

WellSense Senior Care Options (SCO) offered by Boston Medical Center Health Plan, Inc.

Annual Notice of Changes for 2025

You are currently enrolled as a member of WellSense Senior Care Options (SCO). Next year, there will be changes to the plan's costs and benefits.

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

What to do now

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

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to medical care costs (doctor, hospital).
 - Review the changes to our drug coverage, including coverage restrictions and cost sharing.
 - Think about how much you will spend on premiums, deductibles, and cost sharing. You as a member pay \$0 for the WellSense Senior Care Options Plan (SCO).
 - Check the changes in the 2025 "Drug List" to make sure the drugs you currently take are still covered.
 - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies, will be in our network next year.
- Think about whether you are happy with our plan.

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

- Check coverage and costs of plans in your area.

- Once you narrow your choice to a preferred plan, confirm your costs and 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, 2024, you will stay in WellSense 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, 2025**. This will end your enrollment with WellSense Senior Care Options (SCO).

Additional Resources

- This document is available for free in other languages.
- Please contact our Member Services number at 855-833-8125 for additional information. (TTY users should call 711.) Hours are Monday –Friday, 8:00 a.m. – 8:00 p.m. (Representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m. from October 1- March 31). This call is free.
- Member Services also has free language interpreter services available.
- This document may be available in the other formats such braille, large print, or other alternate formats. For additional information call Member Services at 855-833-8125
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About WellSense Senior Care Options (SCO)

- WellSense Senior Care Options (HMO SCO) is an HMO plan with a contract with the Commonwealth of Massachusetts/Executive Office of Health and Human Services Medicaid program. Enrollment in WellSense Senior Care Options (SCO) depends on contract renewal. WellSense Senior Care Options (SCO) is a voluntary MassHealth (Medicaid) program in association with the Executive Office of Health and Human Services and the Centers for Medicare & Medicaid Services. The plan also has a written agreement with the Massachusetts Medicaid program to coordinate your Medicaid benefits.
- 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.

- When this document says “we,” “us,” or “our,” it means Boston Medical Center Health Plan, Inc. d/b/a WellSense Health Plan. When it says “plan” or “our plan,” it means WellSense Senior Care Options (SCO).

VC7000072388_MASCO_ANOC_SCO_2025_M Approved

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for WellSense Senior Care Options (SCO) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
Monthly plan premium	\$0	\$0
Doctor office visits	Primary care visits: \$0 per visit Specialist visits: \$0 per visit	Primary care visits: \$0 per visit Specialist visits: \$0 per visit
Inpatient hospital stays	\$0	\$0
Prescription drug coverage	Deductible: \$0	Deductible: \$0

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in WellSense Senior Care Options (SCO) in 2025

If you do nothing in 2024, we will automatically enroll you in our WellSense Senior Care Options (SCO). This means starting January 1, 2025, you will be getting your medical and prescription drug coverage through WellSense Senior Care Options (SCO). If you want to change plans or switch to MassHealth (Medicaid) and get your prescription drug coverage through a Prescription Drug Plan you must do so between October 15 and December 7. The change will take effect on January 1, 2025.

SECTION 2 Changes to Benefits for Next Year

Section 2.1 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at wellsense.org/sco. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 Provider Directory at wellsense.org/find-a-provider to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2025 Pharmacy Directory at wellsense.org/find-a-provider to see which pharmacies are in our network.**

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

Section 2.2 – Changes to Benefits for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your 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.

Cost	2024 (this year)	2025 (next year)
<p>Supplemental Benefit, Mandatory</p> <p>Over The Counter (OTC) services and supplies, Utilities, and Food & Produce</p> <p>The benefit limit can be used for either the items in the OTC benefit, Utilities, and Food & Produce, or a combination of all three.</p>	<p>\$115 per month, \$1,380 per year. No monthly rollover.</p> <p>The benefit limit can be used for either the items in the OTC benefit and Food & Produce, or a combination of both.</p>	<p>\$155 per month, \$1,860 per year. No monthly rollover.</p> <p>The benefit limit can be used for either the items in the OTC benefit, Utilities, and Food & Produce, or a combination of all three.</p>
<p>Cardiac Rehabilitation Services</p>	<p>Prior Authorization is required</p>	<p>Prior Authorization is not required</p>
<p>Intensive Cardiac Rehabilitation</p>	<p>Prior Authorization is required</p>	<p>Prior authorization is not required</p>
<p>Pulmonary Rehabilitation Services</p>	<p>Prior Authorization is required</p>	<p>Prior Authorization is not required</p>
<p>SET for PAD Services</p>	<p>Prior Authorization is required</p>	<p>Prior Authorization is not required</p>
<p>Partial Hospitalization</p>	<p>Prior Authorization is required</p>	<p>Prior Authorization is not required</p>

Cost	2024 (this year)	2025 (next year)
Outpatient Behavioral Health Services	Prior Authorization is required only for Trans-cranial Magnetic Stimulation	Prior Authorization is only required for Trans-cranial Magnetic Stimulation (TMS) and Applied Behavioral Analysis (ABA) services

Section 2.3 – Changes to 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. The Drug List includes many—but not all—of the drugs that we will cover next year. If you don't see your drug on this list, it might still be covered. **You can get the complete Drug List** by calling Member Services (see the back cover) or visiting our website (wellsense.org/sco).

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 8 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.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the

change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 11 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website:

<https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Member Services or ask your health

care provider, prescriber, or pharmacist for more information.

Starting in 2025, we may immediately remove brand name drugs or original biological products on our Drug List if, we replace them with new generics or certain biosimilar versions of the brand name drug or original biological product and with the same or fewer restrictions. Also, when adding a new version, we may decide to keep the brand name drug or original biological product on our Drug List, add new restrictions or both.

This means, for instance, if you are taking a brand name drug or biological product that is being replaced by a generic or biosimilar version, you may not get notice of the change 30 days before we make it or get a month's supply of your brand name drug or biological product at a network pharmacy. If you are taking the brand name drug or biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of the drug types that are discussed throughout this chapter, please see Chapter 11 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Member Services or ask your health care provider, prescriber, or pharmacist for more information.

Changes to Prescription Drug Benefits and Costs

You pay nothing for prescription drugs covered by the Senior Care Options Program.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in WellSense 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 WellSense 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 2025 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different MassHealth (Medicaid) health plan or you can change back to MassHealth (Medicaid Standard).

Step 2: Change your coverage

- To **change to a different MassHealth (Medicaid) or Senior Care Options health plan**, enroll in the new plan. You will automatically be disenrolled from WellSense Senior Care Options (SCO).

SECTION 4 Questions?

Section 4.1 – Getting Help from WellSense Senior Care Options (SCO)

Questions? We're here to help. Please call Member Services at 855-833-8125. (TTY only, call 711.) We are available for phone calls Monday – Friday, 8:00 a.m. – 8:00 p.m. (Representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m. from October 1 – March 31). Calls to these numbers are free.

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

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage* for WellSense 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 wellsense.org/sco. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

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

Section 4.2 – Getting Help from MassHealth (Medicaid)

To get information from Medicaid you can call MassHealth (Medicaid) at 800-841-2900 or 617-573-1770. TTY users should call 800-497-4648. They are available Monday – Friday, 8:00 a.m. – 5:00 p.m.