preventive services</b>                  | The plan covers Medicare preventive services covered by Medicare.       | <p>The plan covers Medicare preventive services covered by Medicare, including the following new services:</p> <ul style="list-style-type: none"> <li>• Pre-exposure prophylaxis (PrEP) for HIV prevention</li> <li>• Screenings for Hepatitis C Virus infection</li> </ul> <p>Please refer to your Member Handbook for more information.</p>  |
| <b>Over-the-Counter (OTC) Prescription Medicines</b> | Additional OTC drugs not covered beyond MassHealth (Medicaid) coverage. | <p>You have additional coverage for the following OTC medications:</p> <ul style="list-style-type: none"> <li>• Methylsulfonylmethane (MSM)</li> <li>• Glucosamine/Chondroitin/MSM</li> <li>• Glucosamine/MSM</li> <li>• Chondroitin/MSM</li> <li>• Omega 3/Fish Oil</li> <li>• Benzonatate</li> <li>• Robitussin Cough + Chest Congestion DM (liquid)</li> <li>• Mucinex 600 mg</li> <li>• Lidocaine 4% topical patch</li> </ul> <p>Before you receive OTC medications you must first obtain a prescription from your treating provider.</p> <p>Please refer to your <i>Member Handbook</i> for more information.</p> |

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|                                   |   |   |
|-----------------------------------|---|---|
| <p><b>Telehealth Services</b></p> | <p>Medicare-covered telehealth services only.</p> | <p>Medicare-covered telehealth services, plus additional telehealth services not covered by Medicare for:</p> <ul style="list-style-type: none"> <li>• Primary Care Physician Services and Other Health Care Professionals (PAs &amp; NPs)</li> <li>• Physician Specialist Services</li> <li>• Individual and Group Sessions for Behavioral Health Specialty Services</li> <li>• Individual and Group Sessions for Psychiatric Services</li> <li>• Opioid Treatment Program Services</li> <li>• Observation Services</li> <li>• Individual and Group Sessions for Outpatient Substance use Disorder Services</li> <li>• Kidney Disease Education Services</li> <li>• Diabetes Self-Management Training</li> <li>• Urgently Needed Services</li> <li>• Physical Therapy and Speech-Language Pathology Services</li> <li>• Pulmonary Rehabilitation Services</li> <li>• Partial Hospitalization Services</li> <li>• Intensive Outpatient Services</li> <li>• Cardiac Rehabilitation Services</li> <li>• Intensive Cardiac Rehabilitation Services</li> <li>• Remote Patient Monitoring Services</li> </ul> <p>Please refer to your <i>Member Handbook</i> for more information.</p> |
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|--|--|---|
| <b>Transportation<br/>(to and from<br/>non-medical<br/>appointments)</b> | <p>Covered as follows:</p> <ul style="list-style-type: none"> <li>• Below 50 miles if listed in Integrated Care Plan (ICP), necessary for health goals, and approved in advance.</li> <li>• Prior authorization required for trips over 50 miles regardless of ICP.</li> <li>• 2 one-way trips / month (regardless of ICP).</li> <li>• Unlimited Grocery / Nutrition trips (regardless of ICP).</li> </ul> | <p>Coverage limited to:</p> <ul style="list-style-type: none"> <li>• 8 round trips (16 one-way trips) per month without prior authorization. Trip legs cannot exceed 20 miles each leg.</li> <li>• Additional non-medical trips may be authorized if listed in the Integrated Care Plan (ICP) necessary for health goals and approved in advance.</li> </ul> <p>Please refer to your <i>Member Handbook</i> for more information.</p> |
| <b>Vision care –<br/>Eyewear<br/>Allowance</b>                           | <p>\$80 allowance towards frames + \$80 allowance towards traditional contact lenses or \$100 towards disposable contact lenses.</p>   | <p>\$300 allowance per calendar year for frames and/or lenses and/or contact lenses.</p> <p>Please refer to your <i>Member Handbook</i> for more information.</p>   |
| <b>Worldwide<br/>coverage</b>  | <p>Services, including urgent care and emergency services are not covered outside the United States and its territories.</p>   | <p>The following services are covered worldwide:</p> <ul style="list-style-type: none"> <li>• Emergency ambulance services</li> <li>• Emergency care</li> <li>• Urgently needed care</li> </ul> <p>Please refer to your <i>Member Handbook</i> for more information.</p>  |

## D2. Changes to drug coverage

### Changes to our *Drug List*

An updated *List of Covered Drugs* is located on our website at [TuftsHealthOneCare.org](https://TuftsHealthOneCare.org). You may also call Member Services at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*.

We made changes to our *Drug List*, which could include removing or adding drugs, changing drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

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Review the *Drug List* to **make sure your drugs will be covered next year** and to find out if there are any restrictions.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes are allowed by Medicare and/or the state that will affect you during the calendar year. We update our online *Drug List* at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
  - You can call Member Services at the numbers at the bottom of the page or contact your care coordinator to ask for a *List of Covered Drugs* that treat the same condition.
  - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask us to make an exception to cover the drug.
  - You can ask for an exception before next year, and we'll give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
  - To learn what you must do to ask for an exception, refer to **Chapter 9** of your *Member Handbook* or call Member Services at the numbers at the bottom of the page.
  - If you need help asking for an exception, contact Member Services or your Care Coordinator. Refer to **Chapters 2 and 3** of your *Member Handbook* to learn more about how to contact your care coordinator.
- Ask us to cover a temporary supply of the drug.
  - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
  - This temporary supply is for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)

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- When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.

If we approved a request for an exception, our approval is usually valid until the end of the plan year. This is true as long as your doctor continues to prescribe the drug for you, and the drug continues to be safe and effective for treating your condition. If this is the case, this means you or your doctor must submit a new exception request for 2026.

### **Changes to drug costs**

There are no changes to the amount you pay for drugs in 2026 which is \$0 costs to covered services. Read below for more information about your drug coverage.

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|   | 2025 (this year)  | 2026 (next year)  |
|---|---|---|
| <b>Drugs in Tier 1</b><br><b>(Vaccines)</b><br>Cost for a one-month supply of a drug in Tier 1 that's filled at a network pharmacy                | Your copay for a one-month (30-day) supply is <b>\$0</b> .                        | All drugs will on a single tier (Tier 1)"<br>Your copay for a one-month (30-day) supply is <b>\$0</b> . |
| <b>Drugs in Tier 2</b><br><b>(Generic drugs)</b><br>Cost for a one-month supply of a drug in Tier 2 that's filled at a network pharmacy           | Your copay for a one-month (30-day) supply is <b>\$0</b> .                        |   |
| <b>Drugs in Tier 3</b><br><b>(Brand-name drugs)</b><br>Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy       | <i>Your copay for a one-month (30-day) supply is <b>\$0 per prescription</b>.</i> |   |
| <b>Drugs in Tier 4</b><br><b>(Over-the-counter drugs)</b><br>Cost for a one-month supply of a drug in Tier 4 that is filled at a network pharmacy | <i>Your copay for a one-month (30-day) supply is <b>\$0 per prescription</b>.</i> |   |

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## E. Administrative changes

Listed below is an administrative change to our Tufts Health One Care 2026 plan year.

|  | 2025 (this year)  | 2026 (next year)  |
|--|---|---|
| <b>Coverage for blood glucose monitors and blood glucose test strips</b> | Coverage for blood glucose monitors and blood glucose test strips is limited to the OneTouch products manufactured by LifeScan, Inc. Please note, there is no preferred brand for lancets or glucose control solutions. | Coverage for blood glucose monitors and blood glucose test strips is limited to the Accu-Chek products manufactured by Roche Diabetes Care, Inc. Please note, there is no preferred brand for lancets or glucose control solutions. |

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## F. Choosing a plan

### F1. Staying in our plan

We hope to keep you as a plan member. You don't have to do anything to stay in our plan. Unless you sign up for a different Medicare plan or change to Original Medicare, you'll automatically stay enrolled as a member of our plan for 2026.

### F2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have MassHealth, you can end your membership in our plan any month of the year.

In addition, you may end your membership in our plan during the following periods:

- The **Open Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.

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- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you're eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,
- your eligibility for MassHealth (Medicaid) or Extra Help changed, **or**
- you recently moved into or are currently getting care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.

### **Your Medicare services**

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section G2**. By choosing one of these options, you automatically end your membership in our plan.

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**If you have questions**, please call Tufts Health One Care at **1-855-393-3154** (TTY:711), seven days a week from 8 a.m. to 8 p.m. (Please note: Our hours shift to Monday through Friday, from April 1 through September 30). The call is free. **For more information**, visit [TuftsHealthOneCare.org](https://TuftsHealthOneCare.org).



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| <p><b>1. You can change to:</b></p> <p><b>Another plan that provides your Medicare and most or all of your MassHealth (Medicaid) benefits and services in one plan, also known as an integrated dual-eligible special needs plan (D-SNP) or a Program of All-inclusive Care for the Elderly (PACE) plan, if you qualify.</b></p> | <p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048 to enroll in a new integrated D-SNP.</p> <p>For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-800-841-2900.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users may call 1-800-439-2370. For more information or to find a local SHINE office in your area, please visit <a href="https://www.mass.gov/info-details/serving-the-health-insurance-needs-of-everyone-shine-program">https://www.mass.gov/info-details/serving-the-health-insurance-needs-of-everyone-shine-program</a></li> </ul> <p><b>OR</b></p> <p>Contact a new integrated D-SNP directly to enroll with their plan.</p> <p>You'll automatically be disenrolled from our plan when your new plan's coverage begins.</p> |
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| <p><b>2. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare drug plan</b></p> | <p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048 to enroll in Original Medicare with a separate Medicare drug plan.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• Call the SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users may call 1-800-439-2370. For more information or to find a local SHINE office in your area, please visit <a href="https://www.mass.gov/info-details/serving-the-health-insurance-needs-of-everyone-shine-program">https://www.mass.gov/info-details/serving-the-health-insurance-needs-of-everyone-shine-program</a>.</li></ul> <p><b>OR</b></p> <p>Contact a new Medicare drug plan to enroll directly with their plan.</p> <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> |
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| <p><b>3. You can change to:</b></p> <p><b>Original Medicare without a separate Medicare drug plan</b></p> <p><b>NOTE:</b> If you switch to Original Medicare and don't enroll in a separate Medicare drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the SHINE Program at 1-800-243-4636. TTY users should call 1-800-439-2370.</p> | <p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048 to enroll in Original Medicare.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users should call 1-800-439-2370.</li> </ul> <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> |
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| <p><b>4. You can change to:</b></p> <p><b>Any Medicare health plan</b> during certain times of the year including the <b>Open Enrollment Period</b> and the <b>Medicare Advantage Open Enrollment Period</b> or other situations described in <b>Section A</b>.</p> | <p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048 to enroll in a new Medicare plan.</p> <p>For Program of All-Inclusive Care for the Elderly (PACE) inquiries, call 1-800-841-2900.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users should call 1-800-439-2370.</li> </ul> <p><b>OR</b></p> <p>Contact a new Medicare Advantage plan to enroll directly with their plan.</p> <p>You'll automatically be disenrolled from our Medicare plan when your new plan's coverage begins.</p> |
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### Your MassHealth (Medicaid) services

For questions about how to get your MassHealth (Medicaid) services after you leave our plan, contact the MassHealth (Medicaid) Customer Service at 1-800-841-2900. TTY: 711 (for people who are deaf, hard of hearing, or speech disabled). You can call Monday through Friday, 8:00 A.M. to 5:00 P.M. Ask how joining another plan or returning to Original Medicare affects how you get your MassHealth (Medicaid) coverage.

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**If you have questions**, please call Tufts Health One Care at **1-855-393-3154** (TTY:711), seven days a week from 8 a.m. to 8 p.m. (Please note: Our hours shift to Monday through Friday, from April 1 through September 30). The call is free. **For more information**, visit [TuftsHealthOneCare.org](https://TuftsHealthOneCare.org).



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## G. Getting help

### G1. Our plan

We're here to help if you have any questions. Call Member Services at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

#### **Read your *Member Handbook***

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits for 2026. It explains your rights and the rules to follow to get services and drugs we cover.

The *Member Handbook for 2026 will be available by October 15*. An up-to-date copy of the *Member Handbook* is available on our website at TuftsHealthOneCare.org. You may also call Member Services at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2026.

#### **Our website**

You can visit our website at TuftsHealthOneCare.org. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our *Drug List (List of Covered Drugs)*.

### G2. SHINE Program (Serving Health Insurance Needs of Everyone)

You can also call the state health insurance program (SHIP). In Massachusetts the SHIP is called the SHINE (Serving the Health Insurance Needs of Everyone). SHINE can help you understand your plan choices and answer questions about switching plans. SHINE isn't connected with us or with any insurance company or health plan. SHINE has trained counselors *in locations* and services are free. SHINE phone number is 1-800-243-4636. TTY (for people who are deaf, hard of hearing, or speech disabled): 1-800-439-2370 (Massachusetts only). For more information or to find a local SHINE office in your area, please visit <https://www.mass.gov/info-details/serving-the-health-insurance-needs-of-everyone-shine-program>.

### G3. My Ombudsman

The Ombudsman Program can help you if you have a problem with our plan. The ombudsman's services are free and available in all languages. The Ombudsman Program:

- works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.

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**If you have questions**, please call Tufts Health One Care at **1-855-393-3154** (TTY:711), seven days a week from 8 a.m. to 8 p.m. (Please note: Our hours shift to Monday through Friday, from April 1 through September 30). The call is free. **For more information**, visit TuftsHealthOneCare.org.



- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- isn't connected with us or with any insurance company or health plan. The phone number for the Ombudsman Program is 1-855-781-9898, Monday through Friday from 9:00 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) 339-224-6831. This number is for people who are deaf or hard of hearing.
- Email [info@myombudsman.org](mailto:info@myombudsman.org) or contact My Ombudsman through its website at [www.myombudsman.org](http://www.myombudsman.org).
- Write to or visit the My Ombudsman office at 25 Kingston Street, 4<sup>th</sup> floor, Boston, MA 02111.
  - Please refer to the My Ombudsman website or contact them directly for updated information about location, setting up an appointment, and walk-in hours.

#### **G4. Medicare**

To get information directly from Medicare:

- call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048
- chat live at [www.Medicare.gov/talk-to-someone](http://www.Medicare.gov/talk-to-someone)
- write to Medicare at PO Box 1270, Lawrence, KS 66044.

#### **Medicare's Website**

You can visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs (eligible members are not responsible for costs to covered services), coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to [www.medicare.gov](http://www.medicare.gov) and click on "Find plans.")

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**If you have questions**, please call Tufts Health One Care at **1-855-393-3154** (TTY:711), seven days a week from 8 a.m. to 8 p.m. (Please note: Our hours shift to Monday through Friday, from April 1 through September 30). The call is free. **For more information**, visit [TuftsHealthOneCare.org](http://TuftsHealthOneCare.org).





## ***Medicare & You 2026***

You can read the *Medicare & You 2026* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website ([www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](http://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

## **G5. MassHealth (Medicaid)**

To receive assistance from MassHealth (Medicaid):

- call 1-800-841-2900 (TTY: 711)

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**If you have questions**, please call Tufts Health One Care at **1-855-393-3154** (TTY:711), seven days a week from 8 a.m. to 8 p.m. (Please note: Our hours shift to Monday through Friday, from April 1 through September 30). The call is free. **For more information**, visit



TuftsHealthOneCare.org.

# Notice of Availability of Language Assistance Services and Auxiliary Aids and Services



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**English ATTENTION:** If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-393-3154 (TTY: 711), seven days a week from 8 a.m. to 8 p.m., or speak to your provider.

**Español (Spanish) ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-855-393-3154 (TTY: 711), los siete días a la semana, de 8 a.m. a 8 p.m., o hable con su proveedor.

**中文 (Simplified Chinese) 注意：**如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-855-393-3154（文本电话：711，每天早上 8 点到晚上 8 点，或咨询您的服务提供商。

**Français (French) ATTENTION:** Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-855-393-3154 (TTY: 711), sept jours sur sept, de 8 a.m. à 8 p.m., ou parlez à votre fournisseur.

**Việt (Vietnamese) LƯU Ý:** Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-855-393-3154 (Người khuyết tật: 711), bảy ngày trong tuần từ 8:00 sáng đến 8:00 tối, hoặc trao đổi với người cung cấp dịch vụ của bạn.

**Deutsch (German) ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-855-393-3154 (TTY: 711), Sieben Tage die Woche von 8 bis 20 Uhr., an oder sprechen Sie mit Ihrem Provider.

**Japanese 注：**他の言語をお話しになる場合、無料の言語支援サービスをご利用いただけます。また、適切な補助サポートおよびサービスをアクセス可能な形式の情報として無料でお届けしております。1-855-393-3154 (TTY: 711) (年中無休、午前 8 時～午後 8 時) にお電話いただくか、ご利用のプロバイダにお知らせください。

## Notice of Availability of Language Assistance Services and Auxiliary Aids and Services



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**한국어 (Korean)** 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-855-393-3154 (TTY: 711), 주 7 일 오전 8 시부터 오후 8 시까지, 번으로 전화하거나 서비스 제공업체에 문의하십시오.

**РУССКИЙ (Russian)** ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-855-393-3154 (TTY: 711), семь дней в неделю с 8 a.m. до 8 p.m., или обратитесь к своему поставщику услуг.

**(Arabic)** تنبيه: إذا كنت تتحدث لغة أخرى، فستكون هناك خدمات مساعدة لغوية مجانية متاحة لك. كما تتوفر أيضًا مساعدات وخدمات مساعدة مناسبة لتقديم المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل على الرقم 1-855-393-3154 (رقم الهاتف النصي: 711)، على مدار الأسبوع من الساعة 8 صباحًا حتى الساعة 8 مساءً، أو تحدث إلى موفر الخدمة الذي تتعامل معه.

**हिंदी (Hindi)** न दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-855-393-3154 (TTY: 711), सप्ताह के सातों दिन, सुबह 8 बजे से रात 8 बजे तक।, पर कॉल करें या अपने प्रदाता से बात करें।

**Italiano (Italian)** ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-855-393-3154 (tty: 711), sette giorni su sette dalle 8.00 alle 20.00., o parla con il tuo fornitore.

**Português (Portuguese)** ATENÇÃO: Se fala Português, estão disponíveis para si serviços gratuitos de assistência linguística. Estão também disponíveis gratuitamente ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-855-393-3154 (TTY - Dispositivo das telecomunicações para surdos: 711), sete dias por semana, das 8h às 20h., ou fale com o seu prestador.

**POLSKI (Polish)** UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-855-393-3154 (TTY: 711), siedem dni w tygodniu, od 8:00 do 20:00., lub porozmawiaj ze swoim dostawcą.

# Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

**ភាសាខ្មែរ (Cambodian)** ចូរចាប់អារម្មណ៍៖ ប្រសិនបើអ្នកនិយាយភាសាផ្សេងទៀត សេវាជំនួយខាងភាសាដោយឥតគិតថ្លៃមានសម្រាប់អ្នក។ សេវា និងជំនួយសមស្របក្នុងការផ្តល់ព័ត៌មានជាទម្រង់ដែលអាចប្រើប្រាស់បានក៏មានដោយមិនគិតថ្លៃផងដែរ។ សូមទូរសព្ទទៅលេខ 1-855-393-3154 (TTY: 711), បានប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ពីម៉ោង 8 ព្រឹកដល់ម៉ោង 8 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ពីម៉ោង 8 ព្រឹកដល់ម៉ោង 8 យប់ ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

**Kreyòl Ayisyen (Haitian Creole) ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou. Rele nan 1-855-393-3154 (TTY: 711) oswa pale avèk founisè w la.

**Ελληνικά (Greek) ΠΡΟΣΟΧΗ:** Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το 1-855-393-3154 (TTY: 711), Επτά ημέρες την εβδομάδα, από τις 8:00 π.μ. έως τις 8:00 μ.μ., ή απευθυνθείτε στον πάροχό σας.

**ગુજરાતી (Gujarati)** ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસરી સહાય અને એક્સેસિબલ ફોર્મટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-855-393-3154 (TTY: 711), સપ્તાહના સાતેય દિવસ સવારે 8 વાગ્યાથી રાત્રિના 8 વાગ્યા સુધી, પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

**Tagalog PAUNAWA:** Kung ikaw ay nagsasalita ng ibang lenggwahe, ang libreng tulong sa wika ay maari mong magamit. Ang naaangkop na mga pantulong at serbisyo upang magbigay ng impormasyon na naa-access na pormat ay makukuha rin nang walang bayad. Tumawag sa 1-855-393-3154 (TTY: 711), pitong araw sa isang linggo mula 8:00 ng umaga hanggang 8:00 ng gabi o maaring makipag usap sa provider.

**ລາວ(Laos)** ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-855-393-3154 (TTY: 711), 7 ມື້ຕໍ່ອາທິດແຕ່ 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ., ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

# DISCRIMINATION IS AGAINST THE LAW



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**Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tufts Health Plan does not exclude people or treat them differently because 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:
  - Qualified sign language interpreters
  - 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 **1-855-393-3154**.

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, or sex (including sexual orientation or gender identity), you can file a grievance with:

Point32 Health Civil Rights Legal Coordinator  
1 Wellness Way  
Canton, MA 02021-1166  
Phone: 888-880-8699 ext. 48000, (TTY: 711)  
Fax: 617-668-2754  
Email: [OCRCoordinator@point32health.org](mailto: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  
Phone: 800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

TuftsHealthOneCare.org | **1-855-393-3154**

**We can give you information in other formats, such as braille and large print, and also in different languages upon request.**

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If you have any questions, please call us at **1-855-393-3154** (TTY: 711). We are open seven days a week from 8 a.m. to 8 p.m. (Please note: our hours shift to Monday through Friday, from April 1 through September 30). For more information, visit **TuftsHealthOneCare.org**.



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