2025 Summary of Benefits

January 1, 2025 - December 31, 2025

WellSense Senior Care Options (HMO D-SNP)

H9585_MASCO_SOBDSNP_2025_M

WellSense HEALTH PLAN

WellSense Senior Care Options (HMO D-SNP) | 2025 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by WellSense Senior Care Options (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of WellSense Senior Care Options (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

Table of Contents

A. Disclaimers 2

B. Frequently asked questions (FAQ) 3

C. List of covered services 7

D. Services that WellSense Senior Care Options (HMO D-SNP), Medicare, and MassHealth (Medicaid) do not cover 21

E. Your rights as a member of the plan 22

F. How to file a complaint or appeal a denied service 24

G. What to do if you suspect fraud 24

If you have questions, please call WellSense Senior Care Options (HMO D-SNP) at 855-833-8125, TTY: 711. From October 1 to March 31, we are available 7 days a week from 8 a.m. to 8 p.m. EST, and from April 1 to September 30, we are available from Monday through Friday from 8 a.m. to 8 p.m. EST. The call is free. For more information, visit wellsense.org/sco.

A. Disclaimers

This is a summary of health services covered by WellSense Senior Care Options (HMO D-SNP) for January 1, 2025 through December 31, 2025. This is only a summary. Please read the Evidence of Coverage for the full list of benefits. If you don't have an Evidence of Coverage, call WellSense Senior Care Options (HMO D-SNP) Member Service at the listed numbers at the bottom of this page to get one.

- WellSense Senior Care Options (HMO D-SNP) is an HMO plan with a Medicare Advantage contract and a contract with the Commonwealth of Massachusetts/Executive Office of Health and Human Services Medicaid program. Enrollment in WellSense Senior Care Options (HMO D-SNP) depends on contract renewal. WellSense Senior Care Options (HMO D-SNP) is a voluntary MassHealth (Medicaid) program in association with Executive Office of Health and Human Services and the Centers for Medicare & Medicaid Services. WellSense Senior Care Options (HMO D-SNP) is a health plan that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees. It is for people with MassHealth Standard (Medicaid) and Medicare age 65 and older and must not have any other comprehensive health insurance.
- For more information about **Medicare**, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (medicare.gov) 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.
- For more information about **MassHealth (Medicaid)**, call 800-841-2900. TTY users should call 800-497-4648
- Under WellSense Senior Care Options (HMO D-SNP) you can get your Medicare and MassHealth (Medicaid) services in one health plan called a Senior Care Options plan. A WellSense Senior Care Options (SCO) care manager will help manage your health care needs.
- 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 mass.gov/estaterecovery.
- This document is available for free in other languages.
- You can get this document for free in other formats, such as large print, braille, or audio. Call WellSense Senior Care Options (HMO D-SNP) at 855-833-8125, TTY: 711, from October 1 to March 31, we are available 7 days a week from 8 a.m. to 8 p.m. EST, and from April 1 to September 30, we are available from Monday through Friday from 8 a.m. to 8 p.m. EST. The call is free.
- If you need a translator to help with reading this document in another language or an alternate format, please call Member Service. We will assist with translation, note your request, and support future translation needs. If you need to change this request, please feel free to call our Member Service Department. The phone numbers are listed at the bottom of each page.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What is a Senior Care Options Plan?	A Senior Care Options Plan is a health plan that contracts with both CMS and MassHealth (Medicaid) to provide benefits to enrollees. It is for people age 65 and older with MassHealth Standard (Medicaid) coverage, and no other comprehensive health insurance. A Senior Care Options Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services and supports (LTSS), and other providers. It also has care managers to help you manage all your providers and services and supports. They all work together to provide the care you need.
Will I get the same Medicare and MassHealth (Medicaid) benefits in WellSense Senior Care Options (HMO D-SNP) that I get now?	You will get most of your covered Medicare and MassHealth (Medicaid) benefits directly from WellSense Senior Care Options (HMO D-SNP). You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care manager assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State Agency like the Department of Mental Health or the Department of Developmental Services. When you enroll in WellSense Senior Care Options (HMO D-SNP), you and your care team will work together to develop an Individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you are taking any Medicare Part D prescription drugs that WellSense Senior Care Options (HMO D-SNP) does not normally cover, you can get a temporary supply and we will help you transition to another drug or get an exception for WellSense Senior Care

If you have questions, please call WellSense Senior Care Options (HMO D-SNP) at 855-833-8125, TTY: 711. From October 1 to March 31, we are available 7 days a week from 8 a.m. to 8 p.m. EST, and from April 1 to September 30, we are available from Monday through Friday from 8 a.m. to 8 p.m. EST. The call is free. For more information, visit wellsense.org/sco .

	Options (HMO D-SNP) to cover your drug if medically necessary. For more information, call Member Service.
Can I go to the same doctors I use now?	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with WellSense Senior Care Options (HMO D-SNP) and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in WellSense Senior Care Options (HMO D-SNP) network.** If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of WellSense Senior Care Options (HMO D-SNP) plan. • If you are currently under treatment with a provider that is out of WellSense Senior Care Options (HMO D-SNP) network, or have an established relationship with a provider that is out of WellSense Senior Care Options (HMO D-SNP) network, call Member Service to check about staying connected. To find out if your providers are in the plan's network, call Member Service or read WellSense Senior Care Options (HMO D-SNP) *Provider and Pharmacy Directory* on the plan's website at wellsense.org/sco. If WellSense Senior Care Options (HMO D-SNP) is new for you, we will work with you to develop an Individualized Plan of Care to address your needs.
What is a WellSense Senior Care Options (HMO D-SNP care manager?	A WellSense Senior Care Options (HMO D-SNP) care manager is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.
What is a Geriatric Services Supports Coordinator (GSSC)?	A WellSense Senior Care Options (HMO D-SNP) GSSC is a person for you to contact and have on your care team who is an expert in home and community-based services and supports. This person

	helps you get services that help you live independently in your home.
What happens if I need a service but no one in WellSense Senior Care Options (HMO D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, WellSense Senior Care Options (HMO D-SNP) will pay for the cost of an out-of-network provider.
Where is WellSense Senior Care Options (HMO D-SNP) available?	The service area for this plan includes: Barnstable, Bristol, Hampden, Plymouth and Suffolk Counties, Massachusetts. You must live in one of these areas to join the plan.
What is prior authorization?	Prior authorization means an approval from WellSense Senior Care Options (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. WellSense Senior Care Options (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first**. WellSense Senior Care Options (HMO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from WellSense Senior Care Options (HMO D-SNP) before the service is provided. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Service for help. Refer to Chapter 3, of the *Evidence of Coverage* to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the *Evidence of Coverage* to learn which services require a prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Service at the numbers listed at the bottom of this page for help.

If you have questions, please call WellSense Senior Care Options (HMO D-SNP) at 855-833-8125, TTY: 711. From October 1 to March 31, we are available 7 days a week from 8 a.m. to 8 p.m. EST, and from April 1 to September 30, we are available from Monday through Friday from 8 a.m. to 8 p.m. EST. The call is free. For more information, visit wellsense.org/sco .

Do I pay a monthly amount (also called a premium) under WellSense Senior Care Options (HMO D-SNP)?	No. Because you have MassHealth (Medicaid) you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of WellSense Senior Care Options (HMO D-SNP)?	No. You do not pay deductibles in WellSense Senior Care Options (HMO D-SNP).
What is the maximum out-of-pocket amount that I will pay for medical services as a member of WellSense Senior Care Options (HMO D-SNP)?	There is no cost sharing for medical services in WellSense Senior Care Options (HMO D-SNP), so your annual out-of-pocket costs will be $0.

C. List of covered services

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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	$0	Prior Authorization is required for an inpatient stay.
	Outpatient hospital services, including observation	$0	Prior Authorization may be required for outpatient hospital services.
	Ambulatory surgical center (ASC) services	$0	Prior Authorization is required for ambulatory surgical center (ASC) procedures.
	Doctor or surgeon care	$0	N/A
You want a doctor (continued on next page)	Visits to treat an injury or illness	$0	N/A
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	N/A
	Wellness visits, such as a physical	$0	N/A

If you have questions, please call WellSense Senior Care Options (HMO D-SNP) at 855-833-8125, TTY: 711. From October 1 to March 31, we are available 7 days a week from 8 a.m. to 8 p.m. EST, and from April 1 to September 30, we are available from Monday through Friday from 8 a.m. to 8 p.m. EST. The call is free. For more information, visit wellsense.org/sco .

	"Welcome to Medicare" (preventive visit one time only)	$0	N/A
	Specialist care	$0	Prior Authorization not required for specialist office visit services.
You need emergency care (continued on next page)	Emergency room services	$0	There is coverage for emergency services outside the United States and its territories but NOT to return you to the service area after an emergency is stabilized. You can see out-of-network providers for emergency services. Prior Authorization is not required. If you receive emergency care at an out-of-network hospital and need inpatient care after your emergency condition is stabilized, the plan must authorize your inpatient stay at the out-of-network hospital.
	Urgent care	$0	There is coverage for urgent care services outside the United States and its territories but NOT to return you to the service area after an urgent condition is stabilized. You can see out-of-network providers for urgent care services. Prior Authorization is not required.

You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	Prior Authorization may be required for some outpatient diagnostic and therapeutic radiological services such as Intensive Modulated Radiation Therapy. Prior Authorization is required for MRA, MRI, CT, CTA and some PET Scans.
	Lab tests and diagnostic procedures, such as blood work	$0	Prior Authorization may be required for some lab tests (such as genetic testing), diagnostic tests and therapeutic services and supplies.
You need hearing/auditory services (continued on next page)	Hearing screenings	$0	N/A
	Hearing aids	$0	Prior Authorization is required for hearing aids or instrument replacement before they are 5 years old.

If you have questions, please call WellSense Senior Care Options (HMO D-SNP) at 855-833-8125, TTY: 711. From October 1 to March 31, we are available 7 days a week from 8 a.m. to 8 p.m. EST, and from April 1 to September 30, we are available from Monday through Friday from 8 a.m. to 8 p.m. EST. The call is free. For more information, visit wellsense.org/sco .

You need dental care	Dental check-ups and preventive care	$0	To find a Dentist in your area visit wellsense.org/sco
	Restorative and emergency dental care	$0	Prior Authorization is not required for non-routine dental services. Replacement dentures are limited to coverage once every 7 years unless authorized differently by your Primary Care Provider or Primary Care Team. wellsense.org/sco
You need eye care	Eye exams	$0	N/A
	Glasses or contact lenses	$0	Prior Authorization is needed after the first replacement for additional lost or stolen eyeglasses within 12 months.
	Other vision care	$0	The plan also provides you with an extra benefit of $325 per year for glasses, lenses, frames or contact lenses, including upgrades.
You need behavioral health services (continued on next page)	Behavioral health services	$0	Prior Authorization is required for Inpatient Behavioral Health services. Under Medicare you are covered for 190-days as a lifetime limit for inpatient services in a psychiatric hospital. The 190-day limit for does

			not apply to inpatient behavioral health services provided in a psychiatric unit of a general hospital Outpatient Behavioral Health services - Prior Authorization is only required for Trans-cranial Magnetic Stimulation (TMS) and Applied Behavioral Analysis (ABA) services.
	Inpatient and outpatient care and community-based services for people who need mental health services	$0	Prior Authorization is required for Inpatient Behavioral Health services. Outpatient Behavioral Health – Prior Authorization is required only for Trans-cranial Magnetic Stimulation (TMS) and Applied Behavioral Analysis (ABA) services.
You need a substance use disorder services	Substance use disorder services	$0	N/A

If you have questions, please call WellSense Senior Care Options (HMO D-SNP) at 855-833-8125, TTY: 711. From October 1 to March 31, we are available 7 days a week from 8 a.m. to 8 p.m. EST, and from April 1 to September 30, we are available from Monday through Friday from 8 a.m. to 8 p.m. EST. The call is free. For more information, visit wellsense.org/sco .

You need a place to live with people available to help you	Skilled nursing care	$0	You are covered up to 100 days in a benefit period. Additional days may be covered under the Medicaid Institutional Long-term Nursing Home Care (custodial care) benefit. Prior Authorization is required. We waive the 3 day hospital stay prior to admission to the SNF.
	Nursing home care	$0	Prior Authorization is required.
	Adult Foster Care and Group Adult Foster Care	$0	Prior Authorization is required.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Prior Authorization is required.
You need help getting to health services (continued on next page)	Ambulance services	$0	Under the Medicare benefit, Prior Authorization is required in a situation where non-emergency transportation by ambulance is medically required and it is documented that the member's condition is such that other means of transportation could endanger the person's health. Under the Medicaid benefit, transportation, other than ambulance, may be provided when needed to access covered services.

	Emergency transportation	$0	Prior Authorization is not required in United States. *Please note for Worldwide Emergency the plan does not cover the expenses to return the member to the services area after an emergency is stabilized
	Transportation to medical appointments and services	$0	Under the Medicare benefit, Prior Authorization is required in a situation where non-emergency transportation by ambulance is medically required and it is documented that the member's condition is such that other means of transportation could endanger the person's health. Under the Medicaid benefit, transportation, other than ambulance, may be provided when needed to access covered services. Please see the Evidence of Coverage for information on how to arrange this transportation.

If you have questions, please call WellSense Senior Care Options (HMO D-SNP) at 855-833-8125, TTY: 711. From October 1 to March 31, we are available 7 days a week from 8 a.m. to 8 p.m. EST, and from April 1 to September 30, we are available from Monday through Friday from 8 a.m. to 8 p.m. EST. The call is free. For more information, visit wellsense.org/sco .

You need drugs to treat your illness or condition **(continued on next page)**	Medicare Part B prescription drugs	$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the *Evidence of Coverage* for more information on these drugs. Step Therapy is a covered benefit. Prior Authorization may be required for some Part B Drugs.
	Generic drugs (no brand name)	$0	There may be limitations on the types of drugs covered. Please refer to WellSense Senior Care Options (HMO-D-SNP) *List of Covered Drugs* (Drug List) for more information. There may be limitations on the types of drugs covered. Please see WellSense Senior Care Options (HMO D-SNP's) *List of Covered Drugs* (Drug List) for more information. **Important Message About What You Pay for Vaccines** – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan's *List of Covered Drugs* (Formulary). Our plan covers most Part D

			vaccines at no cost to you.
	Brand name drugs	$0	There may be limitations on the types of drugs covered. Please see WellSense Senior Care Options (HMO D-SNP) List of Covered Drugs (Drug List) for more information.
	Over-the-counter (OTC) drugs	$0	The Plan provides coverage for both Medicare and MassHealth (Medicaid) covered OTC items and services. Please see the Evidence of Coverage for more information. The plan will give you one card to use for a combined OTC items, Utilities, and Food and Produce benefit. Each month you will have $155 to spend ($1,860 per calendar year). You can use this monthly amount for any combination of OTC items, Utilities, and Food and Produce, described below. Any unused amounts will not

If you have questions, please call WellSense Senior Care Options (HMO D-SNP) at 855-833-8125, TTY: 711. From October 1 to March 31, we are available 7 days a week from 8 a.m. to 8 p.m. EST, and from April 1 to September 30, we are available from Monday through Friday from 8 a.m. to 8 p.m. EST. The call is free. For more information, visit wellsense.org/sco .

			roll-over to the next month during the same calendar year. You must use it at a participating retailer.
You need help with food (continued on next page):	Food and Produce	$0	The plan will give you one card to use for a combined OTC items, Utilities, and Food and Produce benefit. Each month you will have $155 to spend ($1,860 per calendar year). You can use this monthly amount for any combination of Food and Produce, Utilities, and OTC items, described above. Any unused amount will not rollover to the next month. You must use it at a participating retailer. Note: The food and utility benefits are part of a special supplemental program for the chronically ill. Certain restrictions may apply. Only at participating locations. See Evidence of Coverage for full details. For more information, please call Member Service.
You need help with utilities (continued on next page):	Electricity, water, sewer, gas, internet and cell phone services	$0	The plan will give you one card to use for a combined OTC items, Utilities, and Food and Produce benefit. Each month you will have $155 to spend ($1,860

			per calendar year). You can use this monthly amount for any combination of Utilities, Food and Produce, and OTC items, described above. Any unused amount will not rollover to the next month. You must use it at a participating retailer. Note: The food and utility benefits are part of a special supplemental program for the chronically ill. Certain restrictions may apply. Only at participating locations. See Evidence of Coverage for full details. For more information, please call Member Service.
You need help getting better or have special health needs (continued on next page)	Rehabilitation services	$0	Prior Authorization is required.
	Medical equipment for home care	$0	Prior Authorization is required for Medical Supplies that cost $500 or more.
	Dialysis services	$0	N/A

If you have questions, please call WellSense Senior Care Options (HMO D-SNP) at 855-833-8125, TTY: 711. From October 1 to March 31, we are available 7 days a week from 8 a.m. to 8 p.m. EST, and from April 1 to September 30, we are available from Monday through Friday from 8 a.m. to 8 p.m. EST. The call is free. For more information, visit wellsense.org/sco .

	Diabetes self-management training, diabetic services and supplies	$0	Including but not limited to glucose monitors and supplies, therapeutic custom-molded shoes (limits apply) for members with severe diabetic foot disease and who meet the Medicare and/or MassHealth (Medicaid) requirements. Prior Authorization is required for Diabetic Supplies and Services that cost $500 or more.
You need foot care	Podiatry services	$0	Routine foot care is not covered except for members with certain medical conditions affecting the lower limbs. Prior Authorization is not required.
	Orthotic services	$0	Orthotic services are not covered except for members with certain medical conditions affecting the lower limbs. Prior Authorization is required for Orthotics (DME) that cost $500 or more.
You need durable medical equipment (DME) **Note**: This is not a complete list of covered DME.	Wheelchairs, crutches, and walkers	$0	Prior Authorization is required for DME that cost $500 or more.

For a complete list, contact Member Service or refer to Chapter 4 of the *Evidence of Coverage*.	Nebulizers	$0	Prior Authorization is required for DME that cost $500 or more.
	Oxygen equipment and supplies	$0	Prior Authorization is required for DME that cost $500 or more.
You need help living at home	Home health services	$0	Prior Authorization is required.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	$0	Prior Authorization is required. Contact your Care Manager to determine eligibility and for more information.
	Adult day health, or other support services	$0	Prior Authorization is required. Contact your Care Manager to determine eligibility and for more information.
	Day habilitation services	$0	Prior Authorization is required.
	Services to help you live on your own (home health care services or personal care attendant services)	$0	Prior Authorization is required for many of these services. Contact your Care Manager to determine eligibility and for more information.

If you have questions, please call WellSense Senior Care Options (HMO D-SNP) at 855-833-8125, TTY: 711. From October 1 to March 31, we are available 7 days a week from 8 a.m. to 8 p.m. EST, and from April 1 to September 30, we are available from Monday through Friday from 8 a.m. to 8 p.m. EST. The call is free. For more information, visit wellsense.org/sco .

Additional services (continued on next page)	Chiropractic services	$0	N/A
	Transportation (non-medical purposes)	$0	Ten (10) one-way transports per month are covered for non-emergency/non-medical transportation, not to exceed 15 miles each way.
	Prosthetic services	$0	Prior Authorization is required for Prosthetics that cost $500 or more.
	Radiation therapy	$0	Prior Authorization may be required.
	Services to help manage your disease	$0	N/A
	Acupuncture services for certain conditions	$0	20 office visits per year for pain management. Medicare covers acupuncture for chronic low back pain and Medicaid covers acupuncture for the relief of pain. Prior authorization is required beyond the 20 visits.
	Short-term respite care not related to hospice care.	$0	Prior Authorization is required.
	Personal emergency response system	$0	N/A
	Home and community-based services, including long-term services and supports, including but not limited to, home delivered meals under certain circumstances, chore	$0	Prior Authorization may be required for some of these services. Please see your Evidence of

	services, laundry services, and grocery shopping		Coverage for more information.
	Fitness Services – Supplemental Benefit	$0	Silver Sneakers Program- Members will have access to a network of gyms for their fitness benefit.

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the WellSense Senior Care Options (HMO D-SNP) *Evidence of Coverage*. If you don't have an *Evidence of Coverage*, call WellSense Senior Care Options (HMO D-SNP) Member Service at 855-833-8125, TTY 711 to get one. If you have questions, you can also call Member Service or visit wellsense.org/sco.

D. Services that WellSense Senior Care Options (HMO D-SNP), Medicare, and MassHealth (Medicaid) do not cover

This is not a complete list. Call Member Service at the numbers listed at the bottom of this page to find out about other excluded services.

Services WellSense Senior Care Options (HMO D-SNP), Medicare, and MassHealth (Medicaid) do not cover	
Services considered not reasonable and necessary, according to the standards of Original Medicare.	Experimental medical and surgical procedures, equipment and medications except as described in the Evidence of Coverage.
Personal items in your room at a hospital	Fees charged for care by your immediate relatives or members of your household.

If you have questions, please call WellSense Senior Care Options (HMO D-SNP) at 855-833-8125, TTY: 711. From October 1 to March 31, we are available 7 days a week from 8 a.m. to 8 p.m. EST, and from April 1 to September 30, we are available from Monday through Friday from 8 a.m. to 8 p.m. EST. The call is free. For more information, visit wellsense.org/sco .

Naturopath services (uses natural or alternative treatments)	

E. Your rights as a member of the plan

As a member of WellSense Senior Care Options (HMO D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Evidence of Coverage*. Your rights include, but are not limited to, the following:

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

- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and care manager
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they are covered
  - Refuse treatment, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion. WellSense Senior Care Options (HMO D-SNP) will pay for the cost of your second opinion visit

- Make your health care wishes known in an advance directive

- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
  - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers
  - Ask for a State Hearing
  - Get a detailed reason for why services were denied
- **You have the right to cancel.** This includes the right to:
  - Cancel your enrollment by notifying WellSense, either by calling to request cancellation by the last day of the month before your coverage starts, or within 7 (seven) days from the date of the Outbound Enrollment Verification (OEV) letter that you received from WellSense once enrolled; whichever is later.

For more information about your rights, you can read the *Evidence of Coverage*. If you have questions, call WellSense Senior Care Options (HMO D-SNP) Member Service at the numbers listed at the bottom of the page.

If you have questions, please call WellSense Senior Care Options (HMO D-SNP) at 855-833-8125, TTY: 711. From October 1 to March 31, we are available 7 days a week from 8 a.m. to 8 p.m. EST, and from April 1 to September 30, we are available from Monday through Friday from 8 a.m. to 8 p.m. EST. The call is free. For more information, visit wellsense.org/sco .

You can also call My Ombudsman at 1-855-781-9898 (or use MassRelay at 711 to call 1-855-781-9898 or Videophone (VP) 339-224-6831).

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

If you have a complaint or think WellSense Senior Care Options (HMO D-SNP) should cover something we denied, call WellSense Senior Care Options (HMO D-SNP) Member Service at the numbers listed at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 8 of the Evidence of Coverage. You can also call WellSense Senior Care Options (HMO D-SNP) Member Service at the numbers listed at the bottom of the page. .

For phone numbers and addresses to call or write related to complaints, grievances, and appeals, please refer to Chapter 2 of the *Evidence of Coverage*.

G. What to do if you suspect fraud

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

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

- Call us at WellSense Senior Care Options (HMO D-SNP) Member Service. Phone numbers listed at the bottom of the page.
- Or call the MassHealth (Medicaid) Customer Service Center at 800-841-2900. TTY users may call 800-497-4648.
- Or call Medicare at 800-MEDICARE (800-633-4227). TTY users may call 877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call WellSense Senior Care Options (HMO D-SNP) Member Service:
855-833-8125
Calls to this number are free. From October 1 to March 31, we are available 7 days a week from 8 a.m. to 8 p.m. EST, and from April 1 to September 30, we are available from Monday through Friday from 8 a.m. to 8 p.m. EST.
Member Service also has free language interpreter services available.
Get information in other languages and formats (for example, large print, braille, or audio) free of charge

TTY: 711
Calls to this number are free. From October 1 to March 31, we are available 7 days a week from 8 a.m. to 8 p.m. EST, and from April 1 to September 30, we are available from Monday through Friday from 8 a.m. to 8 p.m. EST.

If you have questions about your health:

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call Nurse Advice Line. A nurse will listen to your problem and tell you how to get care. (Example: convenience care, urgent care, emergency room). The numbers for the Nurse Advice Line are: 844-971-1485; TTY: 711 Calls to these numbers are free. Available 24/7. WellSense Senior Care Options (HMO D-SNP) also has free language interpreter services available.

If you need immediate behavioral health care, please call Carelon Behavioral Health:
877-957-5600 Ext. 9. TTY/TDD: 711
Calls to this number are free. Available 24/7