

# 2023

## Annual Notice of Changes

**Senior Whole Health (HMO D-SNP), Senior Whole Health NHC (HMO D-SNP) and Senior Whole Health Senior Care Options (SCO)**

**Massachusetts H2224\_001, 003**

Serving the following counties: Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk and Worcester

**Effective January 1 through December 31, 2023.**

## **Senior Whole Health (HMO D-SNP), Senior Whole Health NHC (HMO D-SNP) and Senior Whole Health Senior Care Options (SCO) offered by Senior Whole Health, LLC**

### **Annual Notice of Changes for 2023**

You are currently enrolled as a member of Senior Whole Health (HMO D-SNP), Senior Whole Health NHC (HMO D-SNP) or Senior Whole Health Senior Care Options (SCO). Next year, there will be changes to the plan's benefits. ***Please see page 5 for a Summary of Important Costs, including Premium.*** If you are eligible for Medicare cost-sharing assistance under MassHealth (Medicaid), you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

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.SWHMA.com](http://www.SWHMA.com)

You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

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#### **What to do now**

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

- ☐ Check the changes to our benefits to see if they affect you.
  - Review the changes to Medical care (doctor, hospital).
  - Review the changes to our drug coverage, including authorization requirements
- ☐ Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
- ☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- ☐ Think about whether you are happy with our plan.

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

- ☐ Check coverage of plans in your area. Use the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2023* handbook.
- ☐ Once you narrow your choice to a preferred plan, confirm your coverage on the plan's website.

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

- If you don't join another plan by December 7, 2022, you will stay in Senior Whole Health (HMO D-SNP), Senior Whole Health NHC (HMO D-SNP) or Senior Whole Health Senior Care Options (SCO).

- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with Senior Whole Health (HMO D-SNP), Senior Whole Health NHC (HMO D-SNP) or Senior Whole Health Senior Care Options (SCO).
- Look in section 3, page 12 to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of 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.

### **Additional Resources**

- This document is available for free in Spanish.
- Please contact our Member Services number at (888) 794-7268 (TTY 711) from 8 a.m. to 8 p.m., 7 days a week for additional information.
- Esta información está disponible gratuitamente en otros idiomas y en formatos alternativos. Por favor comuníquese con el número de Servicios al Miembro al 1-888-794-7268 (TTY 711). El horario de atención es de 8 a.m. a 8 p.m., los siete (7) días de la semana.
- You can get this document for free in other language(s) or other formats, such as large print, braille, or audio. Call (888) 794-7268, (TTY:711). The call is free.
- **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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About Senior Whole Health (HMO D-SNP), Senior Whole Health NHC (HMO D-SNP) and Senior Whole Health Senior Care Options (SCO)**

- Product offered by Molina Healthcare, Inc., dba Senior Whole Health of Massachusetts, Inc.
- Senior Whole Health is an HMO D-SNP Health Plan with a Medicare Contract and a contract with the Massachusetts MassHealth Medicaid program. Enrollment depends on contract renewal.
- 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/estaterecovery](http://www.mass.gov/estaterecovery).
- When this document says “we,” “us,” or “our,” it means Senior Whole Health, LLC. When it says “plan” or “our plan,” it means Senior Whole Health (HMO D-SNP), Senior Whole Health NHC (HMO D-SNP) or Senior Whole Health Senior Care Options (SCO).
- This is not a complete description of benefits. Call 1-888-794-7268 (TTY 711) for more information.

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- Out-of-network/non-contracted providers are under no obligation to treat Senior Whole Health members, except in emergency situations. Please call our Member Services number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.
  - Senior Whole Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.
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## ***Annual Notice of Changes for 2023***

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## Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Senior Whole Health (HMO D-SNP), Senior Whole Health NHC (HMO D-SNP) and Senior Whole Health Senior Care Options (SCO) in several important areas. **Please note this is only a summary of costs.** If you are eligible for Medicare cost-sharing assistance under MassHealth (Medicaid), you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

| Cost   | 2022 (this year)  | 2023 (next year)  |
|--|---|---|
| <b>Monthly plan premium</b>  | \$0   | \$0   |
| <b>Doctor office visits</b>  | Primary care visits: \$0 per visit<br>Specialist visits: \$0 per visit  | Primary care visits: \$0 per visit<br>Specialist visits: \$0 per visit  |
| <b>Inpatient hospital stays</b>  | <b>\$0 per stay</b>   | <b>\$0 per stay</b>   |
| <b>Part D prescription drug coverage</b><br>(See Section 1.5 for details.) | Deductible: \$0<br>Copayment during the Initial Coverage Stage:<br><b>Generic and preferred multi-source drugs:</b><br>You pay <b>\$0</b> per prescription<br><b>All other drugs:</b><br>You pay <b>\$0</b> per prescription. | Deductible: \$0<br>Copayment during the Initial Coverage Stage:<br><b>Generic and preferred multi-source drugs:</b><br>You pay <b>\$0</b> per prescription<br><b>All other drugs:</b><br>You pay <b>\$0</b> per prescription. |
| <b>Maximum out-of-pocket amount</b><br>(See Section 1.2 for details.)      | \$0<br>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.   | \$0<br>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.   |

## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

| Cost   | 2022 (this year) | 2023 (next year) |
|--|------------------|------------------|
| <b>Monthly premium</b>   | \$0              | \$0              |
| (You must also continue to pay your Medicare Part B premium unless it is paid for you by MassHealth (Medicaid).) |                  |                  |

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

| Cost                                | 2022 (this year)   | 2023 (next year)   |
|-------------------------------------|--|--|
| <b>Maximum out-of-pocket amount</b> | \$0  | \$0  |
|                                     | 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. | 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. |

### Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at [www.SWHMA.com](http://www.SWHMA.com). 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 2023 *Provider & Pharmacy Directory* 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 2023 *Provider & Pharmacy Directory* to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors, 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.

There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan, you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your healthcare needs.
- If you are undergoing medical treatment, you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

## Section 1.4 – Changes to Benefits and Costs 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 costs and benefits for certain medical services next year. The information below describes these changes.

| Item                              | 2022 (this year)                                | 2023 (next year)   |
|-----------------------------------|---|--|
| <b>In-Home Support Services</b>   | In-Home Support Services is <u>not</u> covered. | You pay a \$0 copay for In-Home Support Services every year.   |
| <b>Vision Care (Supplemental)</b> | Supplemental eye exams are <u>not</u> covered.  | You get up to \$300 combined allowance every year for routine eye exams and eyewear services that are not covered by Medicare or MassHealth (Medicaid).<br>Simply use your Healthy You Debit Card to pay the Provider. |



| Item  | 2022 (this year)  | 2023 (next year)   |
|---|---|--|
| <b>Special Supplemental Benefits for the Chronically Ill (SSBCI) - Food and Produce</b>           | <p>You get up to a \$100 allowance every quarter for Food and Produce.</p> <p>Upon approval, your Healthy You debit card will be loaded with a Food and Produce allowance to access your benefit. Members with a chronic illness are eligible for a debit card with allowances. Members who have the following chronic conditions are eligible: Dementia; Chronic and disabling mental health conditions; and Nursing Home Certifiable.</p> | <p>You get up to a \$125 allowance every quarter for Food and Produce.</p> <p>Upon approval, your Healthy You debit card will be loaded with a Food and Produce allowance to access your benefit. Members with a chronic illness are eligible for a debit card with allowances. Members who have the following chronic conditions are eligible: Chronic alcohol and other drug dependence; Autoimmune disorders; Cancer; Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes; End-stage liver disease; End-stage renal disease (ESRD); Severe hematologic disorders; HIV/AIDS; Chronic Lung Disorders; Chronic and disabling mental health conditions; Neurologic disorders; and Stroke.</p> |
| <b>Special Supplemental Benefits for the Chronically Ill (SSBCI) – Non-Medical Transportation</b> | <p>Members diagnosed with the following chronic conditions may be eligible for up to 75 one-way preplanned trips per year for transportation for non-medical needs: Dementia; Chronic and disabling mental health conditions; and Nursing Home Certifiable.</p>   | <p>Members diagnosed with the following chronic conditions may be eligible for up to 75 one-way preplanned trips per year for transportation for non-medical needs: Chronic alcohol and other drug dependence; Autoimmune disorders; Cancer; Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes; End-stage liver disease; End-stage renal disease (ESRD); Severe hematologic disorders;</p>   |

| Item   | 2022 (this year)  | 2023 (next year)   |
|--|---|--|
|  |   | HIV/AIDS; Chronic lung disorders; Chronic and disabling mental health conditions; Neurologic disorders; and Stroke.  |
| <b>Health Education (Supplemental)</b>             | Health education (supplemental) is not covered.   | You pay a \$0 copay for programs to help you learn to manage your health conditions, including health education, learning materials, health advice, and care tips. |
| <b>Over-the-counter (OTC) items (Supplemental)</b> | You get up to \$160 every three (3) months in eligible OTC benefits available on your Healthy You Debit Card. | You get up to \$270 every three (3) months in eligible OTC benefits available on your Healthy You Debit Card.  |

## 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, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

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 Costs

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by September 30, please call Member Services and ask for the “LIS Rider.”

There are four “drug payment stages.”

The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

### Changes to the Deductible Stage

| Stage                                   | 2022 (this year)   | 2023 (next year)   |
|---|--|--|
| <b>Stage 1: Yearly Deductible Stage</b> | Because we have no deductible, this payment stage does not apply to you. | Because we have no deductible, this payment stage does not apply to you. |

### Changes to Your Cost Sharing in the Initial Coverage Stage

| Stage  | 2022 (this year)   | 2023 (next year)  |
|--|--|---|
| <b>Stage 2: Initial Coverage Stage</b><br>During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b><br>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. | Your cost for a one month (30-day) supply filled at a network pharmacy with standard cost sharing:<br><b>Generic and preferred multi-source drugs:</b><br>You pay <b>\$0</b> per prescription. | Your cost for a one month (31-day) supply filled at a network pharmacy with standard cost sharing:<br><b>Generic and preferred multi-source drugs:</b><br>You pay <b>\$0</b> per prescription.<br><b>All other drugs:</b> |

| Stage   | 2022 (this year)   | 2023 (next year)                     |
|---|--|--------------------------------------|
| <p>The number of days in a one-month supply has changed from 2022 to 2023 as noted in the chart.</p> <p>For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>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.</p> | <p><b>All other drugs:</b><br/>You pay \$0 per prescription.</p> | <p>You pay \$0 per prescription.</p> |

## SECTION 2 Administrative Changes

We are making administrative changes for select benefits for next year. The information in the table below describes these changes.

| Description  | 2022 (this year)   | 2023 (next year)   |
|--|--|--|
| VSP Vision Care is no longer a contracted vendor for supplemental vision benefits in 2023. | Your vision benefits were administered by VSP Vision Care. | <p>VSP Vision Care is no longer a contracted vendor for supplemental benefits.</p> <p>You can now use your prepaid Healthy You Card to pay for your supplemental vision care from any participating vision provider.</p> |

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in Senior Whole Health (HMO D-SNP), Senior Whole Health NHC (HMO D-SNP) or Senior Whole Health Senior Care Options (SCO)

**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 Senior Whole Health (HMO D-SNP), Senior Whole Health NHC (HMO D-SNP) or Senior Whole Health Senior Care Options (SCO).

### 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 plans for 2023 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](https://www.medicare.gov/plan-compare)), read the *Medicare & You 2023* handbook, call your State 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 Senior Whole Health (HMO D-SNP), Senior Whole Health NHC (HMO D-SNP) or Senior Whole Health Senior Care Options (SCO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Senior Whole Health (HMO D-SNP), Senior Whole Health NHC (HMO D-SNP) or Senior Whole Health Senior Care Options (SCO).
- 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 Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023.

### **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 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.

If you enrolled in a Medicare Advantage plan for January 1, 2023, 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, 2023.

If you recently moved into, currently live in, or just moved out of 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.

## 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 Serving the Health Information Needs of Everyone (SHINE).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Serving the Health Information Needs of Everyone (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 Serving the Health Information Needs of Everyone (SHINE) at (800) 243-4636. To be connected to a local SHINE counselor and schedule an appointment call Mass Options at (800) 243-4636, TTY: 711.

For questions about your MassHealth (Medicaid) benefits, contact MassHealth (Medicaid) at (800) 841-2900, TTY: (800) 497-4648, Monday - Friday, 8:00 a.m. - 5:00 p.m. Ask how joining another plan or returning to Original Medicare affects how you get MassHealth (Medicaid) coverage.

You may also contact My Ombudsman for help with your MassHealth (Medicaid) benefits. My Ombudsman is a group that helps individuals, including their families and caregivers, address concerns or questions that may impact their experience with their health plan or the ability to access health plan benefits and services. My Ombudsman works with the member, MassHealth (Medicaid), and the health plan to help resolve concerns and ensure you receive your benefits and rights within your plan. They can help you file a grievance or appeal with our plan. My Ombudsman is neutral.

My Ombudsman can be reached at (855)781-9898 (TTY 711) Monday - Friday from 9 a.m. to 4 p.m.

To get help in person, visit their office at: 11 Dartmouth Street Suite 301 Malden, MA 02148  
Walk-in hours are Monday from 1 p.m. to 4 p.m. and Thursday from 9 a.m. to 12 p.m. For more information, visit [www.myombudsman.org](http://www.myombudsman.org).

## 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, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or 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
  - MassHealth (Medicaid) Office (applications).
- **Help from your state's 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 with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals 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 prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the HIV Drug Assistance Program (HDAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call Community Research Initiative of New England/HDAP at (617) 502-1700.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from Senior Whole Health (HMO D-SNP), Senior Whole Health NHC (HMO D-SNP) or Senior Whole Health Senior Care Options (SCO)

Questions? We're here to help. Please call Member Services at (888) 794-7268. (TTY only, call 711.) We are available for phone calls 8 a.m. to 8 p.m.,. Calls to these numbers are free.

#### **Read your 2023 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 2023. For details, look in the 2023 *Evidence of Coverage* for Senior Whole Health (HMO D-SNP), Senior Whole Health NHC (HMO D-SNP) or Senior Whole Health Senior Care Options (SCO). 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.SWHMA.com](http://www.SWHMA.com). 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.SWHMA.com](http://www.SWHMA.com). As a reminder, our website has the most up-to-date information about our provider and pharmacy networks (*Provider/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](http://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](http://www.medicare.gov/plan-compare).

#### **Read Medicare & You 2023**

Read the *Medicare & You 2023* handbook. Every 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. 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.

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### **Section 7.3 – Getting Help from MassHealth (Medicaid)**

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To get information from MassHealth (Medicaid) Medicaid you can call MassHealth (Medicaid) at (800) 841-2900, Monday - Friday 8:00 a.m. - 5:00 p.m. TTY users should call TTY: (800) 497-4648.

