



Annual Notice of Change 2026

UHC Senior Care Options MA-Y001 (HMO D-SNP)
UHC Senior Care Options NHC MA-Y002 (HMO D-SNP)



MyUHC.com/CommunityPlan



Toll-free 1-888-867-5511, TTY 711
8 a.m.–8 p.m.: 7 days a week

Do we have the right address for you?

If not, please let us know so we can keep you informed about your plan.

**United
Healthcare®**

Community Plan

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Annual Notice of Change for 2026

Introduction



You're currently enrolled as a member of our plan.

Next year, there will be some changes to our benefits, coverage, and rules. This or **Annual Notice of Change** tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the **Member Handbook**, which is located on our website at **MyUHC.com/Community Plan**. SCO Members have \$0 costs. Call Member Services at the number at the bottom of the page to get a copy by mail. Key terms and their definitions appear in alphabetical order in the last chapter of your **Member Handbook**.

More resources

- This material is available for free in Spanish. Other languages are available for free upon request.
- You can get this **Annual Notice of Change** for free in other formats, such as large print, braille, or audio. Call Member Services at **1-888-867-5511**, TTY **711**, 8 a.m.–8 p.m.: 7 days a week. The call is free.
- UnitedHealthcare Senior Care Options is a Dual Special Needs Plan (D-SNP) with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in the plan depends on the plan's contract renewal with Medicare.
 - If you're 65 or older
 - Have MassHealth (Medicaid) and Original Medicare
 - Live in the service area
 - Do not have any other comprehensive health insurance, except Medicare

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



If you have questions, please call UHC Senior Care Options (HMO D-SNP) at **1-888-867-5511**, TTY **711**, 8 a.m.–8 p.m.: 7 days a week. The call is free.
For more information, visit **MyUHC.com/CommunityPlan**.

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If you have questions, please call UHC Senior Care Options (HMO D-SNP) at **1-888-867-5511**, TTY **711**, 8 a.m.–8 p.m.: 7 days a week. The call is free.
For more information, visit **MyUHC.com/CommunityPlan**.

A. Disclaimers

- Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- Our plan also has a written agreement with the MassHealth (Medicaid) program to coordinate your Medicaid benefits.
- When this material says "we," "us," or "our," it means UnitedHealthcare Insurance Company or one of its affiliates. When it says "plan" or "our plan," it means UHC Senior Care Options NHC MA-Y002 (HMO D-SNP).
- UHC Senior Care Options is a Dual Special Needs Plan (D-SNP) that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees. Enrollment in the plan depends on the plan's contract renewal with Medicare. This plan is a voluntary program that is available to anyone age 65 and older who qualifies for MassHealth (Medicaid) and Original Medicare and does not have any other comprehensive health insurance, except Medicare.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in UHC Senior Care Options (HMO D-SNP).** Starting January 1, 2026, you'll get your medical and drug coverage through UHC Senior Care Options (HMO D-SNP). Go to Section B for more information about how to change plans and deadlines for making a change.

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

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

If you choose to leave our plan, your Medicare membership will end on the last day of the month in which your request was made. You'll still be in the Medicare and MassHealth (Medicaid) programs as long as you're eligible.

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

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

B1. Information about UHC Senior Care Options (HMO D-SNP)

- UHC 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 members.



If you have questions, please call UHC Senior Care Options (HMO D-SNP) at **1-888-867-5511**, TTY **711**, 8 a.m.–8 p.m.: 7 days a week. The call is free.
For more information, visit **MyUHC.com/CommunityPlan**.

- When this **Annual Notice of Change** says “we,” “us,” “our,” or “our plan,” it means UHC Senior Care Options (HMO D-SNP).

B2. Important things to do

- **Check if there are any changes to our that may affect you.**
 - Are there any changes that affect the services you use?
 - Review benefit changes to make sure they’ll work for you next year.
 - Refer to **Section D1** for information about changes for our plan.
- **Check if there are any changes to our drug coverage that may affect you.**
 - Will your drugs be covered? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits? SCO members have \$0 cost.
 - Review changes to make sure our drug coverage will work for you next year.
 - Refer to **Section D2** for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Refer to **Section D** for information about our **Provider and Pharmacy Directory**.
- **Think about your overall costs in the plan.**
 - How do the total costs compare to other coverage options? SCO members have \$0 cost.
- **Think about whether you’re happy with our plan.**

If you decide to stay with UHC Senior Care Options (HMO D-SNP)	If you decide to change plans:
If you want to stay with us next year, it’s easy — you don’t need to do anything. If you don’t make a change, you automatically stay enrolled in UHC Senior Care Options (HMO D-SNP).	If you decide other coverage will better meet your needs, you may be able to switch plans (refer to Section G2 for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.

C. Changes to our network providers and pharmacies

Amounts you pay for your drugs depends on which pharmacy you use. Our plan has a network of pharmacies. In most cases, your prescriptions are covered **only** if they’re filled at one of our network pharmacies.



If you have questions, please call UHC Senior Care Options (HMO D-SNP) at **1-888-867-5511**, TTY **711**, 8 a.m.–8 p.m.: 7 days a week. The call is free.
For more information, visit **MyUHC.com/CommunityPlan**.

Our provider and pharmacy networks have changed for 2026.

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

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

D. Changes to benefits for next year

D1. Changes to benefits for medical services

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

	2025 (this year)	2026 (next year)
Chronic care management services, including chronic pain management and treatment plan services	This section did not exist in your 2025 Member Handbook. If you have serious chronic conditions and receive chronic care management services, your provider develops a monthly comprehensive care plan that lists your health problems and goals, providers, medications, community services you have and need, and other information about your health. Your provider also helps coordinate your care when you go from one health care setting to another.	What you pay depends on who provides your chronic care management services. You will pay \$0 for services provided by your primary care provider, specialist, nurse practitioner, physician's assistant, or other non-physician health care professional.



If you have questions, please call UHC Senior Care Options (HMO D-SNP) at 1-888-867-5511, TTY 711, 8 a.m.–8 p.m.: 7 days a week. The call is free. For more information, visit **MyUHC.com/CommunityPlan**.

	2025 (this year)	2026 (next year)
Dental services	You pay a \$0 copayment. Services include emergency care visits, X-rays, extractions dentures, and oral surgery. Cleanings, fillings, certain X-rays, and routine visits are covered for one visit every six months. Implants not to exceed 4 per calendar year.	You pay a \$0 copayment. Services include emergency care visits, X-rays, extractions dentures, and oral surgery. Cleanings, fillings, certain X-rays, and routine visits are covered for one visit every six months
Diabetes Self-Management Training, Diabetic Services and Supplies	You pay a \$0 copayment. We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch®Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView. Other brands are not covered by your plan. If you use a brand of supplies that is not covered by your plan, you should speak with your doctor to get a new prescription for a covered brand.	You pay a \$0 copayment. We only cover Contour® and Accu-Chek® brands. Other brands are not covered by your plan. Covered glucose monitors include: Contour Plus Blue, Contour Next EZ, Contour Next Gen, Contour Next One, Accu-Chek Guide Me and Accu-Chek Guide. Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus. Other brands are not covered by your plan. If you use a brand of supplies that is not covered by your plan, you should speak with your doctor to get a new prescription for a covered brand.



If you have questions, please call UHC Senior Care Options (HMO D-SNP) at 1-888-867-5511, TTY 711, 8 a.m.–8 p.m.: 7 days a week. The call is free. For more information, visit MyUHC.com/CommunityPlan.

	2025 (this year)	2026 (next year)
OTC, home and bath safety devices, fitness, in home support services, caregiver support, and weight management credit Healthy food and utilities — Special Supplemental Benefits for the Chronically III (continued on next page)	\$125 credit each month to pay for covered groceries, OTC items and certain utility bills. Unused credits expire at the end of each month. Covered items include: • Healthy foods like fruits, vegetables, meat, seafood, dairy products, water and more. • Brand name and generic OTC products, like vitamins, pain relievers, toothpaste, cough drops and more. • Eligible utility bills like electricity, gas, water and internet. The service address must match an address we have on file for you. The credit cannot be used to buy tobacco or alcohol. You can use your credit at thousands of participating stores or place an order online or over the phone through your catalog. Get free home delivery when you order online at myuhc.com/CommunityPlan with minimum order of \$35 and receive free standard shipping to your door.	\$125 credit a month loaded to your UnitedHealthcare UCard® for covered OTC products, home and bath safety devices, select fitness equipment and wearables, and extra support with in home services, and weight management. If you qualify, you can also use it to pay for healthy food and certain utility bills. The healthy food and utility bills options are provided through the Special Supplemental Benefits for the Chronically III (SSBCI). These options are only available to chronically ill enrollees with a qualifying condition, such as chronic high blood pressure, chronic high cholesterol, chronic and disabling behavioral health conditions, diabetes and/or cardiovascular disorders, and who also meet all applicable plan coverage criteria. There may be other qualified conditions not listed.



If you have questions, please call UHC Senior Care Options (HMO D-SNP) at 1-888-867-5511, TTY 711, 8 a.m.–8 p.m.: 7 days a week. The call is free. For more information, visit **MyUHC.com/CommunityPlan**.

	2025 (this year)	2026 (next year)
OTC, home and bath safety devices, fitness, in home support services, caregiver support, and weight management credit Healthy food and utilities — Special Supplemental Benefits for the Chronically Ill (continued)	You can also use your credit to pay eligible utility bills online, over the phone or at your local Walmart MoneyCenter or Customer Service Desk. Limitations, exclusions and/or network restrictions may apply. Food, OTC and utility benefits have expiration timeframes.	Use your UCard online or in-store to access your benefits. Your credit amount expires at the end of each month. Visit MyUHC.com/CommunityPlan or view your Member Handbook for more information.
Transportation to other services	Not Covered	Limited to 10 one-way trips per month for non medical services.
Referral	A referral is not required in order for services to be covered.	Some network services — like visits to specialists, physical therapy, speech therapy, and occupational therapy — will require a referral from your primary care provider (PCP) in order to be covered. The PCP you choose can impact which specialists and hospitals you'll be able to see. For more information, view Chapter 3 of the Member Handbook.



If you have questions, please call UHC Senior Care Options (HMO D-SNP) at **1-888-867-5511**, TTY **711**, 8 a.m.–8 p.m.: 7 days a week. The call is free.
For more information, visit **MyUHC.com/CommunityPlan**.

D2. Changes to drug coverage

Changes to our Drug List

An updated **List of Covered Drugs** is located on our website at **MyUHC.com/CommunityPlan**. You may also call Member Services at the numbers at the bottom of the page for updated drug information or to ask us to mail you a **List of Covered Drugs**.

The **List of Covered Drugs** is also called the **Drug List**.

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

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

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

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

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



If you have questions, please call UHC Senior Care Options (HMO D-SNP) at **1-888-867-5511**, TTY **711**, 8 a.m.–8 p.m.: 7 days a week. The call is free.
For more information, visit **MyUHC.com/CommunityPlan**.

Changes to your VBID Part D Benefit

Medicare has decided to end the Value Based Insurance Design (VBID) program on Dec. 31, 2025. This is an industry-wide change that impacts all Medicare Advantage insurance carriers. The VBID program let Medicare Advantage insurance carriers provide members of this plan with tailored benefits, like grocery assistance or lowered costs for prescriptions. We were able to use this program to offer all covered Part D prescription drugs at \$0 to members of your plan.

Although the VBID program is ending, we worked with your state and your plan will continue to have a \$0 copayment for all covered Part D prescription drugs in 2026.

E. Administrative changes

	2025 (this year)	2026 (next year)
The UnitedHealthcare Legal Entity used to support your plan has changed. This change does not impact your plan name, member services phone numbers or websites used to access plan information.	UNITEDHEALTHCARE INSURANCE COMPANY	UNITEDHEALTHCARE OF NEW ENGLAND, INC.
Transplant services — Travel & lodging	If you receive an in-network transplant at a location outside your local community pattern of care, some travel and lodging expenses related to your transplant may be covered.	The Member Handbook has been updated to include more details explaining allowable transplant-related travel and lodging expenses. Please see Chapter 4 of the Member Handbook .



If you have questions, please call UHC Senior Care Options (HMO D-SNP) at **1-888-867-5511**, TTY **711**, 8 a.m.–8 p.m.: 7 days a week. The call is free. For more information, visit **MyUHC.com/CommunityPlan**.

Emergency care — Worldwide reimbursement	Foreign emergencies and urgently needed services are covered while you are traveling. Payment requests from intermediaries, claims management companies or third-party billers for services received outside of the United States are not reimbursable.	Foreign emergencies and urgently needed services are covered while you are traveling. Payment requests from intermediaries, claims management companies or third-party billers for services received outside of the United States are not reimbursable. The Member Handbook now includes some additional instructions on how to get foreign services directly reimbursed to you or the provider. Please see Chapter 7 of the Member Handbook for more information.
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F. Choosing a plan

F1. Staying in our plan

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

F2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have MassHealth (Medicaid), you can end your membership in our plan any month of the year. In addition, you may end your membership in our plan during the following periods:

- The **Annual Enrollment Period**, which lasts from October 15–December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Annual Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.



If you have questions, please call UHC Senior Care Options (HMO D-SNP) at 1-888-867-5511, TTY 711, 8 a.m.–8 p.m.: 7 days a week. The call is free. For more information, visit **MyUHC.com/CommunityPlan**.

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

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

If you are within our plan's 60 day period of deemed continued eligibility, we will continue to provide all Medicare Advantage plan-covered Medicare benefits. However, your MassHealth (Medicaid) coverage may end sooner than your Medicare coverage with us. When your MassHealth (Medicaid) coverage ends, we will not pay for your MassHealth (Medicaid) benefits including the Medicare cost sharing. Medicare cost-sharing amounts for Medicare basic and supplemental benefits do not change during this period.

We will assist your efforts to regain your MassHealth (Medicaid) eligibility. If your MassHealth (Medicaid) eligibility is restored while you are still enrolled with us for your Medicare coverage, we will resume paying for your MassHealth (Medicaid) benefits and your enrollment with us will continue. If you regain MassHealth (Medicaid) eligibility after we disenroll you from our Medicare coverage you will need to reach out to reenroll with us.

Your Medicare services

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



If you have questions, please call UHC Senior Care Options (HMO D-SNP) at **1-888-867-5511**, TTY **711**, 8 a.m.–8 p.m.: 7 days a week. The call is free.
For more information, visit **MyUHC.com/CommunityPlan**.

1. You can change to: Another plan that provides your Medicare and most or all of your MassHealth (Medicaid) benefits and services in one plan, also known as an integrated dual-eligible special needs plan (D-SNP) or a Program of All-inclusive Care for the Elderly (PACE) plan, if you qualify.	Here is what to do: Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048 to enroll in a new integrated D-SNP. For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-800-841-2900. If you need help or more information: • Call the SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users may call 1-800-439-2370. For more information or to find a local SHINE office in your area, please visit MyUHC.com/CommunityPlan. OR Enroll directly with a new integrated D-SNP. You'll automatically be disenrolled from our plan when your new plan's coverage begins.
2. You can change to: Original Medicare with a separate Medicare drug plan	Here is what to do: Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048 to enroll in Original Medicare with a separate Medicare drug plan. If you need help or more information: • Call the SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users may call 1-800-439-2370. For more information or to find a local SHINE office in your area, please visit MyUHC.com/CommunityPlan OR Enroll in a new Medicare drug plan. You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.



If you have questions, please call UHC Senior Care Options (HMO D-SNP) at **1-888-867-5511**, TTY **711**, 8 a.m.–8 p.m.: 7 days a week. The call is free.
For more information, visit **MyUHC.com/CommunityPlan**.

3. You can change to: Original Medicare without a separate Medicare drug plan NOTE: If you switch to Original Medicare and don't enroll in a separate Medicare drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join. You should only drop drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the SHINE Program at 1-800-243-4636. TTY users should call 1-800-439-2370.	Here is what to do: Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048 to enroll in Original Medicare. If you need help or more information: • Call SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users should call 1-800-439-2370. You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.
4. You can change to: Any Medicare health plan during certain times of the year including the Annual Enrollment Period and the Medicare Advantage Annual Enrollment Period or other situations described in Section A.	Here is what to do: Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048 to enroll in a new Medicare plan. For Program of All-Inclusive Care for the Elderly (PACE) inquiries, call 1-800-841-2900. If you need help or more information: • Call the SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users should call 1-800-439-2370. OR Enroll in a new Medicare plan. You're automatically disenrolled from our Medicare plan when your new plan's coverage begins.

Your MassHealth (Medicaid) services

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



If you have questions, please call UHC Senior Care Options (HMO D-SNP) at **1-888-867-5511**, TTY **711**, 8 a.m.–8 p.m.: 7 days a week. The call is free.
For more information, visit **MyUHC.com/CommunityPlan**.

G. Getting help

G1. Our plan

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

Read your Member Handbook

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

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

Our website

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

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

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

G3. My Ombudsman

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

- works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- isn't connected with us or with any insurance company or health plan. The phone number for the Ombudsman Program is 1-855-781-9898, Monday through Friday from 9:00 A.M. to 4:00 P.M.



If you have questions, please call UHC Senior Care Options (HMO D-SNP) at **1-888-867-5511**, TTY **711**, 8 a.m.–8 p.m.: 7 days a week. The call is free.
For more information, visit **MyUHC.com/CommunityPlan**.

- Use 7-1-1 to call 1-855-781-9898. This number is for people who are deaf, hard of hearing, or speech disabled.
- Use Videophone (VP) 339-224-6831. This number is for people who are deaf or hard of hearing.
- Email **info@myombudsman.org** or contact My Ombudsman through its website at **www.myombudsman.org**.
- Write to or visit the My Ombudsman office at 25 Kingston Street, 4th floor, Boston, MA 02111.
 - Please refer to the My Ombudsman website or contact them directly for updated information about location, setting up an appointment, and walk-in hours.

G4. Medicare

To get information directly from Medicare:

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

Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

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

Medicare & You 2026

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

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

G5. MassHealth (Medicaid)

MassHealth (Medicaid) Customer Service can answer questions you may have about our plan and your other options for getting your services. MassHealth (Medicaid) Customer Service can also help you enroll in a plan, switch plans, or leave a plan. You can call MassHealth (Medicaid) Customer Service at 1-800-841-2900. TTY: 711 (for people who are deaf, hard of hearing, or speech disabled). You can call Monday through Friday, 8:00 A.M. to 5:00 P.M.



If you have questions, please call UHC Senior Care Options (HMO D-SNP) at **1-888-867-5511**, TTY **711**, 8 a.m.–8 p.m.: 7 days a week. The call is free.
For more information, visit **MyUHC.com/CommunityPlan**.

Notice of availability of language assistance services and alternate formats

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card.

ملاحظة: إذا كنت تتحدث **اللغة العربية (Arabic)**، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

請注意：如果您說**中文 (Chinese)**，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION : Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ΠΡΟΣΟΧΗ: Εάν μιλάτε **ελληνικά (Greek)**, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες γλωσσικής βοήθειας και δωρεάν επικοινωνία σε άλλες μορφοποιήσεις, όπως μεγάλα γράμματα. Καλέστε τον αριθμό χωρίς χρέωση στην κάρτα μέλους σας.

ધ્યાન આપો: જો તમે **ગુજરાતી (Gujarati)** બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ અને અન્ય ફોર્મેટમાં વિના મૂલ્યે સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. તમારા સભ્ય ઓળખ કાર્ડ પરના ટોલ-ફ્રી નંબર પર કોલ કરો.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòm lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

ATTENZIONE: se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiama il numero verde riportato sul Suo tesserino identificativo.

ចំណាំ: ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាភាគតិចថ្លៃ និងការទំនាក់ទំនងភាគតិចថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ទូរសព្ទមកលេខភាគតិចថ្លៃនៅលើបណ្ណសម្គាល់សមាជិករបស់អ្នក។

알림 사항: **한국어(Korean)**를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

ໝາຍເຫດ: ຖ້າຫາກທ່ານເວົ້າ**ພາສາລາວ (Lao)**, ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆຟຣີ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທຟຣີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ! Если вы говорите на **русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro.

LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

Notice of nondiscrimination

Our Companies comply with applicable civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call the toll-free number on your member identification card (TTY **711**).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130
UHC_Civil_Rights@uhc.com

Optum Civil Rights Coordinator
1 Optum Circle
Eden Prairie, MN 55344
Optum_Civil_Rights@Optum.com

If you need help filing a complaint, call the toll-free number on your member identification card (TTY **711**).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**
Phone: **1-800-368-1019, 800-537-7697** (TDD)
Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

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

This notice is available at: **<https://www.uhc.com/nondiscrimination-med>**
<https://www.optum.com/en/language-assistance-nondiscrimination.html>

UHC Senior Care Options MA-Y001 (HMO D-SNP)
UHC Senior Care Options NHC MA-Y002 (HMO D-SNP)
Member Services

 **MyUHC.com/CommunityPlan**



Call 1-888-867-5511

Calls to this number are free. 8 a.m.–8 p.m.: 7 days a week. Member Services also has free language interpreter services available for non-English speakers.

TTY 711

Calls to this number are free.
8 a.m.–8 p.m.: 7 days a week



Write P.O. Box 30769

Salt Lake City, UT 84130-0769