

We want you to know about your rights and benefits as a member of WellSense.

We want to keep you aware of important information about your rights and benefits as a WellSense Health Plan member.

For hard copies of your [Evidence of Coverage](#), you can visit the Benefits page for your plan under Members at wellsense.org or call the number below to request that we send you a paper copy at no cost to you.

How to get care

- Your rights and responsibilities as our member
- Benefits and services included and excluded from your coverage
- Pharmacy (medication); where to find the list of covered drugs; processes and details for prior authorization, step therapy, quantity limits, and generic substitution; how to get exceptions for using certain medications; and how we tell you about any changes to the items listed above
- How to get primary care (including where that care can be obtained), specialty care, behavioral health services, hospital services, women's health services and second opinions
- Prior authorization requirements for certain treatments and services
- Getting care if you change health plans or if your provider no longer serves members on our plan
- Rules for using out-of-network and out-of-area services, including how to access care when you're traveling outside the areas that we serve
- Co-payments and other charges you may be responsible for

What to do if you have a problem

- What to do if you get a bill from a provider
- How to get care after normal business hours
- How to get emergency care and when to call 911
- How to voice a complaint and file an appeal, including the right to an independent external review of your appeal and final internal utilization management decisions
- How you can leave our plan (disenroll) if needed



Finding information

- How your protected health information is kept private (see Notice of Privacy Practices after Chapter 9 of your Evidence of Coverage)
- How to obtain eligibility rules and other eligibility information
- How we decide if we will cover new technology
- How we work to improve the quality of the care we offer and how we review certain health services to understand whether or not they are medically necessary (utilization management)
- How to contact us for questions about utilization management
- How to access TDD/TTY services
- How to get information about network providers and pharmacies (including name, address, phone number, professional qualifications, specialty, medical school attended, residency completion and board certification status)
- How to access our online and printed provider directory
- Translation services and how to get member information in different languages
- Care management services and how members are identified for care management enrollment, how to self-refer, how our health plan works with you once enrolled in these programs, the notification that you will also be provided with your care manager's direct phone line and how to opt out of the program
- How to get information about the structure of our health plan and information about how we pay our providers
- Information about advanced directives, which are legal documents that allow someone to make medical decisions for you if you are too sick
- The updated mental health/substance use disorder excluded service list, which gives more details about which services are not covered on our plan
- How to report fraud, waste and abuse, including our toll-free compliance hotline number at 888-411-4959

Online tools to help boost your wellness

You can click Login at wellsense.org to access our secure member portal for information and tools to help you achieve your personal healthcare goals. You can also complete a health survey online, which will help us better understand your health needs.

We also use digital tools like email and text messaging to reach our members. If your email address or mobile phone number was provided to WellSense, we may use it to send emails and text messages with important plan information. This may include



benefit updates, health tips, handbook updates and more. If you prefer not to receive information this way, you may opt out of these messages at any time directly via the email or text that was sent to you. If you prefer digital information and are not currently receiving it, please call member services and provide an email address or mobile phone number for your file.

Getting you the right care at the right time

Utilization management is the process that we use to make sure you get the right healthcare when you need it. We follow certain guidelines that encourage the right use of services to help ensure positive health outcomes. We base all utilization management decisions on the appropriateness of care and services as well as on whether or not a service is covered. We don't reward decision makers for issuing denials or receive financial incentives to encourage underutilization of services.

Services for women's health

If you've had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998. For individuals receiving mastectomy-related benefits, we will provide coverage as determined by consulting with your attending physician and you, for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance (i.e., making each breast look the same size and shape)
- Prostheses (i.e., an artificial breast)
- Treatment of physical complications of the mastectomy, including lymphedema (a type of swelling that may occur after the procedure)

These benefits will be provided subject to the same cost-sharing (deductibles, copayments and coinsurance) applicable to other medical and surgical benefits covered by your benefit plan.

Our focus on quality

We are committed to ensuring you receive high-quality care. We have objectives and programs focused on improving care and services for our members.

Our Quality Program helps us enhance:

- The services we provide



- The quality care members receive
- How we communicate with our members

Our goals are to:

- Deliver services that support members' overall health
- Partner with providers to ensure members receive the care they need
- Respect and address members' cultural and language needs
- Reduce barriers to care, such as challenges with transportation or language
- Share health information and reminders about important preventative checkups

Quality Improvement Program

Our Quality Improvement Program is designed to strengthen quality of care, member safety and service delivery. We consider the diverse cultural and linguistic needs of our members and provide coordinated care for those with complex health needs.

To gather input and guide improvements, we use the tools below.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

The CAHPS survey asks individuals and families about the health care they are receiving through their WellSense coverage. The survey informs us whether members are happy with their care and their WellSense doctors and where we can improve.

Healthcare Effectiveness Data and Information Set (HEDIS)

HEDIS measures both clinical and non-clinical quality of care and services each year. Maintained by the National Committee for Quality Assurance (NCQA), HEDIS also helps identify areas where health plans can improve. Our goal is to perform better than at least 50 percent of other Exchange health plans nationwide.

Our Exchange plans are accredited by NCQA, a nonprofit organization dedicated to advancing healthcare quality. In addition, we pursue health equity accreditation through NCQA to demonstrate our commitment to improving care and addressing the diverse cultural and linguistic needs of our members.

As part of our Quality focus, we make sure you receive appropriate care and information about preventive services.

For more information on how we support providers to deliver appropriate care visit wellsense.org/providers/ma/patient-care.





For more information on preventive services, visit wellsense.org/your-health/wellness-programs.

For additional information on any of the above, please call us Monday through Friday from 8 a.m. to 6 p.m.:

- Member Services: 855-833-8120
- TTY/TDD: 711

Thank you,

WellSense Health Plan





Multilanguage Interpreter Services

Important! This is about your WellSense Health Plan benefits. We can translate it for you free of charge. Please call **855-833-8120 (TTY: 711)** for translation help.

¡Importante! Esta información es sobre sus beneficios de WellSense Health Plan. Podemos traducirlo para usted de forma gratuita. Llame al **855-833-8120 (TTY: 711)** para obtener ayuda de traducción. (ESA)

Importante! Esta comunicação é sobre os benefícios da WellSense Health Plan. Podemos traduzir para você gratuitamente. Ligue para **855-833-8120 (TTY: 711)** para obter ajuda com a tradução. (PTB)

重要提示！此信息与您的 WellSense Health Plan 福利有关，我们可免费提供翻译。如需获得翻译服务，请拨打 **855-833-8120 (TTY: 711)**。(CHS)

Enpotan! Sa a se sou avantaj WellSense Health Plan ou an. Nou ka tradui li pou ou gratis. Tanpri relel **855-833-8120 (TTY: 711)** pou jwenn èd ak tradiksyon. (HRV)

Quan trọng! Đây là thông tin về quyền lợi trong WellSense Health Plan của quý vị. Chúng tôi có thể dịch thông tin này miễn phí cho quý vị. Vui lòng gọi số **855-833-8120 (TTY: 711)** để được trợ giúp dịch thuật. (VIT)

Важно! Здесь содержится информация о преимуществах вашего медицинского страхового плана WellSense Health Plan. Мы можем перевести для вас этот документ бесплатно. За помощью в переводе позвоните по телефону **855-833-8120 (TTY: 711)**. (RUS)

Σημαντικό! Πρόκειται για τις παροχές του WellSense Health Plan. Μπορούμε να σας το μεταφράσουμε δωρεάν. Καλέστε στο **855-833-8120 (TTY: 711)** για βοήθεια σχετικά με τη μετάφραση. (ELG)

هناك! هذا حول مزايا WellSense Health Plan الخاصة بك. يمكننا ترجمتها لك مجاناً. يرجى الاتصال
(ARA) **855-833-8120 (TTY: 711)** للمساعدة في الترجمة.

महत्वपूर्ण! यह आपके WellSense Health Plan लाभों के बारे में है। हम आपके लिए इसका निःशुल्क अनुवाद कर सकते हैं। कृपया अनुवाद संबंधित सहायता के लिए **855-833-8120 (TTY: 711)** पर फ़ोन करें। (HIN)

중요! 이것은 WellSense Health Plan 혜택에 대한 내용입니다. 무료로 번역해 드릴 수 있습니다. 번역 도움이 필요하면 **855-833-8120 (TTY: 711)**번으로 문의하십시오. (KOR)

ចំណុចសំខាន់! ព័ត៌មាននេះគឺ ស្តីអំពីអត្ថប្រយោជន៍នៃ WellSense Health Plan របស់អ្នក។ យើងអាចបកប្រែវាសម្រាប់អ្នកដោយ
ឥតគិតថ្លៃ។ សូមទូរសព្ទទៅលេខ **855-833-8120 (TTY: 711)** សម្រាប់ជំនួយផ្នែកបកប្រែ។ (KHM)

Ważne! To dotyczy Twoich świadczeń w ramach planu zdrowotnego WellSense Health Plan. Możemy nieodpłatnie przetłumaczyć dla Ciebie te informacje. Zadzwoń pod numer **855-833-8120 (TTY: 711)**, aby uzyskać pomoc w tłumaczeniu. (POL)

ສິ່ງສຳຄັນ! ນີ້ແມ່ນກ່ຽວກັບຜົນປະໂຫຍດຂອງແຜນປະກັນ WellSense Health Plan ຂອງທ່ານ. ພວກເຮົາສາມາດແປພາສາໃຫ້ທ່ານໄດ້ໂດຍບໍ່ເສຍຄ່າ. ກະລຸນາໂທ **855-833-8120 (TTY: 711)** ເພື່ອຂໍຄວາມຊ່ວຍເຫຼືອໃນການແປພາສາ. (LAO)

Important! This material can be requested in an accessible format by calling 855-833-8120 (TTY: 711).

Notice About Nondiscrimination and Accessibility

WellSense Health Plan complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation, limited English proficiency, or moral or religious grounds (including limiting or not providing coverage for counseling or referral services). WellSense Health Plan provides:

- free aids and services to people with disabilities to communicate effectively with us, such as TTY, qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- free language services to people whose primary language is not English, such as qualified interpreters and information written in other language.

Please contact WellSense if you need any of the services listed above.

If you believe we have failed to provide these services or discriminated in another way on the basis of any of the identifiers listed above, you can file a grievance or request help to do so at:

Civil Rights Coordinator
100 City Square, Suite 200
Charlestown, MA 02129
Phone: 855-833-8120 (TTY: 711)
Fax: 617-897-0805

You can also file a civil rights complaint with the U.S. DHHS, Office for Civil Rights by mail, by phone or online at:

U.S. Dept. of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019 (TDD: 800-537-7697)

Complaint Portal:
hhs.gov/ocr/office/file/index.html